A nine-month-old infant presented to the maternal and child health nurse for her eight-month review and six-month-old catch-up vaccinations. The nurse had a student in the room who was entering details on the computer. The nurse administered the scheduled six-month-old vaccines (Infanrix™ hexa, Prevenar 13™ and RotaTeq™). After checking the infant’s health record the nurse realised that the infant was older than 32 weeks, the cut-off age for the third dose of RotaTeq™. The nurse acknowledged her error to the family and apologised.

The nurse reported this event to the Surveillance of Adverse Events Following Vaccination in the Community (SAEFVIC). SAEFVIC gave the nurse advice about cut-off dates for RotaTeq™, the limited safety data outside these dates and the potential risk of intussusception. SAEFVIC also identified that the four-month-old vaccines had only been given to the infant one month previously. SAEFVIC advised that the infant would require a booster dose of hepatitis B vaccine at 12 months of age due to the short interval between doses two and three of Infanrix™ hexa.

The family was offered an appointment with the SAEFVIC immunisation clinic at The Royal Children’s Hospital for further discussion; however, the family was happy with the follow-up provided by the nurse. At 12 months the child will receive the combination Haemophilus influenzae type b and Meningococcal C vaccine, the MMR (measles-mumps-rubella) vaccine and a booster dose of the hepatitis B vaccine.

Discussion

Errors occur in vaccine administration. The errors may be related to incorrect scheduling, the wrong vaccine given, a cold chain breach, administration technique and documentation. Every opportunity should be taken to review a person’s vaccination history and to administer the appropriate vaccines with a view to completing a course of vaccination and providing optimal protection as quickly as possible.

Learning points

- Checking procedures – the most important requirement for assessment of vaccination status is to have written documentation of vaccination. This may include personal records or review of the ACIR. If in doubt, postpone vaccination until status can be confirmed. Children receiving a catch-up vaccine are at increased risk of a drug error.

- The immunisation schedule for children is complicated – health professionals should be competent and familiar with the immunisation schedule and updates.

- Busy clinics – mistakes happen when tasks are rushed. Take time and be aware of factors such as a lack of training and distraction.

References and further reading


Rotavirus immunisation fact sheet Immunise Australia rotavirus information