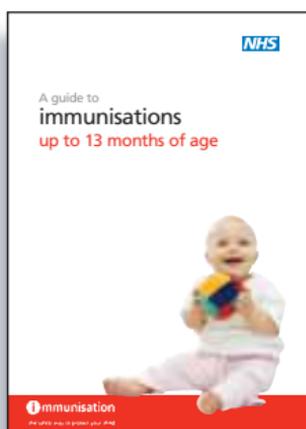


Immunisations

at 12 and 13 months of age



NHS booklets covering the complete routine childhood immunisation programme



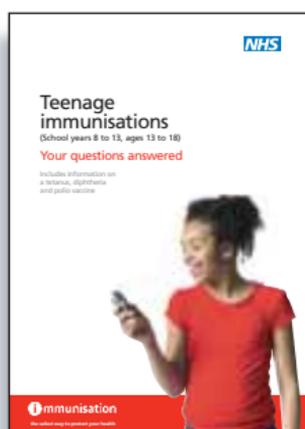
At 2, 3 and 4 months



At 12 and 13 months



At 3 to 5 years



At 13 to 18 years

Copies of these booklets are available from your clinic or doctor's surgery. See also www.immunisation.nhs.uk

The complete routine childhood immunisation programme from birth to 18 years

The booklets shown opposite describe the immunisations offered to your child during the first 18 years of their life.

■ A guide to immunisations up to 13 months of age

Covers all the immunisations up to 13 months but describes in detail those at 2, 3 and 4 months.

■ Immunisations at 12 and 13 months of age

A reminder leaflet to get your child immunised at 12 and 13 months.

■ Pre-school immunisations – a guide to vaccinations for 3- to 5-year-olds

Details of the immunisations for your child at 3 to 5 years of age before they start school.

■ Teenage immunisations – your questions answered

Describes the teenage immunisation at 13 to 18 years.

The complete routine immunisation programme is shown in detail on the back cover of this leaflet.

Summary

Which immunisations will my baby have at 12 months?

Your baby will have a **Hib/MenC** booster immunisation against:

- Hib (*Haemophilus influenzae* type b), and
- meningitis C (meningococcal group C).

Which immunisations will my baby have at 13 months?

Your baby will have a **PCV** booster immunisation against:

- pneumococcal infection.

They will also have their first **MMR** immunisation against:

- measles
- mumps, and
- rubella.



Immunisations at 12 months

Protecting against Hib and meningitis C

What is Hib?

Hib is an infection that can lead to a number of major illnesses such as blood poisoning (septicaemia), pneumonia and meningitis.

What is Meningitis C?

Meningitis C is one of several diseases caused by meningococcal bacteria. Meningitis is inflammation of the lining of the brain.

Which vaccine will be used?

Your child will have a booster dose of combined Hib/MenC vaccine. It will be given in the muscle of the thigh or upper arm.

Why does my child need booster immunisations?

Booster immunisations are given to increase the protection already given by the immunisations your baby had at two, three and four months of age. Sometimes the protection offered by a first vaccination begins to wear off after a time. A booster dose extends the period of protection later into life.

Will the Hib/MenC vaccine have any side effects?

Your baby may have redness, swelling or tenderness where they had the injection. About half of all babies who have the vaccine may become irritable, and about one in 20 could get a mild fever.



Immunisations at 13 months

Protecting against pneumococcal infection, measles, mumps and rubella

What is pneumococcal infection?

Pneumococcal (pronounced new-mo-cock-al) infection is one of the commonest causes of meningitis but it also causes ear infections (otitis media), pneumonia and some other serious illnesses.

Which vaccine will be used?

The vaccine used is a booster dose of PCV (pneumococcal conjugate vaccine). It will be given in the muscle of the thigh or upper arm.

Will the PCV vaccine have any side effects?

Out of ten babies immunised, one or two may get swelling, redness or tenderness at the injection site or get a mild fever.

What is measles?

Measles is caused by a very infectious virus. The complications of measles include chest infections, fits, encephalitis (infection of the brain), and brain damage. In very serious cases, measles kills.

What is mumps?

Mumps is caused by a virus which can lead to fever, headache, and painful, swollen glands in the face, neck and jaw. It can result in permanent deafness, viral meningitis (infection of the lining of the brain) and encephalitis.

What is rubella?

Rubella (German measles) is a disease caused by a virus. In children it is usually mild and can go unnoticed. But, rubella is very serious for unborn babies. It can seriously damage their sight, hearing, heart and brain. This condition is called congenital rubella syndrome (CRS).

What is the MMR vaccine?

It contains weakened versions of live measles, mumps and rubella viruses. Because the viruses are weakened, people who have had the vaccine cannot infect other people.

How and when is the vaccine given?

The vaccine is injected into the muscle of the thigh or upper arm. It is given to a child at around 13 months of age after the immunity the baby got from their mother fades. It should be given again when children are three years four months old or soon after.

How effective is the MMR vaccine?

MMR vaccine has been responsible for almost wiping out the three diseases in young children since it was introduced in the UK in 1988.

