



# Immunisation

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## Why do we immunise our children?

Immunisation protects our children against common childhood diseases.<sup>1</sup> These diseases have in the past, before immunisations became available, often resulted in death of the affected children.

A century ago it was the exception if a family did not at least experience one childhood death as a result of one or more of these infections!

Since the institution of immunisations childhood mortality drastically declined<sup>2</sup>, although, during the 1990's propaganda against the MMR immunisations by European activists who claimed that the MMR inoculations were responsible for an increase of autism<sup>3</sup> amongst children led to many parents - especially in Great Britain - not immunising their children. This resulted in an immediate rise in certain childhood diseases in Europe which only levelled off and was brought under control after MMR immunisations were fully reinstated.<sup>4</sup>

Childhood diseases are brought about by virii and bacteria which invade the body and cause illnesses which affect either the whole body or parts of it (i.e. ears, nose, throat, lungs, the digestive system or the brain). These virii and bacteria are present in the environment and are being spread by amongst other coughing<sup>5</sup> and sneezing (called droplet transmission), through unwashed hands, soiled objects like towels, dirty water, blood etc.

Tetanus is mostly transmitted by bacteria which enter ruptured skin through lesions caused by rusted objects. Meningococcal virus transmission usually occurs during close contact - so called 'kissing contact'. At present there is no foolproof immunisation available against the South African strain of meningitis, although preventative treatment is available for persons who have been in contact with a meningitis carrier.

## Which immunisations are available in South Africa?

- Since May 2010 there are two immunisation schedules available in South Africa, they are:
  - **The government provided Extended Programme of Immunization (EPI)**
  - **A program provided by private health providers (let's call it Private Immunisation Programme - PIP)**

## Salient facts:

### EPI

- **Advantage:**
  - The State provides this service at no cost.
- **Disadvantages:**
  - No immunisation against Chicken Pox, German Measles, Mumps and Hepatitis A.
  - Long queues.
  - Only available at selected places on selected days, resulting in above mentioned long queues.
  - More injections for less disease coverage.
- **Location:**
  - All government clinics. Contact your local Department of Health or the Health Division of your local municipality to get the date, time and locality of an immunisation clinic.
  - Sister Margie, Life West Coast Private Hospital, telephone 022 713 1030 x 5.
  - *Remember to bring your immunisation document (clinic-card) along!*

<sup>1</sup> <http://www.pntonline.co.za/index.php/PNT/article/viewFile/388/380> 2010/09/02 01:10:10 AM

<sup>2</sup> [http://www.eoearth.org/article/human\\_population\\_explosion](http://www.eoearth.org/article/human_population_explosion) 2010/09/01 11:49:32 PM

<sup>3</sup> <http://www.nicd.ac.za/pubs/other/autism.htm> 2010/09/01 11:48:19 PM

<sup>4</sup> <http://www.savic.ac.za/news/newsarticle.php?nesegn=78&p=1&search=> 2010/09/02 12:00:27 AM

<sup>5</sup> <http://www.diseases-condition.com/diseases-d/droplet-infection.htm> 2010/09/01 11:52:52 PM



**PIP**

- **Advantages:**
  - More disease coverage.
  - Initially less injections for greater disease coverage.
  - No waiting time as immunisation occurs on an appointment basis.
  - Immunisation can be scheduled with a routine all round check-up of the child by a doctor.
- **Disadvantages:**
  - There are expenses purchasing the vaccine although immunisations are covered by most medical scheme options - inquire at your medical aid fund.
  - PIP is only available at certain private clinics, pharmacies and doctors, including paediatricians.
- **Location:**
  - Fortnightly through Sister Margie at Life West Coast Private Hospital, telephone 022 713 1030 x 5. Parents are requested to bring along vaccine which can be purchased through most pharmacies, remember to keep the vaccine cool!
  - Some pharmacies (for instance Saldanha Pharmacy, tel 022 714 2201, every Thursday, by Sister Mareliese).
  - Some General Practitioners.
  - Your local paediatrician. On the West Coast it will be Dr Hester van der Walt in Vredenburg, tel 022 713 5149, immunisation is free **as part of a normal consultation**.
  - *Remember to bring your immunisation document (clinic-card) along!*

