

Dear Parent/Guardian,

National Routine Teenage Booster Vaccination Programme 2021/2022

Tetanus / Diphtheria / Polio and Meningitis ACWY (Teenage Booster)

Vaccination is one of the most successful Public Health interventions giving protection against potentially fatal diseases for the whole of our population.

The Td/IPV vaccine protects against **Tetanus, Diphtheria and Polio**, and the MenACWY vaccine protects against **Meningitis strains A C W and Y**. Public Health England have seen a rise in the number of cases of Meningitis W in teenagers and young adults. They are important for ensuring long-term protection against all of the above serious, disabling and potentially fatal diseases. Protection will then continue into adulthood.

These vaccines are routinely offered in school at the same time, for boys and girls from year 9, as part of the national programme for vaccination of children and young people.

Catch up is also available for students in years 10 to 13, who are outstanding these vaccinations.

On the back of this letter, there is some useful information about the vaccines and the diseases they protect against. Further information is available on the NHS Choices website www.nhs.uk.

Please take this opportunity to check that your child's routine vaccinations are up to date. You can check this with your GP Practice. If you have any questions, you can also contact the Immunisation Service or your School Nurse.

How do I give consent for the Teenage Booster Vaccinations?

Complete the steps below, before the closing date and time, to consent for your child to have their Teenage Booster vaccinations. **The consent form will close 3 working days before the vaccination session date.**

Your online consent form closes at 11am, 3 working days before your session date, which can be found in the accompanying email from your child's school.

1. **Click on the following the link:** www.susseximmunisations.co.uk/Forms/DTP
2. **Enter and confirm your preferred email address** – you will receive a confirmation email following submission of the consent form.
3. **Enter your school code and click 'Find School'** – The school codes are unique to each school and site. Please use the correct code for your child's school, found on this letter, to avoid delays with vaccination: **SX137263**
4. **Check the school name matches:** (**Hazelwick Academy**)
5. **Complete and submit the consent form**, indicating your choice of consent - Please ensure you provide the child's registered address and GP.

If you are unable to complete the online form, do not want your child to have these vaccinations, or wish to change your consent, please read the frequently asked questions for how to proceed.

We hope that the information provided helps you to make a positive decision about protecting your child against these diseases, for which vaccinations are readily available.

Yours sincerely

Immunisation Clinical Service Manager



Excellent care at the heart of the community

FREQUENTLY ASKED QUESTIONS

Speak to a member of the Immunisation Service by calling your local team on 01273 696011

Brighton
Ext. 3789

Chichester
Ext. 8100

Crawley
Ext. 2043

East Sussex
Ext. 2080

Worthing
Ext. 8533

What do I do if I cannot complete the online consent form? Contact your local team in the Immunisation Service on the number provided, and complete a verbal consent with them **before the closing date and time**.

What do I do if I missed the cut off date to complete an online consent form and the form is now? The online form will re-open, 1 working day after the school session date. You will then be able to complete a consent form and book into a catch up clinic online, by following the instructions in the automated email you will receive upon submission of a positive consent form. If you are unable to use the online booking system, please contact your local team on the number provided.

Can I use the same school code for both my children? The Cinnamon school codes are unique to each individual school and site. i.e. lower and upper schools or Independent schools with more than one location e.g. Brighton College Prep and Brighton College will both have different Cinnamon school codes. Therefore, if you have more than one child, but they do not attend the same school site please do not submit the consent for using the same code. You will receive a separate letter from your school in order to consent for both children. Please note these letter may not be sent to you at the same time, this is dependent on the vaccination session date.

What do I do if I do not want my child to have this vaccination course? Please complete the online consent form following the steps in the parent letter, and indicating that you do not give consent for the Teenage Booster vaccinations. In the absence of a form, we may offer your child the opportunity to consent to the vaccination course themselves, following an assessment of their competence and understanding of what is involved with this vaccination.

What do I do if I have changed my mind after completing an online consent form? You must contact the Immunisation Service to change your consent and inform your child's school, by putting this in writing; prior to the vaccination session date.

