



Treatment of self-injection with vaccine

TO THE DOCTOR

Immediate action is critical to prevent permanent injury. Accidental self-injection of vaccine—even in small amounts—can cause severe pain, swelling, and in rare cases, tissue necrosis leading to amputation. Prompt surgical evaluation is essential.



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FIRST RESPONSE PROTOCOL

1 Urgent Examination

The affected area must be assessed immediately by a surgically competent healthcare professional.

2 Pre-Surgical Risk Assessment

A thorough medical risk evaluation must be conducted before any surgical procedure.

3 Incision and Drainage

If vaccine has been injected, especially into fingers or soft tissue, surgical intervention and drainage are required.

4 Minor Scrapes

If the needle only grazes the skin without injection, local inflammation may occur. Treat with standard pain relief.

5 Follow-Up Care

Ensure post-treatment monitoring to assess healing and determine any further interventions.

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VACCINE COMPOSITION & RISKS

Oil-based fish vaccines contain:

- Mineral oils as adjuvants (potent tissue toxins).
- Formalin-inactivated bacterial/viral antigens.



Standard dose: 0.025–0.1 ml, typically injected into the fish's abdominal cavity. In accidental self-injection, the full dose may enter the finger.



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CRITICAL COMPLICATIONS

- **Tissue Necrosis & Amputation Risk:**
Mineral oils can cause irreversible damage. Surgical intervention (incision, irrigation) is mandatory.
- **Systemic Symptoms:** May include pain, oedema, lymphangitis, lymphadenitis, fever, nausea, and vomiting.
- **Anaphylactic Shock (rare):**
Treat immediately per standard emergency protocols. All suspected cases must be investigated and reported.

Note: Antibiotics and anti-inflammatory drugs alone are insufficient. Anti-tetanus injection is not required. **Surgical evaluation is non-negotiable.**

Every case of vaccine self-injection must be treated as a surgical emergency.