Approved by Quality & Patient Safety Committee
19 February 2015

RUBELLA IMMUNISATION – POSTNATAL ADMINISTRATION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To identify and offer vaccination to women who are non-immune or have low immunity to rubella

2. PATIENT

- Postnatal woman who is non-immune or who has low immunity to rubella

3. STAFF

- Registered Midwives
- Student Midwives
- Medical Staff
- Registered Nurses
- Student Nurses

4. EQUIPMENT

- Kidney dish
- 3 ml Syringe, needle, alcohol wipe and vial access cannula

5. CLINICAL PRACTICE

- Review Rubella immunity status on admission to Postnatal Ward or prior to discharge if woman is going home directly from the Birthing Unit
- Document on Maternal Clinical Pathway whether rubella immunisation is required prior to discharge after reviewing re-vaccination history. (See education notes if woman has already been re-vaccinated)
- Discuss with the woman and ask her to read and sign the Measles, Mumps, Rubella Immunisation Consent Form
- Give advice on contraception and information on avoiding pregnancy for 28 days after vaccine
- Record request for prescription in postnatal obstetric team doctors book if vaccination has not been previously ordered
- Dilute vaccine with sterile water. The vaccine pellet should dissolve. The colour may vary from light orange to light red
- Administer by subcutaneous (25 gauge needle) or intramuscular injection (23 gauge needle), preferably in the deltoid region
- Advise woman to attend GP 4 – 6 weeks later for second vaccination to complete course
- Observe for severe / immediate side effects for 15 minutes (severe side effects should be reported to the Public health department for investigation and reporting to NSW Health. Randwick office 9382 8333. Wollongong 0ffice 42216700)

Rubella vaccine may be administered as a standing order, provided the above procedures have taken place

Rubella vaccination order should be signed on the medication chart by a medical officer, but this may be retrospective. An authorised nurse immunisation administrator may administer vaccine without a signed order from a medical officer

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RUBELLA IMMUNISATION – POSTNATAL ADMINISTRATION cont'd

6. DOCUMENTATION

- Measles, Mumps, Rubella Immunisation Consent Form
- Maternal Postnatal Clinical Pathway
- Postnatal Obstetric Team Doctors' book
- Medication chart
- ObstetriX

7. EDUCATIONAL NOTES

- There are a number of available commercial assays for testing rubella immunity. These vary on the method used to determine the positive cut-off value. There is no recommended Australian minimal level, although the World Health Organisation (WHO) cut-off is 10IU/ml. The recommendation from South Eastern Area Laboratory Services (SEALS) as a guide on when to offer women vaccination is as follows :
- Rubella serology result :
  - ≤9 IU/ml – the woman has no evidence of exposure and requires rubella vaccine
  - 10-24 IU/ml the woman has doubtful immunity, consider rubella vaccine
  - ≥25 IU/ml the woman has history consistent with vaccination or infection[3]
- Rubella vaccine is a live attenuated vaccine that is not recommended in pregnant women. Women should avoid pregnancy 28 days after Rubella vaccination
- Rubella vaccine should not be given within 5 months of a blood transfusion (see Appendix) or an injection of immunoglobulin (other than Anti-D) – Advise these woman to attend GP for immunisation
- Combination Measles–Mumps–Rubella (MMR) vaccine is recommended by the National Health Medical Research Council (NHMRC), although monovalent Rubella vaccine can also be used
- Dilutents should not be warmer than the vaccine as they can affect the potency of live vaccines
- The vaccine virus is not transmitted from those who have been vaccinated to susceptible contacts. Therefore, there is no risk to pregnant women from contact with recently vaccinated individuals
- Staff who may be pregnant and are unsure of their rubella status, should not handle the vaccine
- Rubella vaccine contains traces of Neomycin. Previous anaphylactic reaction to Neomycin contraindicates Rubella vaccination
- If an allergic reaction occurs instigate a PACE call
- Vaccine should not be given at home in case an allergic reaction occurs
- Mild adverse events such as fever, sore throat, rash, arthralgias may occur following vaccination. Symptoms usually begin 1–3 weeks after vaccination and are usually transient. Joint symptoms are more common in adults than children
- It is unlikely that further vaccinations will improve immunity for women who continue to have negative or very low rubella antibody levels after 2 vaccinations spaced 4-6 weeks apart[1]
- Vaccination of immuno-compromised women (due to immunosuppressive medication or an underlying immune deficiency condition) should only be undertaken after consultation with the senior medical officer