How will I know when my child has been vaccinated? You will receive an email, sent to the email address provided when completing the online form, advising you of the vaccination outcome. If your child was not vaccinated, following submission of a positive consent form, your email will advise of the reason for this and contain details of how to book into a catch up clinic.

What vaccines are being offered and why? **Revaxis** is a combined vaccine that protects against **tetanus**, **diphtheria**, and **polio**. Provided that your child has had all the previous scheduled doses against these three illnesses, this booster will give long term protection against these serious infections.

Polio is a virus that attacks the nervous system which can cause permanent paralysis of muscles and can be fatal. **Diphtheria** is a serious disease that can cause breathing problems, damage the heart and nervous system and, in severe cases, be fatal. Thanks to vaccination, polio and diphtheria are now much rarer than they used to be, but have still not been eradicated on a global scale. **Tetanus** is a painful disease affecting the nervous system which leads to muscle spasms, causes breathing problems and can kill. It is caused when germs found in the soil and manure get into the body through open cuts or burns. Because tetanus spores are everywhere, it can never be eradicated.

Bacterial **Meningitis** causes inflammation of the brain and blood poisoning, with complications such as epilepsy, hearing loss, gangrene and amputation. A dose of **Nimenrix** or **Menveo** protects against four strains of meningitis and is advised for all teenagers, as they are at higher risk of contracting Meningitis C and W.

Who should not have these vaccines? Very few people cannot have these vaccines. Only those with a severe allergic (anaphylactic) reaction to a previous dose or to any of the ingredients of the vaccines - please see the links below. If your child has a bleeding disorder, a history of convulsions (fits) or has a weakened immune system, we may need to ask for more details before vaccination. Vaccination is postponed if someone is unwell on the day with a feverish illness. Minor illnesses such as colds without fever do not prevent vaccination.

Nimenrix: <https://www.medicines.org.uk/emc/product/4118> Menveo:

<https://www.medicines.org.uk/emc/product/2939>

Revaxis: <https://www.medicines.org.uk/emc/product/5581>

What if they want the vaccination but, as a parent / guardian, we would rather they didn't have it? If you do not want your child to have these vaccinations, please complete the online consent form indicating this. However, if your child approaches us requesting these vaccinations where you have indicated you do not consent, we would endeavour to have a conversation with you to discuss their options. Legally children under the age of 16 can consent to their own treatment if they demonstrate the competence and understanding to fully appreciate what's involved in their treatment.

What does consenting to SCFT staff to be able to view my child's Digital Health Record mean? It enables any SCFT Children's Services staff, who provide care for your child, to see information which has been shared out from the GP and other health organisations records if they use compatible systems. We cannot view other organisations records without consent, except in exceptional circumstances. Access to your child's health record helps our services to make safe clinical decisions on the most appropriate treatment and care.

For further information see: <https://www.sussexcommunity.nhs.uk/contact-us/patient-records.htm>

INFORMATION FOR PARENTS AND YOUNG PEOPLE

On the day of vaccination - Wear clothes that would allow the nurses to access the top of the arm, such as a short sleeved shirt/T shirt. They should have breakfast as usual and ensure that they have plenty to drink throughout the day.

What to expect afterwards - Following vaccination the young person may experience fever, aches, headache, nausea or tiredness. This is an expected immune response which can be treated with paracetamol or ibuprofen (never aspirin for under-16s); always follow the directions on the packet. It's common to get some swelling, redness or tenderness at the injection site. Sometimes a small painless lump develops, but this usually disappears in a few weeks. Any other side effects are unusual. If you're worried about any reaction you can call the NHS 111 service. Please inform us or your GP if your child has any side effects other than those listed above following vaccination.

Vaccine Safety - The vaccine has undergone rigorous safety testing before being licensed for use in the UK. It is a well-established vaccine with a known safety profile, and like all other vaccines, unwanted reactions are constantly monitored.



