

Immunisation for pre-school children

three to five years old



Immunisation
protect your child for life

Information on the MMR booster
and a new diphtheria, tetanus,
whooping cough and polio booster

Introduction

This leaflet contains the facts about the new dTaP/IPV or DTaP/IPV vaccine and the MMR booster vaccine given to children before they go to school. If you want to talk over this information please contact your GP, health visitor or practice nurse. You may also find it helpful to visit:

www.mmrthefacts.nhs.uk

www.immunisation.nhs.uk

www.dhsspsni.gov.uk/phealth

The new vaccine

This new vaccine protects against diphtheria (d or D), tetanus (T) and pertussis (P; whooping cough) and polio (inactivated polio vaccine - IPV). The polio part is now given in the same injection rather than by mouth.

Your child should have a booster vaccine of dTaP/IPV or DTaP/IPV between three and five years of age (before they start school).

They will be given a further booster against diphtheria, tetanus, and polio between the ages of 14 and 18.

There are two vaccines available for this pre-school booster - one containing high-strength diphtheria (DTaP/IPV) and the other containing low-strength diphtheria (dTaP/IPV). Both vaccines have been shown to provide good responses, so it doesn't matter which one your child has for their pre-school booster.

Why is the change being made now?

As polio has now been wiped out from large parts of the world through a global vaccination programme, the risk of polio infection being brought into the UK is very low. This means that a switch can be made from a live oral polio vaccine (OPV, given by mouth) that provides better community-wide protection, to an inactivated polio vaccine (IPV), which provides effective individual protection.

How do we know that this new vaccine is safe and effective?

A vaccine has to go through many tests to check that it is safe and that it works before it is given to anyone. These checks continue even after a vaccine has been introduced. Only vaccines that pass all of the safety tests are used. All medicines can cause side effects, but vaccines are among the very safest. Research from around the world shows that immunisation is the safest way to protect your child's health. See page 5 for more on side effects.



My daughter started being immunised with the old vaccines - can she switch to the new ones?

The old and new vaccines are compatible, so she will be fully protected as long as she has all the childhood immunisations in the programme (see back cover).

I have heard there is thiomersal in vaccines

Thiomersal (mercury) is no longer used in vaccines in the routine childhood immunisation programme. A minuscule amount of mercury was used for over 60 years to help preserve vaccines. In all this time there was never any evidence that it did any harm. However, its use has now been phased out as part of the global goal to reduce exposure to mercury from avoidable sources.

What diseases will this vaccine prevent?

Diphtheria

Diphtheria is a serious disease that can quickly cause breathing problems. It can damage the heart and nervous system and, in severe cases, it can kill. Before the diphtheria vaccine was introduced there were up to 1,500 cases of diphtheria in a year in Northern Ireland.

Tetanus

Tetanus is a painful disease that affects the muscles and can cause breathing problems. It is caused when germs that are found in soil and manure get into the body through open cuts or burns. Tetanus affects the nervous system and can kill.

Pertussis (whooping cough)

Whooping cough is a disease that can cause long bouts of coughing and choking that can make it hard to breathe. It can last for up to 10 weeks. It can be very serious for young children and can even kill babies under one year old. Before the pertussis vaccine was introduced up to 3,500 cases of pertussis were reported in a year in Northern Ireland.

Polio

Polio is a virus that attacks the nervous system and can permanently paralyse the muscles. If it affects the chest muscles or the brain, polio can kill. Before the polio vaccine was introduced as many as 1,500 cases of paralytic polio occurred in a year in Northern Ireland.

Side effects of the dTaP/IPV or DTaP/IPV vaccine

Most children will not have any side effects, but all children are different. Your child may get some of the following side effects, which are usually mild.

- irritability up to 48 hours after having the injection;
- a mild fever (see page 15);
- a small lump at the site of the injection. This may last for a few weeks and will slowly disappear.



If you think your child has had any other reaction to the dTaP/IPV or DTaP/IPV vaccine that you are concerned about, then talk to your GP, practice nurse or health visitor.

Very rarely, a vaccine may cause an allergic reaction, such as a rash or itching affecting some or all of the body. Even more rarely, children may have a severe reaction to the immunisation causing difficulty breathing and possibly collapse. This is called anaphylaxis.