#### Differences between EPI and PIP Immunisation Schedules:

Government (EPI)		Private (PIP)	
When	What	When	What
Birth	BCG & Polio drops	Birth	BCG & Polio drops
8 weeks	Injection 1: DTaP-IPV, HiB Injection 2: Hep B Injection 3: Pneumococc Orally: Rotavirus	6 weeks <sup>6</sup>	Injection 1: DTaP-IPV, HiB & Hep B Injection 2: Pneumococc Orally: Rotavirus
10 weeks	Injection 1: DTaP-IPV, HiB Injection 2: Hep B	12 weeks	Injection 1: DTaP-IPV, HiB & Hep B Injection 2: Pneumococc (not on EPI)
14 weeks	Injection 1: DTaP-IPV, HiB Injection 2: Hep B Injection 3: Pneumococc Orally: Rotavirus	14 weeks	Injection 1: DTaP-IPV, HiB & Hep B Injection 2: Pneumococc Orally: Rotavirus
9 months	Injection 1: Pneumococc Injection 2: Measles	9 months	Injection 1: Pneumococc Injection 2: Measels
12 months	None	12 months	Injection 1: Chickenpox (varicella) (not on EPI) Injection 2: Hep A (not on EPI)
15 months	None	15 months	Injection: MMR (not on EPI)
18 months	Injection 1: DTaP-IPV, HiB Injection 2: Measles	18 months	Injection 1: DTaP-IPV, HiB Injection 2: Hep A (not on EPI)
6 years	Injection 1: Td	6 years	Injection 1: Tdap-IPV (not on EPI) Injection 2: MMR (not on EPI)
12 years	Injection 1: Td	12 years	Injection 1: Tdap-IPV (not on EPI) Injection 2: HPV (not on EPI)

<sup>6</sup> Can also be arranged for the 8<sup>th</sup> week with Dr van der Walt in order to coincide with mothers visit to the gynaecologist.



#### Abbreviations:

- **BCG:** Bacillus Calmette-Guérin (against tuberculosis (TB))
- **DTaP-IPV, HiB:** Diphtheria (witseerkeel), Tetanus (klem-in-die-kaak), acellular pertussis (kinkhoes/whooping cough), inactivated polio virus (polio), Haemophilus Influenza B (a broad spectrum of infections)
- **Hep B:** Hepatitis B. (Geelsug) brought about by the virus<sup>7</sup>
- **Hep A:** Hepatitis A. (Geelsug) brought about by the virus<sup>8</sup>
- **MMR:** Measles (Masels), Mumps (Pampoentjies), Rubella (Duitse masels)
- **Tdap-IPV:** Tetanus (klem-in-die-kaak), low dosage Diphtheria (witseerkeel), acellular pertussis (kinkhoes/whooping cough), inactivated polio virus (polio)
- **Td:** Tetanus (klem-in-die-kaak), lower dosage Diphtheria (witseerkeel)
- **HPV:** Human Papilloma Virus for the prevention of cervical cancer.<sup>9</sup>
- **Injection:** Injection, intramuscular or sub-dermal.

#### Common side-effects of immunisation

The most common side-effect is a local reaction in the area where the injection has been given (redness, sensitivity).

In rare cases cold-like symptoms, coughing and fever (up to 39C!) and a runny nose might occur.

#### The 'Pain'

Although injections are in general painless, you can treat the area where the injection is going to be in order to make the skin numb. Request Dr Van der Walt to include in the prescription for the immunisation a tube of Emla™ or Topla™ which can then be applied to the skin where the injection is to be made. The injection is intramuscular or just under the skin and will be made on either the right or left outer leg area on the upper third measured from the knee to the buttock. Application of the cream and covering the spot with a sticking plaster one hour prior to immunisation will do the trick.

#### Is there a relationship between the MMR injection and autism?

**Rumours that autism has been caused by the MMR immunisation have repeatedly been proven void of all truth<sup>10</sup>** and the doctor responsible for this 'discovery' has been scrapped from the medical register of the United Kingdom. The fact that the diagnosis for autism in children is usually made between the ages of 18 and 24 months, the same period when MMR is provided, has led to this rumour's popularity amongst especially those perceiving some sinister plot involving pharmaceutical firms and the medical profession.

**An intense Danish study involving more than 500,000 children has established that children who have received MMR immunisation in fact have a slimmer chance of developing autism.** Other studies have also invalidated any connection between MMR and autism<sup>11 & 12</sup>.

**Don't forget your annual flu shot!**



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<sup>7</sup> <http://www.immunize.org/catg.d/p4075abc.pdf> 10/08/30 19:28:10

<sup>8</sup> <http://www.immunize.org/catg.d/p4075abc.pdf> 10/08/30 19:28:10

<sup>9</sup> [http://health.mweb.co.za/medical/Condition\\_centres/777-792-4093-4100\\_46314.asp](http://health.mweb.co.za/medical/Condition_centres/777-792-4093-4100_46314.asp) 10/08/30 19:33:14

<sup>10</sup> <http://www.nicd.ac.za/pubs/other/autism.htm> 2010/09/02 12:58:03 AM

<sup>11</sup> <http://www.sciencebasedmedicine.org/?p=2962> 2010/09/02 01:25:03 AM

<sup>12</sup> <http://www.reuters.com/article/idUSTRE60330220100104> 2010/09/02 01:25:45 AM