

Teenage immunisations

for ages 14 to 18



immunisation

the safest way to protect your health

Introduction

This guide is for teenagers aged 14 to 18, and their parents. It explains:

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

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

If you have any questions or want more information, talk to your school nurse, or the doctor or nurse at your GP surgery. You can also visit www.immunisation.nhs.uk or www.dhsspsni.gov.uk/phealth



Why do we need immunisation?

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

How does immunisation work?

Vaccines contain a small part of the bacterium or virus that causes a disease, or tiny amounts of the chemicals the bacterium produces. Vaccines work by stimulating 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.

The Td/IPV vaccine

Td/IPV, given in one single injection, boosts the protection you got as a child against tetanus (T), diphtheria (d) and polio (IPV - inactivated polio vaccine).

What diseases will Td/IPV prevent?

Tetanus

Tetanus is a painful disease that affects the muscles and can cause breathing problems. It is caused when germs found in soil and manure get into the body through open cuts or burns. Tetanus affects the nervous system and it can kill. It cannot be passed from person to person.

Diphtheria

Diphtheria is a serious disease that usually begins with a sore throat and can quickly develop to cause problems with breathing. 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 each 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 each year in Northern Ireland.

Common questions

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;
- the fifth dose now.

You should not normally need more than five doses of tetanus, diphtheria or polio vaccine during your lifetime, but you may need additional doses of the vaccines if you are visiting certain countries. Check with the nurse at your surgery.

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

How will I be given the Td/IPV booster?

You will have one injection in your upper arm. Nobody likes injections, but it is very quick. The needle used is small and you should only feel a tiny pinprick. If you're 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 reasons why you should not be immunised. You should let your GP or nurse know if you:

- have a very high temperature or fever;
- have had convulsions or fits;

- have had a bad reaction to any immunisation;
- have had a severe allergy to anything;
- have had a bleeding disorder;
- have had treatment for cancer;
- have any illness that affects the immune system (eg leukaemia, HIV or AIDS);
- are taking any medicine that affects the immune system (eg high dose steroids or treatments given after organ transplant or for cancers);
- are pregnant;
- have any other serious illness.

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



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, you can take paracetamol or ibuprofen. Read the instructions on the 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 doctor.

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

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



Are these the only immunisations I need to have now?

When you're 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, eg MenC and MMR.

The MMR vaccine

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

It's particularly important to check that your MMR immunisation is complete because some young people 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 be offered the second dose at the same time as your Td/IPV. If not, ask your GP or nurse about it.

If you have never had the MMR vaccine, you should have one dose now and another in three months' time.

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. It can also cause swollen, painful testicles in teenage boys and men, and inflammation of the ovaries in teenage girls and women. 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.

Are there any reasons why I should not be immunised with MMR?

There are very few reasons why you should not be immunised with MMR, but you should let the doctor or nurse know if you have any of the conditions listed on pages 4 and 5.

Does MMR have any side effects?

Side effects after MMR are very rare. About a week to 10 days after the immunisation you may become feverish, develop a measles-like rash and go off your food as the measles part of the vaccine starts to work. You may also get some aches and pains in your joints.

About two weeks after receiving MMR you may, very rarely, get a rash of bruise-like spots due to the rubella part of the immunisation. 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 you might occasionally get a mild form of mumps as the mumps part of MMR kicks in.

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

There have been many stories in the media in recent years linking MMR with autism in babies. However, there is a large amount of evidence that shows there is no link. See the website www.mmrthefacts.nhs.uk for more information.



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 - 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. The MenC 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?

In older children, adolescents and adults, the main symptoms of **meningitis** may include:

- a stiff neck (check that they can kiss their knees or touch their forehead with their knees)
- a very bad headache (this alone is not a reason to get medical help)
- a dislike of bright lights
- vomiting
- fever
- being drowsy, less responsive or confused
- a rash



and the main symptoms of **septicaemia** may include:

- being sleepy, less responsive, vacant, 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 do not fade under pressure (do the glass test explained below)
- vomiting
- fever
- diarrhoea and stomach cramps

It is important to remember that not everyone will develop all the symptoms listed. If an individual develops some of the symptoms listed, especially red or purple spots, get medical help **urgently**. If you can't get in touch with your doctor, or are still worried after getting advice, trust your instincts and take the individual to the emergency department of your nearest hospital.

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. You will be able to see the rash through the glass. If this happens, get a doctor's help 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 0800 8800 3344 or visit the website at www.meningitis.org

Phone the Meningitis Trust's free 24-hour helpline on 0800 028 18 28 or visit the website at www.meningitis-trust.org

You can also ask your doctor, practice nurse or health visitor for advice.



Routine childhood immunisation programme

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Meningitis C	One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Meningitis C	One injection
	Pneumococcal infection	One injection
12 months old	Hib and meningitis C	One injection
15 months old	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
3 to 5 years old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
14 to 18 years old	Tetanus, diphtheria and polio	One injection

If you have missed out on any of these vaccines, it is never too late to catch up. Check especially that you have had the MenC vaccine and two doses of the MMR vaccine. If you haven't had all your vaccines, or aren't sure, speak to your GP or school nurse.

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



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