A recent study has shown that one case of anaphylaxis is reported in about half a million immunisations given. Although allergic reactions can be worrying, treatment leads to a rapid and full recovery.



Very rarely, children may have a fit a day or two after their dTaP/IPV or DTaP/IPV vaccination. This is usually related to a very high temperature (see page 14). If your child has a fit, call your doctor immediately.

Children usually recover from fits quickly and completely. Young children can have fits at any time, so having a fit after their vaccination may not necessarily be linked to the vaccine. Your doctor will decide whether your child can have more doses of the vaccine.

The MMR vaccine

MMR vaccine protects your child against measles (M), mumps (M) and rubella (R; German measles).

Your child should have a booster vaccine of MMR between three and five years of age (before they start school).

If your child has not had their first dose, they now need two doses three months apart.

Since MMR was introduced here in 1988 the number of children catching these diseases has fallen to an all time low.

Measles, mumps and rubella can all have serious complications.

- Measles can cause ear infections, respiratory problems and meningitis/encephalitis (inflammation of the brain). It has a 1 in 2,500 - 5,000 chance of causing death.
- Mumps can cause deafness usually with partial or complete recovery and swollen, painful testicles in older boys and men. It was the biggest cause of viral meningitis in children.
- Rubella can also cause inflammation of the brain and can affect blood clotting. In pregnant women it can cause miscarriage or major health problems for their babies such as blindness, deafness, heart problems or brain damage.

It is important to remember that without the MMR vaccine nearly every child will get all three diseases.

Does MMR have any side effects?

As with all medicines, there are some side effects associated with vaccinations. Most of these are minor and last for only a short time, for example, redness and swelling at the injection site.

MMR contains three separate vaccines in one injection. The vaccines work at different times. About a week to 10 days after the MMR immunisation some children become feverish, develop a measles-like rash and go off their food as the measles part of the vaccine starts to work. Your child may, very rarely, get a rash of small bruise-like spots due to the rubella part of the immunisation about two weeks after MMR. This usually gets better on its own but if you see spots like this, show them to your doctor. About three weeks after the injection a child might occasionally get a mild form of mumps as the mumps part of MMR kicks in.

Occasionally, children do have a bad reaction to the MMR vaccine. About 1 in 1,000 will have a fit caused by a high temperature due to the measles part of the vaccine. (See page 15 for how to treat a fever.) There is no evidence that this causes long-term problems. A child who has measles is five times more likely to have a fit as a result of the illness.

Vaccines can also cause allergic reactions, but as mentioned on page 6, they are very rare and treatment leads to a rapid and full recovery.

Encephalitis (inflammation of the brain) has been reported in about one case in every million immunisations. This is no higher than the chance of any child developing encephalitis without the vaccine. But measles causes encephalitis in 1 in every 5,000 children who get the disease.

Comparisons of the side effects of MMR with the side effects of having measles, mumps or rubella show that the vaccine is far safer than the diseases.

Complications	Rate after natural disease	Rate after 1st dose of MMR
Fits (due to high temperature)	1 in 200	1 in 1,000
Meningitis/ inflammation of the brain (encephalitis)	1 in 200 to 1 in 5,000	1 in 1,000,000
Conditions affecting blood clotting	1 in 3,000	1 in 24,000
Death (depending on age)	1 in 2,500 to 1 in 5,000	None

These side effects are even rarer after the second dose of MMR.



Facts about the MMR vaccine

- MMR vaccine protects children against measles, mumps and rubella.
- In 30 years, more than 500 million doses of MMR have been given in over 100 countries. It has an excellent safety record.
- There is no evidence of any link between MMR and autism or bowel disease.
- Giving the vaccines separately may be harmful. It leaves children open to the risk of catching measles, mumps or rubella.
- Where MMR is available, no countries recommend giving all the vaccines separately.
- In the year before MMR was introduced in the UK, 86,000 children caught measles and 16 died. Due to low vaccine uptake, there have been recent outbreaks in Ireland and Spain, which left several children dead.

What about the reports of links between autism and MMR?

Although autism is increasingly recognised now, the increases were going on long before MMR was introduced. Parents often first notice signs of autism in children after their first birthday. MMR is usually given to children at about this age, but this doesn't mean that MMR causes autism.