UPDATED SCHEDULE FOR 2020

A guide to immunisation for

young people

Your questions answered about the HPV, Td/IPV and MenACWY vaccinations given between school years 7 to 13



Immunisation, protecting everyone, at every age

By the time you start primary school you should have had:

Vaccine	How	When	Comments
Flu	Nasal spray	Each year from September	This vaccine is given at two and three years of age. Children who are in risk groups and cannot have the nasal spray will be offered a vaccination by injection
Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection	3 years and four months of age	This is a booster dose of these vaccines
Measles, mumps and rubella (MMR)	One injection	3 years and four months of age	This is a second dose of the MMR vaccine. (If your child has not had the first dose yet, it should be given now and the second dose one month later)

If you have missed these vaccinations, you should catch up before you start secondary school. Please speak to your GP practice to make an appointment.

Introduction

This guide is for young people in school years 7 to 13, and their parents or guardians. It outlines and explains:

- the immunisations that are given to young people 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 HPV vaccine that protects against HPV related cancers, the Td/IPV vaccine that boosts the protection you got as a child and the MenACWY vaccine. If you have any questions or want more information, talk to your doctor, school nurse or the practice nurse at your doctor's surgery.

Details of other sources of information are given on page 17 of this booklet.

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, such 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.

Human papillomavirus (HPV)

What is HPV and how does it spread?

The human papillomavirus is very common and it is caught through intimate sexual contact with another person who already has it. Because it is a very common infection, most people will get it during their lifetime. There are many different types of HPV. Most HPV infections do not cause any symptoms and get better on their own. Some do not clear up and can lead to cancer whilst others cause genital warts.

Which cancers are caused by HPV?

The human papillomavirus increases the risk of developing some cancers in later life including cervical cancer (cancer of the entrance to the womb), some mouth and throat cancers and some cancers of the anus and genital area. HPV causes more than 99% of all cervical cancer, the most common cancer among women under the age of 35. Most vaginal, vulval, penile and anal cancers are also caused by HPV.

What is the HPV vaccine?

The HPV vaccine protects against two high risk HPV types that cause cancer, including most cases (over 70%) of cervical cancer. Having this vaccine will also protect you against the two types of HPV that cause the majority of cases of genital warts. It won't protect you against any other sexually transmitted diseases such as chlamydia and it won't stop you getting pregnant. There is evidence from Australia, Denmark, Scotland and England that the vaccine is already having a major impact on HPV infections.

HPV vaccine has been used in girls in the UK since 2008 and most women aged 15 to 24 years have now been given the vaccine. From September 2019, the vaccine is offered to boys and girls aged 12 and 13 years.

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Having the vaccination will reduce your chance of getting cancers caused by the HPV virus.

More than 80 million people have received the HPV vaccine worldwide and over 10 million doses have been given in the UK since the programme began in 2008.

How will I have the vaccination?

It is important that you have two doses of the HPV vaccine to be protected. The nurse will give you the vaccination in your upper arm. When you are in year 8 you will be offered the first injection. You will be offered the second injection 6 to 12 months after the first, but it can be given up to 24 months after. Your school or GP will inform you when you are due the second dose.

The HPV vaccine is offered to all girls and boys starting in school year 8 (aged 12-13 years) and those offered the vaccine at school will remain eligible up to their twenty-fifth birthday.

Are there any side effects?

Like most injections, the side effects of the HPV vaccination are quite mild. Stinging and soreness in the arm are common but wear off in a couple of days. More serious side effects are extremely rare.

The vaccine meets the rigorous safety standards required for it to be used in the UK and has an excellent safety profile. Millions of doses of vaccine have already been given to girls in the UK and around the world. As with all vaccines, any reports of side effects are closely monitored and reviewed.

See www.nhs.uk/vaccinations if you'd like more information on side effects.

What about giving consent?

You will probably want to share information about the vaccine with your parents and discuss it together. If you are being offered the vaccination at school, you may be given a consent form that your parent/guardian should sign giving permission for you to have the vaccination.

The doctor or nurse will discuss the HPV vaccine with you at your appointment and will be able to answer any questions you may have.



Women who have had the vaccine will still need to go for cervical screening

All women aged 25 and over in England are offered cervical screening tests.

The vaccine will prevent around 70% of cervical cancer cases, but screening is still needed to pick up any other cervical abnormalities.

I missed my vaccination, can I still have it?