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

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8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD 2010 – 026 Recognition and Management of a Patient who is Clinically Deteriorating
- PACE Management of the Deteriorating Adult Patient – SESIAHS Policy
- Human immunodeficiency virus (hiv) in pregnancy, birth and postpartum period

9. REFERENCES

1 NHMRC (2008) The Australian Immunisation Handbook. 9th Edition National Health and Medical Research Council, Canberra

2 National Vaccine Storage Guidelines 'Strive for 5' (2005) Commonwealth of Australia, Canberra

3 Australian Government (2008) The Australian Immunisation Handbook (9th Ed), Dept of Health and Ageing, NHMRC http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-pertussis

Risk rating: Low. Review in 2020

REVISION & APPROVAL HISTORY
Reviewed and endorsed Therapeutic & Drug Utilisation Committee 10/2/15
Approved Quality & Patient Safety Committee 21/3/13
Reviewed and endorsed Obstetrics LOPs group March 2013
Approved Quality & Patient Safety Committee 19/5/11
Obstetric Guidelines Group April 2011

FOR REVIEW : FEBRUARY 2020

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SOUTH EASTERN SYDNEY
ILLAWARRA
NSW HEALTH

Facility:

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. ____/____/____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

MEASLES MUMPS RUBELLA IMMUNISATION CONSENT

SEI020.115

All women non-immune to rubella should have a vaccine containing measles, mumps and rubella to prevent congenital abnormalities in subsequent pregnancies. The vaccine should be given after birth and before discharge from maternity units.

MMR is Not recommended in pregnancy;
pregnancy should be avoided for 28 days post vaccination.

MMR vaccination course consists of **2 x doses** subcutaneous injection at 4 to 6 weeks apart.

- Vaccine results in **99% protection** following the second dose. No post vaccination serology is required.

Common Side effects (5-12 days after vaccination)- less common after the second injection

- Occasionally an injection site nodule may appear - this may last many weeks (no treatment needed)
- Faint red rash (non infectious)
- Low grade temperature (fever) lasting 2-3 days. Panadol may assist in reducing fever.
- Head cold and/or runny nose, cough and/or puffy eyes

Contraindications

- Anaphylaxis following a previous dose of MMR or any component of the vaccine e.g. neomycin
- People with impaired immunity. It may be given to women with HIV if asymptomatic.
- Vaccination may be delayed if recent administration of antibody containing products:
  - Blood transfusions

	MMR can be given
• Washed red blood cells	
• Packed red blood cells	5 months before MMR can be given
• Whole blood	6 months before MMR can be given
• NBIG IMI (hepatitis B immunoglobulin)	3 months before MMR can be given
• NHIG IMI (normal human immunoglobulin)	5 months before MMR can be given
• NHIG IV (normal human immunoglobulin)	10 months before MMR can be given
• ZIG IMI (Varicella zoster immunoglobulin)	5 months before MMR can be given
• Plasma or platelet products	7 months before MMR can be given

- Anti D does not interfere with the antibody response to MMR

Full Name: _____ Date of Birth: / /

Sign: _____ Date: / /

Site: _____ Date: / /

Dose#1 Date_____ Route____ Site_____ Batch_____ Exp / signature _____

Dose#2 Date_____ Route____ Site_____ Batch_____ Exp / signature _____

****ORIGINAL - HOSPITAL COPY - PATIENT**

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

MEASLES MUMPS RUBELLA IMMUNISATION CONSENT
SEI020.115

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NO WRITING