NHS

Teenage immunisations

(School years 8 to 13, ages 13 to 18)

Your questions answered

Includes information on tetanus, diphtheria and polio vaccine

immunisation

the safest way to protect your health

Introduction

This guide is for teenagers aged 13 to 18, and their parents or guardians. It explains:

- the immunisations that are given to teenagers, usually when they are still at school
- why these immunisations are needed, and
- what side effects they might have.

The guide also answers some of the most common questions about these immunisations. In particular, it describes the Td/IPV vaccine that boosts the protection you got as a child against tetanus (T), diphtheria (d) and polio (IPV – inactivated polio vaccine).

If you have any questions or want more information, talk to your doctor, school nurse or the nurse at your doctor's surgery.

You can also visit the website at

www.immunisation.nhs.uk

or call **NHS Direct on 0845 4647***

* Calls cost a maximum of 5 pence per minute from a BT landline. Mobiles and other networks may vary. You may be charged a minimum cost per call.

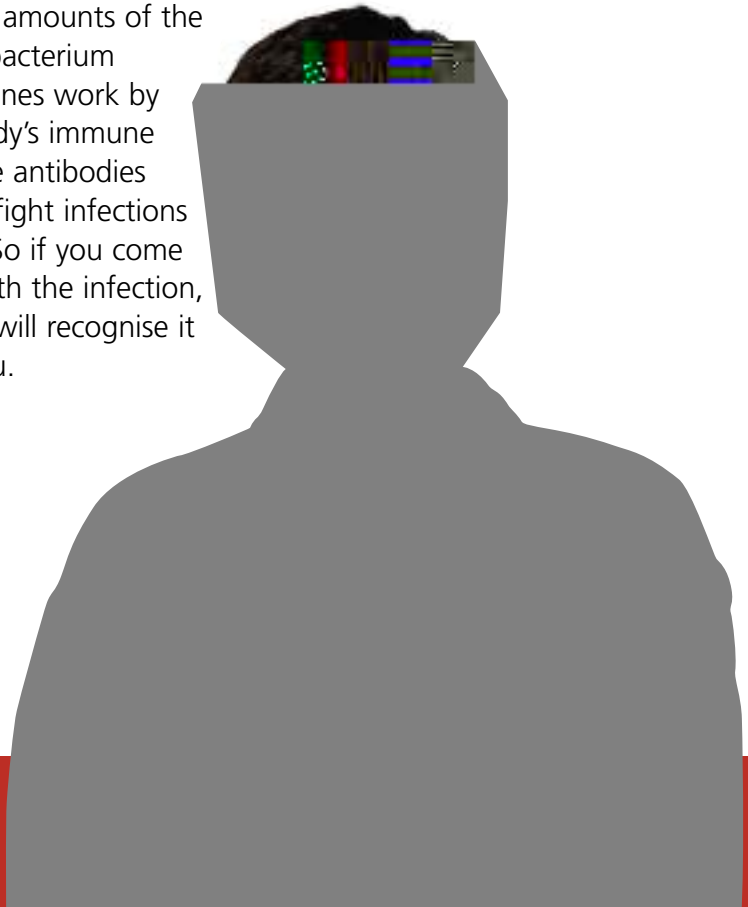
Your questions answered

Why do we need immunisation?

The national immunisation programme has meant that dangerous diseases, such as polio, have disappeared in the UK. But these diseases could come back – they are still around in many countries throughout the world. That's why it's so important for you to protect yourself. In the UK, diseases are kept at bay by the high immunisation rates.

How do vaccines work?

A vaccine contains a small part of the bacterium or virus that causes a disease, or tiny amounts of the chemicals the bacterium produces. Vaccines work by causing the body's immune system to make antibodies (substances to fight infections and diseases). So if you come into contact with the infection, the antibodies will recognise it and protect you.



Is this the only immunisation I need to have now?

If you are a girl aged 12 to 13 years you should also have the human papillomavirus vaccine (HPV) to protect you against cervical cancer later in life. You will need three vaccinations over a period of about six months.

When you are having your Td/IPV booster, it's a good idea to check with the nurse or doctor that all your other immunisations are up to date (for example, MMR (measles, mumps and rubella), MenC and, for some people, hepatitis B).

It's particularly important to check that your MMR immunisation is up to date because some teenagers have not had two doses of MMR. MMR was introduced in 1988, with a second dose being introduced in 1996. So, if you were born before 1992, you have probably only had one dose of MMR. If you think this applies to you, you should book an appointment for the second dose now.

If you have never had the MMR vaccine, you should have one dose now and another one month later. You may experience side effects from the MMR vaccine for up to six weeks after the immunisation. The symptoms are similar to those caused by the diseases, but much milder. Speak to your school nurse or doctor if you are at all concerned.

You should also talk to your doctor or school nurse if you are 'immunosuppressed' because you are having treatment for a serious condition such as a transplant or cancer, or you have a condition that affects your immune system, such as severe primary immunodeficiency. The doctor or nurse will get specialist advice on using live vaccines.

Knowing about meningitis and septicaemia

Meningitis is infection of the lining of the brain. The same germs that cause meningitis can cause septicaemia (blood poisoning). Meningitis and septicaemia are both very serious – they can cause permanent disability and death and the signs can come on quickly – so you must get treatment straight away. If you haven't been immunised against meningitis C, you should have this done now. This vaccine only protects against one type of meningitis and septicaemia, so you still need to know the signs and symptoms.

What do I look for?

Early symptoms of meningitis and septicaemia are mild and similar to those you get with flu (such as feeling hot, being sick, and pain in the back or joints). However, for meningitis, the most important signs to look out for are:

- a stiff neck
- a very bad headache (this alone is not a reason to get medical help)
- lights hurting your eyes
- vomiting
- a fever
- drowsy, less responsive, confused, and
- red or purple spots that don't fade under pressure (do the glass test explained on the next page).

For septicaemia, the most important signs to look out for are:

- sleepiness, less responsive or confused (a late sign in septicaemia)
- severe pains and aches in the arms, legs and joints
- very cold hands and feet
- shivering
- rapid breathing
- red or purple spots that don't fade under pressure (**do the glass test** explained below)
- vomiting
- a fever, and
- diarrhoea and stomach cramps.

What should I do?

If you get one or more of the symptoms above, get help urgently. If you get treatment for meningitis and septicaemia quickly, you stand the best chance of making a full recovery. If you can't get in touch with your doctor, or are still worried after getting advice, trust your own instincts and go to the emergency department of your nearest hospital or ask a friend to take you.

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.meningitis-trust.org**

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NHS

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 Haemophilus influenzae type b (Hib) Pneumococcal infection	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) Meningitis C (meningococcal group C)	DTaP/IPV/Hib and MenC
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) Meningitis C (meningococcal group C) Pneumococcal infection	DTaP/IPV/Hib and MenC and PCV
Around 12 months	*Haemophilus influenza* type b (Hib) and meningitis C	Hib/MenC
Around 13 months	Measles, mumps and rubella (German measles) Pneumococcal infection	MMR and PCV
Three years and four months or soon after	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	DTaP/IPV or dTaP/IPV and MMR
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus types 16 and 18	HPV*
13 to 18 years old	Tetanus, diphtheria and polio	Td/IPV

* Human papillomavirus vaccine
This vaccine was introduced into the routine immunisation programme in September 2008.
For more information, visit www.nhs.uk/hpv.

Crystal Mark
Clarity approved by Plain English Campaign