

Diphtheria, Tetanus, Polio Immunisation

Introduction

This guide is for young people aged 12 to 15, and their parents or guardians. It explains:

- The tetanus, diphtheria, tetanus immunisation that is given to young people.
- why this immunisation is needed, and
- what side effects it might have.

The guide also answers some of the most common questions about these immunisations. It describes 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.



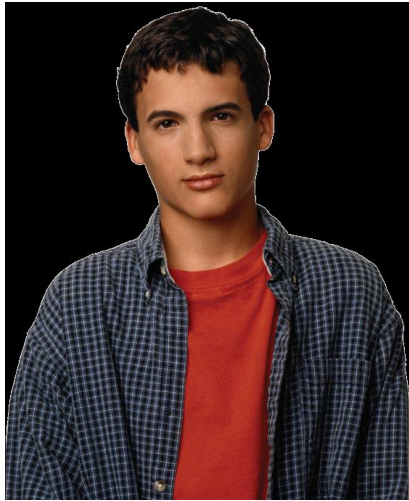
Why do we need immunisation?

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.



Tetanus, diphtheria, polio

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.

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

You may still have some protection, but you need these boosters to complete your routine immunisations and give you longer-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 in year 10 (aged 14 to 15).

Will I need more boosters in the future?

You will probably not need a further booster of this vaccine. However, you may need extra doses of some 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 two injections if you are also having Meningitis ACWY – 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 reasons why I should not be immunised?

There are very few teenagers who cannot have the Td/IPV vaccines.

You should not have the vaccines if you have had:

- a confirmed anaphylactic reaction to a previous vaccine,

There are no other medical 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 have a minor illness without a fever, such as a cold, you should 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. 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, 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.

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 the free NHS helpline 111.

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

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

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.

Meningococcal disease

Is a rare but life-threatening disease caused by meningococcal bacteria which are divided into several groups. The most common are A, B, C, W and Y. Infants, young children, teenagers and young adults have the highest risk of meningococcal disease.



Since 2009 there has been a year on year increase in the number of cases of meningococcal W (MenW) disease and there is no sign of the numbers declining. Older teenagers and young adults are more at risk of getting meningitis and septicaemia from MenW. A catch – up programme offering a MenACWY vaccination to every pupil from years 10 to 13 is starting in general practice from late August and in schools for years 10 and 11 from September 2015 onwards. The MenACWY vaccine will also replace the teenage MenC vaccine usually offered to year 9 or 10 students and become the routine vaccination for teenagers.

What is meningococcal disease?

Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). Both diseases are very serious and can kill, especially if not diagnosed early. The early symptoms of meningococcal disease are similar to those of flu, so you need to be able to recognise the symptoms very quickly (even if you have been vaccinated, the vaccines offered through the routine immunisation programme do not protect against all forms of the disease).

A full description of the signs and symptoms of meningitis and septicaemia can be found at www.meningitis.org and www.meningitisnow.org.



What causes meningococcal disease?

There are five main groups of meningococcal bacteria that can cause meningitis and septicaemia – A, B, C, W and Y. The same bacteria that cause this serious disease are also commonly carried in the back of the nose and throat, especially in young adults.

Look out for any of these symptoms

- **Fever, cold hands and feet**
- **Vomiting and diarrhoea**
- **Drowsiness, difficult to wake up**
- **Irritability and/or confusion**
- **Dislike of bright lights**
- **Severe headache or muscle pains**
- **Pale, blotchy skin with or without a rash**
- **Convulsions/seizures**
- **Stiff neck**

How common is it?

Meningococcal group C disease is now rare since MenC vaccination was introduced to the national immunisation programme in 1999. MenB is now the most common cause of meningococcal disease in children and young adults, while MenW and MenY used to mainly cause serious illness in older adults. Since 2009, however, there has been a large increase in MenW disease in England, resulting in several deaths among infants and teenagers. From September 2015, MenB vaccine will become part of the routine infant programme to help protect young babies.

Why do I need to get the vaccine?

As an older teenager, you become at higher risk of getting MenW meningococcal disease, so you need to get vaccinated to protect yourself. Vaccination also reduces the risk of you carrying the bacteria and so protects other people around you. This should, in turn, prevent the numbers increasing to serious levels. You may have had a MenC vaccination as a baby and again more recently but this will not protect you against other meningococcal groups. The MenACWY vaccine will increase your protection against MenC and help to protect you against three other

meningococcal groups (A, W and Y). It is still important to know the signs and symptoms of meningitis and septicaemia because there are many other bacteria that can also cause these illnesses, including the group B strain that is not covered by this vaccination.

When will I get the vaccination?

It's recommended that all teenagers in school years 10 to 13 have the MenACWY vaccination before or soon after they leave school. The catch – up programme will start in August 2015 and end in around October 2017. With so many pupils to vaccinate, the programme will be rolled out gradually, with year 13 pupils offered the vaccine first. These older teenagers are at greatest risk of the disease especially when starting university where they will come into contact with many new people of a similar age. In addition, all year 10 students (and year 11 students in some areas) will be offered the MenACWY vaccine routinely instead of the MenC vaccine.

Do I have to have it?

All vaccinations in the UK are voluntary but it's recommended that everybody in this age group has the MenACWY vaccine to help protect themselves and others, such as young infants, who may be particularly susceptible to this disease. You, or your parent/guardian, have to consent to have the vaccine.

What if I want the vaccination but my parents don't agree?

If you can show that you understand the benefits and risks of MenACWY vaccination, you can consent to have the vaccine. But it's hoped that you will discuss the matter as a family and come to a shared decision.

What if I want more information before consenting?

If you feel you need more information about any aspect of vaccination you or your parents can always speak to the nurse or GP. You can also call the NHS helpline 111 or contact the meningitis charities listed at end of this leaflet.

Is the vaccine safe?

The vaccine has been used for many years across the world and has an excellent safety record. Serious side effects from the vaccine are rare.

Does the vaccination hurt?

What are the common side effects?

It's like a sting. You may get soreness and some redness and swelling in your arm after the injection - you may also get a headache, but these symptoms should disappear after one or two days. If you feel unwell at any time after vaccination, you should contact your GP.

Do the glass test

Someone with septicaemia may develop a few spots or a widespread rash with fever. Later on the rash can develop into purple blotches that do not fade under pressure. You can do a test for this by pressing the side of a drinking glass against the rash. If you have a fever and a rash, and the rash does not fade under pressure, get medical help immediately by calling 999 or getting someone to take you to the nearest hospital emergency department. Never wait for a rash, though. It can be a late sign or may not appear at all. If someone is ill and getting worse get medical help immediately.



Meningitis and septicaemia are very serious and require urgent attention.

If you think you've got either, get help immediately and make sure your fellow students know to look out for you and each other.

How can I find out more?

There is more information about the MenACWY vaccination on the NHS Choices website at

www.nhs.uk/conditions/Meningitis/Pages/Introduction.aspx or you can talk to your GP, nurse or university health centre if you have any questions.

The following charities also provide information, advice and support:

Meningitis Now

Freephone Meningitis Helpline
0808 80 10 388

9am to 10pm every day
www.meningitisnow.org

Meningitis Research Foundation

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