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Document Compiled by Jane Chiodini © Updated March 2022

### **General rules regarding vaccination**

The facts below are compiled from some of the more frequently asked questions about immunisation. The evidence based answers (all referenced on 2<sup>nd</sup> page of this document) will hopefully help you to feel confident in your practice.

A	Recommendations on immunisation procedures are based on currently available evidence and experience of best practice. In some circumstances, this advice may differ from that in vaccine manufacturers' Summaries of Product Characteristics (SmPCs). When this occurs, the recommendations in this book (which are based on current expert advice received from the Joint Committee on Vaccination and Immunisation (JCVI)) should be followed. <sup>1</sup>
B	As immunological memory from priming dose(s) are likely to be maintained in healthy individuals, increasing that interval will usually lead to a more pronounced response to the later dose. Therefore, where any course of immunisation is interrupted, there is normally no need to start the course again - it should simply be resumed and completed as soon as possible. <sup>2</sup> (oral vaccines e.g. cholera would be an exception to this rule see page 104 of chapter 14 in the Green Book)
C	Where there is no reliable history of previous immunisation, it should be assumed that any undocumented doses are missing and the UK catch-up recommendations for that age should be followed. <sup>3</sup>
D	If two or more injections need to be administered at the same time, they should be given in separate sites, preferably in a different limb. If more than one injection is to be given in the same limb, they should be administered at least 2.5cm apart. <sup>4</sup>
E	In general, it is acceptable to lengthen the intervals between doses and repeating previous vaccine doses is not necessary unless this is explicitly stated in the package insert. On the other hand, significant shortening of the intervals is not recommended. <sup>5,6</sup>
F	There is no evidence that inactivated vaccines interfere with the immune response to live vaccines. Therefore, an inactivated vaccine can be administered simultaneously with or at any time before or after a different inactivated or live vaccine. <sup>5</sup>
G	Immunisations should not be given into the buttock, due to the risk of sciatic nerve damage and the possibility of injecting the vaccine into fat rather than muscle. <sup>7</sup>
H	Live vaccine intervals – detail about intervals for live vaccines was update in 2014/2015 and this detail is now in chapter 11 of the Green Book. <sup>8</sup>
I	COVID-19 vaccines can now be given at the same time as any other vaccines, except in the case of shingles vaccines where a seven-day interval should ideally be observed. <sup>9</sup> Guidance currently found on page 26 of the Green Book Chapter 14a on November 2021 but due to frequent updates, this location may change.

## References

1. Public Health England. Immunisation against infectious disease. Published entirely online in 2013. Ch.4, p25.  
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4. Public Health England. Immunisation against infectious disease Published entirely online in 2013. Ch.4, p29  
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6. World Health Organization. International travel and health. WHO 2012 Ch. 6, page 2  
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8. Public Health England. Immunisation against infectious disease Published entirely online in 2013. Ch.11, p9  
<https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11>
9. Public Health England. Immunisation against infectious disease Published entirely online in 2013. Ch.14a  
<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

## Other useful resources

- Vaccine Incident Guidance: Responding to errors in vaccine storage, handling and administration <https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors>
- For further immunisation resources see <http://www.janechiodini.co.uk/news/help/immunisation-resources>

## Your Additional Notes