Yes. If you missed either of your vaccinations, for whatever reason, you should speak to your school nurse or GP surgery about making another appointment. It's best to make your appointment as soon as possible after your original one. The most important thing is to have both doses at the right time to get the best protection. Girls and boys offered the vaccine are only eligible to start the course of HPV vaccine up to their 25th birthday.

Now I've had the injections, will I still need to go for smear tests?

Yes. All women are offered cervical screening (smear tests) when they are old enough (25 and over in England). The vaccine protects against the two human papillomavirus types that cause 70% of the cases of cervical cancer, so screening is still needed to try to pick up cervical abnormalities caused by other HPV types that could lead to cancer.

Should boys or girls who have already had sex bother with the vaccination?

Definitely. If you've had sex, and are in the relevant age group, you should still have the vaccine.

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It is best to have your vaccinations at the right time so you are protected. If you miss any of your teenage jabs and you have left school, contact your GP practice and get up to date.

What if I have not had my first HPV vaccine by the age of 15?

If you have not had any HPV vaccine by the time you are 15 years old you will need three doses to have full protection. This is because the response to two doses in older individuals is not quite as good, you should have three doses. The second dose should be given around a month after the first dose, and a final dose given around six months after the first dose.

You should speak to your nurse or doctor about making an appointment as soon as possible.

The HPV vaccine is called Gardasil, you can read the Patient Information Leaflet at www.medicines.org.uk/emc/product/261/pil

Tetanus, diphtheria, polio (Td/IPV) and meningitis and septicaemia

What is tetanus?

Tetanus is a painful disease affecting the nervous system which can lead to muscle spasms, cause breathing problems and can kill. It is caused when germs found in the soil and manure get into the body through open cuts or burns. Tetanus cannot be passed from person to person.

What is diphtheria?

Diphtheria is a serious disease that usually begins with a sore throat and can quickly cause breathing problems. It can damage the heart and nervous system, and in severe cases, it can kill.

What is polio?

Polio is a virus that attacks the nervous system which can cause permanent paralysis of muscles. If it affects the chest muscles or the brain, polio can kill.

The teenage booster vaccine is called Revaxis, you can read the Patient Information Leaflet at www.medicines.org.uk/emc/product/5581/pil

What are meningitis and septicaemia?

Meningitis is dangerous swelling of the lining around the brain and spinal cord. It can be the result of infection with bacteria or a virus or as a result of injury. Septicaemia is when bacteria enter the bloodstream and cause blood poisoning which can trigger sepsis. Sepsis is an overwhelming and life-threatening immune response to any infection and can lead to tissue damage, organ failure and death.

Meningococcal disease can cause both meningitis and septicaemia. There are five main groups of meningococcal bacteria that cause disease – MenA, MenB, MenC, MenW and MenY. Meningococcal disease is rare but very serious and requires urgent hospital treatment. It can lead to life-changing disabilities such as amputations, hearing loss, brain damage and scars.

See page 15-17 for a full description of meningitis and septicaemia.

If I was immunised against tetanus diphtheria and polio as a child am I still fully protected?

No, you will still need a booster.

If I was immunised against meningococcal group C (MenC) as a child am I still protected?

The MenACWY vaccine will increase your protection against MenC disease and help to protect you against the three other meningococcal groups (A, W and Y).

How many boosters do I need to have?

You need a total of five doses of tetanus, diphtheria and polio vaccines to build up and keep your immunity. You should have had:

- the first three doses as a baby
- the fourth dose when you were between three and five years old, before you started school, and
- the fifth dose is due in year 9 (aged 13 to 14).

For protection against four groups (A, C, W and Y) of meningococcal infection, it is important to have one dose of MenACWY as a teenager.

■ The routine dose of MenACWY is given in year 9/10 (around 14 years)

What if I missed my teenage dose of MenACWY vaccine?

If you were born on or after 1 September 1996 and are eligible but missed your teenage MenACWY vaccine, you can still have the vaccine up to your 25th birthday. If you are older and starting university for the first time, you can still have the vaccine up to your 25th birthday. If you are still at school then speak to your school provider, otherwise you will need to make an appointment with your GP practice.

Does MenACWY vaccine protect against Men B?

