

Teenage immunisations

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

Your questions answered



immunisation

the safest way to protect your health


Includes information on a
new tetanus, diphtheria and
polio vaccine

Introduction

This guide is for teenagers aged 13 to 18, and their parents. 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 a new vaccine called Td/IPV 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 46 47.

Your questions answered

Why do we need immunisation?

The national immunisation programme has meant that dangerous diseases such as tetanus, diphtheria and polio have effectively 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 does immunisation 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.

Why is this new Td/IPV vaccine being introduced now?

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

What is the benefit of this new vaccine?

As the polio vaccine is inactivated (that is, it is not live), it does not carry the slight risk of causing vaccine-associated paralytic polio (that is, when the vaccine itself causes paralysis) that the previous live oral vaccine carried.

Will the new vaccine be compatible with the vaccines I had before?

The new vaccine is compatible with the old ones and you will be fully protected once you have had the immunisation.

What is tetanus?

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

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 and can permanently paralyse the muscles. If it affects the chest muscles or the brain, polio can kill.

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

You may still have some protection, but you need this booster to complete your routine immunisations and give you long-term protection.



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 now.

You should not need more than five doses of tetanus, diphtheria or polio vaccine during your lifetime.

If you think you have missed any of your doses, talk to the school nurse or your doctor.

Will I need more boosters in the future?

You will probably not need further boosters of these vaccines. However, you will need extra doses of the vaccines if you are visiting certain countries. Check with the nurse at your surgery.

How will I be given the Td/IPV booster?

You will have an injection in your upper 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 reasons why I should not be immunised?

There are very few teenagers who cannot be immunised.

You should **not** have the vaccine if you have had:

- a confirmed anaphylactic reaction to a previous vaccine, or
- a confirmed anaphylactic reaction to neomycin, streptomycin or polymyxin B (antibiotics used in vaccines).

There are no other reasons why these vaccines should not be given. If you are worried, talk to the nurse or doctor.

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

If you are ill with a fever, put the immunisation off until you have recovered. This is to avoid the fever being associated with the vaccine and the vaccine increasing the fever you already have. However, if you have a minor illness without a fever, such as a cold, you should have the immunisation.

If you have:

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

Speak to your doctor or nurse before having the immunisation.

Are there any side effects?

It is common to get some swelling and redness 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.

If you feel unwell after the immunisation, take paracetamol or ibuprofen. Read the instructions on the bottle 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 NHS Direct on 0845 46 47.

You should tell the nurse or doctor if you suffer from any problem that might be linked to your immunisation.

Remember, if you are under 16 you should not take aspirin.

Does this vaccine contain thiomersal?

Thiomersal is a mercury-based preservative. This new booster vaccine does not contain thiomersal.

Are these the only immunisations I need to have now?

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 three months 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 AIDS. The doctor or nurse will get specialist advice on using live vaccines.



Knowing about meningitis and septicaemia

Meningitis is a swelling 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 – 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, the most important signs to look out for are:

- a stiff neck
- a very bad headache
- lights hurting your eyes
- becoming disoriented (dazed and confused)
- red or purple spots that don't fade when you press them (do the glass test explained below), and
- starting to lose consciousness.

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.



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.

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**

Going abroad?

If you are going abroad, make sure your routine immunisations are up to date. You may also need extra immunisations.

Contact your doctor or a travel clinic well in advance for up-to-date information on the immunisations you may need. Courses of most travel vaccines can be given over a four-week period, but more time will be needed if a course of the Td/IPV vaccine has to be given. If you find that you have less time before departure, it is still worth attending a clinic.

You may need to be immunised against other diseases such as yellow fever, and have a vaccination certificate as proof, before you can enter some countries. The certificate becomes valid and effective ten days after the vaccination is given.

Watch out for malaria

Malaria is a serious infection that you can catch from mosquito bites. It is a major problem in tropical countries. If you are travelling to an area where there is malaria, you will need protection. There isn't an immunisation against malaria, but your doctor will be able to give you advice on taking anti-malarial drugs.

Avoiding mosquito bites

Do all you can to avoid getting bitten by mosquitoes.

- During the day and night, use clothes that cover the arms and legs.
- Use insect repellent on the skin and a mosquito net soaked in insecticide.

Use a suitable insect repellent. Ask your pharmacist for advice.

For more information

You can get *Health advice for travellers*, an information leaflet produced by the Department of Health, from the post office (ask for leaflet E111) or ring the free Health Literature Line on 0800 555 777, between 8am and 6pm, and ask for leaflet T6. You can also get further information on the Department of Health website at www.dh.gov.uk

You can also ask your doctor or school nurse for advice, or call NHS Direct on 0845 46 47.

You can also visit www.immunisation.nhs.uk



Routine childhood immunisation programme

When to immunise	What vaccine is given	How it is given
Two, three and four months old	Diphtheria, tetanus, pertussis (whooping cough) polio and Hib (DTaP/IPV/Hib)	One injection
	MenC	One injection
Around 13 months old	Measles, mumps and rubella (MMR)	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
Ten to 14 years old (and sometimes shortly after birth)	BCG (against tuberculosis)	Skin test then, if needed, one injection
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection

NHS Immunisation Information
Department of Health Publications
PO box 777
London SE1 6XH
Phone: 08701 555 455
Email: dh@prolog.uk.com
Textphone (for minicom users): 08700 102 870
for the hard of hearing 8am to 6pm Monday to Friday



For more information on immunisation
visit our website at
www.immunisation.nhs.uk



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