Extensive research into the possibility of a link between the MMR vaccine and autism, involving hundreds of thousands of children, has been carried out in Denmark, Sweden, Finland, the USA and the UK. No link has been found.

Experts from around the world, including the World Health Organization, agree that there is no link between the MMR vaccine and autism.

Have children been followed up long enough after MMR to know it's safe?

In the USA, MMR has been given for over 30 years and over 200 million doses have been used. In Finland, where children have been given two doses of MMR since 1982, reactions reported after MMR were followed up over 14 years. There were no reports of permanent damage due to the vaccine. In fact, MMR has been shown to be a highly effective vaccine with an outstanding safety record.

Wouldn't it be better for children to have the MMR vaccines separately?

Giving the vaccines separately would mean having six injections instead of two and would leave children exposed to two of the diseases for at least a year. These diseases can be serious and even fatal.

It has been said that giving the three vaccines together overloads children's immune systems. This is not the case. From birth, babies' immune systems protect them from thousands of viruses and bacteria that surround them.

The World Health Organization advises against using separate vaccines because they would leave children at risk for no benefit. No country in the world recommends MMR being given as three separate vaccines. There is no evidence that giving the vaccines separately is any safer, so we could be causing harm without doing any good.

Are there any reasons why my child should not be immunised with dTaP/IPV or DTaP/IPV or MMR?

There are very few reasons your child should not be immunised. You should let your health visitor, GP or practice nurse know if your child:

- has a very high temperature or fever;
- has had a bad reaction to any immunisation;
- has a severe allergy to anything;
- has a bleeding disorder;
- has had convulsions or fits;
- has had treatment for cancer;

- has any illness that affects the immune system (eg leukaemia, HIV or AIDS);
- is taking any medicine that affects the immune system (eg high dose steroids or treatments given after organ transplant or for cancers);
- has any other serious illness.

These don't always mean that your child can't be immunised, but it helps the doctor or nurse decide which are the best immunisations for your child and if they need to give you any other advice. A family history of illness is never a reason for a child not to be immunised.



What happens if my child gets a high temperature after immunisation?

Side effects from vaccines are unusual, usually mild and disappear quickly. Some children may get a raised temperature or fever (over 37.5°C). If your child's face feels hot to the touch and they look red or flushed they probably have a fever. You could check their temperature with a thermometer.

Fevers are fairly common in babies and children. They often get these with infections. Occasionally a fever can cause a child to have a fit. Any fever can cause this, whether the fever is due to an infection or a vaccine. So it's important to know what to do if your child has a fever. Remember, fevers are more likely to be caused by the diseases than by the vaccines.



How to treat a fever

1. Keep your child cool by making sure:
 - they don't have too many layers of clothes or blankets on;
 - the room they are in isn't too hot (it shouldn't be cold either, just pleasantly cool).
2. Give them plenty of cool drinks.
3. Give them liquid paracetamol or ibuprofen (ask for sugar-free). Read the instructions on the bottle carefully and give your child the correct dose for their age. You may need to give a second dose four to six hours later.

**Remember,
never give
aspirin to
children under
16 years
of age.**

Call the doctor immediately if your child:

- has a very high temperature (39°C or above)
- has a fit

If your child has a fit, lay them on their side in a safe place because their body may twitch or jerk.

Routine childhood immunisation programme

When to immunise	Disease vaccine protects against	How it is given
2, 3 and 4 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Meningitis C	One injection
Around 15 months old	Measles, mumps and rubella	One injection
3 to 5 years old	Diphtheria, tetanus, pertussis (whooping cough) and polio	One injection
	Measles, mumps and rubella	One injection
10 to 14 years old (and sometimes shortly after birth)	Tuberculosis (BCG vaccine)	Skin test, then one injection, if needed
14 to 18 years old	Tetanus, diphtheria and polio	One injection

If your child has missed out on any of these vaccines it is never too late to catch up. Arrange an appointment with your GP or health visitor.

If you would like further information about immunisation, visit the DHSSPS website www.dhsspsni.gov.uk/phealth or the national immunisation website www.immunisation.nhs.uk or www.mmrthefacts.nhs.uk

