



NEONATAL MEDICATION GUIDELINE

Rotavirus Vaccine (Rotarix®)

Scope (Staff): Nursing, Medical and Pharmacy Staff

Scope (Area): KEMH NICU, PCH NICU, NETS WA

This document should be read in conjunction with the [Disclaimer](#).

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HIGH RISK Medication ⚠

Description

Live, attenuated rotavirus vaccine

Presentation

Oral liquid: 1.5mL

Storage

Refrigerate between 2 to 8°C. Do not freeze. Store in original package to protect from light.

Contraindications

- Acute severe febrile illness
- Hypersensitivity to first dose
- Previous intussusception
- Congenital abnormality that may predispose to intussusception (e.g. Meckel diverticulum)
- Severe Combined Immunodeficiency (SCID)

Precautions

- Infants on glucocorticoids.
- Immunocompromised child or family members: vaccine is a live attenuated vaccine; consider risk vs. benefit in this population.
- Infants who were born to mothers who received biological disease-modifying anti-rheumatic drugs (bDMARDs), particularly in the 3rd trimester, are not recommended to receive rotavirus vaccine.

Dose

Vaccine

Oral:

Normally given with 6-week and 4-month immunisations

1st dose: can be given between 6 and 14 weeks of age,

2nd dose: can be given between 14 and 24 weeks of age.

Note: must be a minimum of 4 weeks between 1st and 2nd dose.

Dose Adjustment

If an infant has NOT had a dose of any rotavirus vaccine AND is ≥ 15 weeks then that infant is NOT ELIGIBLE to commence any rotavirus vaccination dose.

Preterm infants: Vaccine is administered at a chronologic age (without correction for prematurity) similar to term infants, if the infant is clinically stable.

Administration

NOTE: Parent/Guardian consent is to be obtained prior to administration of all vaccinations.

Oral

Prior to administration:

Do not dilute contents of tube: the vaccine is ready use.

Can be given with or without feeds

Other vaccines may be given at the same time

Administration: ORAL ADMINISTRATION ONLY



STEP 1

- Check the liquid is clear and particle-free, and the tube is intact.
- Pull off the cap. Keep the cap to pierce the membrane.



STEP 2

- Hold the tube upright.
- Repeatedly flick the top of the tube until it is clear of any liquid.



STEP 3

- Turn the cap upside down, and use the spike to pierce the membrane.



STEP 4

- To give Rotarix, seat the infant leaning slightly backwards.
- Squeeze the liquid gently into the side of the infant's mouth, towards the inside of their cheek.
- It is okay if a drop remains in the tip of the tube.

Post Administration:

Observe infant for 15 minutes post administration for anaphylaxis

Ensure use of universal infection control precautions when handling infants who have recently received rotavirus vaccination to avoid risk of contamination or faecal-oral spread.

If most of the oral rotavirus vaccine is vomited or regurgitated within minutes of administration, a single repeat dose may be administered during the same immunisation encounter.

If the infant regurgitates or vomits only a small amount of the oral rotavirus vaccine, it is considered as a valid dose and is not necessary to repeat the dose.

Side Effects

Common: diarrhoea, vomiting, pyrexia, nasopharyngitis

Serious: intussusception (rare)

Interactions

Nil significant

Monitoring

Observe infant for 15 minutes post administration for anaphylaxis

Comments

The vaccination course of Rotateq® is 3 doses, at 2, 4 and 6 months of age.

Related Policies, Procedures & Guidelines

HDWA Policies:

[Western Australian Immunisation Schedule](#)

Clinical Practice Guidelines:

[Standard and transmission-based precautions](#)

[CAHS Neonatology - Immunisations Guideline](#)









References

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