Will the MMR vaccine have any side effects?

The three different viruses in the vaccine act at different times and may produce the following side effects after the first dose.

- Six to ten days after the immunisation, as the measles part of the vaccine starts to work, about one in ten children may develop a fever and some develop a measles-like rash and go off their food.

- About one in every 1000 immunised children may have a fit caused by a fever. This is called a 'febrile convulsion'. However, if a child who has not been immunised gets measles, they are five times more likely to have a fit.
- Rarely, children may get mumps-like symptoms (fever and swollen glands) about three weeks after their immunisation as the mumps part of the vaccine starts to work.



- Very rarely, children may get a rash of small bruise-like spots in the six weeks after the vaccination. This is usually caused by the measles or rubella parts of the vaccine. If you see spots like these, take your child to the doctor to be checked. He or she will tell you how to deal with the problem and how to protect your child in the future.
- Fewer than one child in a million develops encephalitis (swelling of the brain) after the MMR vaccine, and there is very little evidence that it is actually caused by the vaccine. However, if a child catches measles, the chance of developing encephalitis is between one in 200 and one in 5000.

What if my baby is allergic to eggs?

The MMR vaccine can safely be given to children who have had a severe allergy (anaphylactic reaction) to egg. If you have any concerns, talk to your health visitor, practice nurse or doctor.

MMR is the safest way to protect your child against measles, mumps and rubella.

Watch out for meningitis and septicaemia

Both meningitis and septicaemia are very serious. It is important that you recognise the signs and symptoms and know what to do if you see them. Early symptoms of meningitis and septicaemia may be similar to a cold or flu (fever, vomiting, irritability and restlessness). However, individuals with meningitis or septicaemia can become seriously ill within hours, so it is important to know the signs and symptoms of these conditions.

What is meningitis?

Meningitis is infection of the lining of the brain. Meningitis can be caused by several types of bacteria or viruses. Infection with meningococcal bacteria can also cause diseases such as meningitis, septicaemia (blood poisoning), pericarditis (inflammation of the lining of the sac that contains the heart) and arthritis (swelling of the joints).

In babies, the main symptoms of meningitis may include:

- a highpitched, moaning cry
- irritable when picked up
- a bulging fontanelle
- drowsy and less responsive – being difficult to wake
- floppy and listless or stiff with jerky movements
- refusing feeds, vomiting
- skin that is pale, blotchy or turning blue, and
- fever.

What is septicaemia?

Septicaemia is a very serious condition when the blood stream is infected. The signs of cold hands and feet, pale skin, vomiting and being very sleepy or difficult to wake can come on quickly. If you suspect septicaemia, get help urgently.

In babies, the main symptoms of septicaemia may include:

- rapid or unusual patterns of breathing
- skin that is pale, blotchy or turning blue
- fever with cold hands and feet

- shivering
- vomiting, refusing feeds
- red or purple spots that do not fade under pressure (do the glass test explained below)
- pain or irritability from muscle aches or severe limb or joint pain
- floppiness, and
- severe sleepiness.

It is important to remember that not everyone will develop all the symptoms listed. If an individual develops some of the symptoms, especially red or purple spots, get medical help urgently. If you can't get in touch with your doctor, or are still worried after getting advice, trust your instincts and take your child to the emergency department of your nearest hospital.

The 'glass test'

Press the side of a clear drinking glass firmly against the rash so you can see if the rash fades and loses colour under pressure. If it doesn't change colour, contact your doctor immediately.



Where can I get more information?

The Meningitis Research Foundation and the Meningitis Trust both provide information on meningitis.

Phone the Meningitis Research Foundation's free 24-hour helpline on 080 8800 3344 or visit the website at www.meningitis.org

Phone the Meningitis Trust's 24-hour helpline on 0845 6000 800 or visit the website at www.meningitistrust.org

You can also ask your doctor, practice nurse or health visitor for advice, or call NHS Direct on 0845 4647.

Parents and carers can report suspected side effects of vaccines and medicines through the Yellow Card Scheme. This can be done on-line by visiting www.yellowcard.gov.uk or by calling the Yellow Card hotline on Freephone 0808 1003352 (available Monday to Friday, 10am to 2pm).

Routine childhood immunisation programme

Each vaccination is given as a single injection into the muscle of the thigh or upper arm

When to immunise	Diseases protected against	Vaccine given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal infection	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Three months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) Meningitis C (meningococcal group C)	DTaP/IPV/Hib and MenC
Four months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) Meningitis C Pneumococcal infection	DTaP/IPV/Hib, MenC and PCV
Around 12 months	<i>Haemophilus influenzae</i> type b (Hib) and meningitis C	Hib/MenC
Around 13 months	Measles, mumps and rubella (German measles) Pneumococcal infection	MMR and PCV
Three years four months or soon after	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	DTaP/IPV or dTaP/IPV and MMR
Thirteen to eighteen years old	Tetanus, diphtheria and polio	Td/IPV

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284414 1p 250k Nov07 (ANC)

First published November 2007
Produced by COI for the
Department of Health

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(8am to 6pm, Monday to Friday)

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