No, MenB is caused by different group of the bug which commonly affects young infants. A different vaccine, which protects against MenB, is given to very young babies. Some adults and older children considered at risk may be eligible on the NHS. You can find out more about how to get the MenB vaccine through the charity websites listed on page 17. If you have any questions about MenACWY talk to your school nurse or doctor.

Will I need more boosters in the future?

You will probably not need further boosters of these vaccines. However, you may need extra doses of some vaccines if you are visiting certain countries or if you have an injury, you may need another tetanus injection. Check with your practice nurse at your surgery.

How will I be given the Td/IPV and MenACWY boosters?

You will have two injections – one in each upper arm, or 2.5cm apart in the same arm. Nobody likes injections, but it is very quick. The needles used are small and you should feel only a tiny pinprick. If you are a bit nervous about having the injection, tell the nurse or doctor before you have it.

Are there any other immunisations I need to have now?

When you are having your Td/IPV, and MenACWY vaccines, it's a good idea to check with the nurse or doctor that all your other immunisations are up to date including MMR (measles, mumps and rubella). It's particularly important to check that your MMR immunisation is up to date because some teenagers have not had two doses of MMR. If you have never had the MMR vaccine, you should have one dose now and another one month later.

Are there any reasons why I should not be immunised?

There are very few teenagers who may not have the HPV, Td/IPV, and MenACWY vaccines.

You should 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 whether you should have the MMR vaccine.

In the UK we have two MMR vaccines. Both vaccines work very well, one contains porcine gelatine and the other doesn't. If you want to have the porcine gelatine free vaccine, talk to your nurse or GP.

What if I am ill on the day of the appointment?

If you have a minor illness without a fever, such as a cold, you should still have the immunisations. If you are ill with a fever, put the immunisations off until you have recovered. This is to avoid the fever being associated with the vaccines and the vaccines increasing the fever you already have. You should speak to your doctor or nurse before having the immunisation if you have:

- had a bleeding disorder, or
- had convulsions (fits) not associated with fever.

Are there any side effects?

It is common to get some swelling, redness or tenderness where you have the injection. Sometimes a small painless lump develops, but this usually disappears in a few weeks. More serious effects are rare but include fever, headache, dizziness, feeling sick and swollen glands.

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.

If you feel unwell after the immunisation, take paracetamol or ibuprofen. Read the instructions on the bottle or packet carefully and take the correct dose for your age. If necessary, take a second dose four to six hours later. If your temperature is still high after the second dose, speak to your GP or call the free NHS helpline 111.

It is not generally recommended that these medicines are routinely given before or after vaccination in anticipation of a fever.

There are two MenACWY vaccines, they are called MenVeo and Nimenrix, you can read the Patient Information leaflets here:

Nimenrix: www.medicines.org.uk/emc/product/4118/pil

MenVeo: www.medicines.org.uk/emc/product/2939/pil



Remember, never give medicines that contain aspirin to children under 16.

Knowing about meningitis and septicaemia

Meningitis is an infection of the brain. The same germ that causes 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.

MenACWY vaccine does not protect against all the other bacteria and viruses that cause meningitis and septicaemia, so you still need to know the signs and symptoms.

What are the signs and symptoms?

Many of the early signs – diarrhoea, vomiting, fever, aches, general tiredness and headaches – are also signs of less serious illnesses like colds and flu.

Someone with meningitis and septicaemia will usually become seriously ill in a matter of hours. This is why it is important to keep checking on someone who is ill so you spot if they are getting rapidly worse. It's also important to look for cold hands and feet.

Symptoms such as a rash that doesn't fade (do the glass test shown on page 17), being confused or delirious, or too sleepy to wake occur later and are very serious – seek help immediately.

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

fever

**a very bad headache
(this alone is not a reason
to get medical help)**

vomiting

stiff neck

dislike of bright lights

rash

confusion, delirium

**severe sleepiness,
losing consciousness**

seizures

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

fever and shivering

**severe pains and aches in limbs
and joints**

vomiting

very cold hands and feet

pale or mottled skin

rapid breathing

diarrhoea and stomach cramps

**red or purple 'bruised' or blotchy
rash on skin* that do not fade
under pressure – do the glass
test shown on the next page**

difficulty walking or standing

**severe sleepiness,
losing consciousness**

*On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible.

What should I do?

Not all of these symptoms will develop and they can appear in any order and be mixed between the two illnesses. Meningococcal disease can be hard to identify at first because it can be like a bad case of flu. However, anyone affected with meningococcal disease will usually become seriously ill within a few hours. You should contact your GP (family doctor) or NHS 111 for advice if you have any concerns about your own or a friend's health. If you become worried about yourself or a friend, particularly if symptoms are getting worse, seek medical help urgently at the closest A&E Department or by dialling 999. Early treatment can be life-saving.

Where can I get more information?

For general information about teenage vaccinations, visit the website at **www.nhs.uk/vaccinations**

For non-urgent advice call the free **NHS helpline 111**

For information on meningitis

The following charities provide information, advice and support:

Meningitis Research Foundation

Free helpline 080 8800 3344
(9am to 10pm weekdays, 10am to 8pm weekends and holidays)
www.meningitis.org

Meningitis Now

24 hour helpline
0808 80 10 388
www.meningitisnow.org

For information on cervical cancer

Visit www.nhs.uk/vaccinations where you can download a question-and-answer sheet that gives more detailed information on the topics covered in this leaflet. For more information about cervical screening visit www.cancerscreening.nhs.uk

For more information on measles, mumps and rubella

www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine-when-needed.aspx

You can also see **www.gov.uk/government/publications/think-measles-patient-leaflet-for-young-people** for more information on the MMR vaccine.

The 'glass test'

Press the side of a glass firmly against the rash so you can see if it fades under pressure*.

If it doesn't fade, get medical help immediately. If you are feeling very ill, get help anyway, even if the rash fades or doesn't appear at all.



*On dark skin, check inside the eyelids or roof of the mouth where the spots maybe more visible.

Routine childhood immunisation programme

Most vaccines are given as an injection in the thigh or upper arm. Rotavirus vaccine is given as drops to be swallowed and influenza vaccine as a nasal spray.

When	Diseases protected against	Vaccine given
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB
	Meningococcal group B (MenB)	MenB
	Rotavirus gastroenteritis	Rotavirus
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/HibHepB
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccination (PCV)
	Rotavirus	Rotavirus
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB
	MenB	MenB
One year old on or after the child's first birthday	Hib and MenC	Hib/MenC
	Pneumococcal	PCV
	Measles, mumps and rubella (German measles)	MMR ²
	MenB	MenB booster
Eligible paediatric age groups ¹	Influenza (each year from September)	LAIV ^{2,3}
Three years and four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV
	Measles, mumps and rubella	MMR (check first dose given) ²
Boys and girls aged twelve to thirteen years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)
	Meningococcal groups A, C, W and Y disease	MenACWY

1. See Green book chapter 19 or visit www.gov.uk/government/publications/influenza-the-green-book-chapter-19 or www.nhs.uk/conditions/vaccinations/child-flu-vaccine/
2. Contains porcine gelatine.
3. If LAIV (live attenuated influenza vaccine) is contraindicated and the child is in a clinical risk group, use inactivated flu vaccine.

Please talk to your GP or practice nurse for advice.

from January 2020

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required
Asplenia or splenic dysfunction (including sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal <i>Haemophilus influenzae</i> type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to two years of age) PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 3, 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment ²	Pneumococcal Influenza	PCV13 (up to two years of age) ¹ PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal <i>Haemophilus influenzae</i> type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (to any age) PPV (from two years of age) Annual flu vaccine

¹ To any age with severe immunosuppression

² Consider annual influenza vaccination for household members and those who care for people with these conditions

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old ^{1,2}	Hepatitis B	Hepatitis B (Engerix B/BvaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country ³	At birth	Tuberculosis	BCG
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 20 weeks gestation ⁴	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

1 Take blood for HBsAg at 12 months to exclude infection

2 In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks

3 Where the annual incidence of TB is $\geq 40/100,000$ – see <https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>

4 Can be given from 16 weeks but usually offered after the anomaly scan



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