

Childhood Immunisations FAQs

MMR

- **What is the MMR vaccine?**

The vaccine, protecting against measles, mumps and rubella has been around since 1988, almost 35 years. It is part of the routine childhood immunisations that are given to your child to protect them from a range of diseases. The MMR vaccine is usually given when your child is a year old, with a booster given when they are three years and four months old.

We know that lots of children might have missed their vaccine appointments over the past couple of years owing to lockdown. The good news is that it's never too late to get both doses of the MMR jabs to give you child lifelong protection against measles, mumps and rubella.

You might have heard stories linking the vaccine to autism. There's no evidence of any link between the MMR vaccine and autism. There are many studies that have investigated this. The vaccine is safe, has been used for many years and gives great protection against some potentially serious diseases.

- **I don't know if my child has had their jabs – how can I check?**

You can check your child's personal child health record, you might know it as the "red book". Most people are given it when their baby is born. If you don't know where yours is don't worry, make contact with your GP team and ask to know which vaccinations your child has received in the practice.

- **My child has missed their jabs – is it too late?**

It's never too late to catch up on these important vaccinations – you can still ask your GP surgery for the MMR vaccine if your child has missed either of these two doses.

- **Why do we vaccinate?**

After clean water, vaccination is the most effective public health intervention. Vaccines protect you and your child from many serious and potentially deadly diseases. They undergo rigorous safety testing before being introduced and they're also constantly monitored for side effects after being introduced. All medicines and vaccines in use in the UK have been approved by the UK's independent regulator.

Thanks to vaccines, some diseases that used to kill or disable millions of people are seen very rarely. However, if people stop having vaccines, it's possible for infectious diseases to quickly spread again.

- **Do I have to vaccinate my child? How serious are measles, mumps and rubella?**

As many people in this country have been vaccinated with the MMR it can be easy to forget what it was like to have these illnesses or to see children with them. They are all highly infectious and can spread easily between unvaccinated people.

Measles usually starts with cold-like symptoms, followed by a rash a few days later. Some people may also get small spots in their mouth. Measles can lead to serious problems if it spreads to other parts of the body, such as the lungs or brain. If you catch measles when you are pregnant, it can harm your baby.

Mumps is most recognisable by the painful swellings in the side of the face under the ears. It usually passes without causing serious damage to a person's health. Serious complications are rare, but mumps can lead to viral meningitis if the virus moves into the outer layer of the brain.

Other complications include swelling of the testicles or ovaries (if the affected person has gone through puberty).

Rubella (german measles) is a rare illness that causes a spotty rash. It usually gets better in about a week, but it can be serious if you get it when you're pregnant.

The good news is that your children can be protected from these illnesses and their complications safely and easily by having the MMR vaccination.

The health care professionals giving the vaccinations are expert at doing this. They know how to make your child as comfortable as possible and will help you in the consultation.

If you have any questions at all about it please talk to a trusted healthcare professional like a health visitor, school nurse, GP nurse or GP.

For more information on the MMR vaccine please visit [nhs.uk/MMR](https://www.nhs.uk/MMR)

Polio

- **What is polio?**

Polio is an infection caused by a virus that attacks the nervous system – it can cause permanent paralysis of muscles. Before the polio vaccine was introduced, there were as many as 8,000 cases of polio in the UK in epidemic years. Because of the success of the polio vaccination programme, there have been no cases of natural polio infection in the UK for over 30 years (the last case was in 1984) and polio was eradicated from the whole of Europe in 2003

- **Why is polio back in the news?**

Polio is not back in England. There have been no clinical cases of wild polio in England. Wild polio is the term used to describe the typical type of polio infection that occurs across the world in unvaccinated communities. The last case of wild polio in the UK was in 1984 and the UK was declared polio-free by the WHO in 2003.

Since February 2022 traces of type 2 poliovirus have been detected in sewage samples in North and East London. Type 2 polio is the term used to describe polio that occurs as a result of transmission following use of the oral polio vaccine that is offered in some countries. It has been detected in sewage in Barnet, Brent, Camden, Enfield, Hackney, Haringey, Islington and Waltham Forest. As part of routine surveillance, it is normal for 1 to 3 'vaccine-like' polioviruses to be detected each year in UK sewage samples when an individual vaccinated overseas with the live oral polio vaccine (OPV) returned or travelled to the UK and briefly 'shed' traces of the vaccine-like poliovirus in their faeces.

However, several closely related viruses have been found in sewage samples taken between February and May. The level of poliovirus found and the high genetic diversity among the PV2 isolates suggests that there is some level of virus transmission in these boroughs which may extend to the adjacent areas. This suggests that transmission has gone beyond a close network of a few individuals.

The virus has continued to evolve and is now classified as a 'vaccine-derived' poliovirus type 2 (VDPV2), which on rare occasions can cause serious illness, such as paralysis, in people who are not fully vaccinated.

The polio virus found in London should not pose any risk to those who are fully vaccinated. However, whilst it is spreading, there is a small chance that those who have not been fully vaccinated, or those who cannot respond well to vaccines, could be at risk of catching polio. The good news is that we have picked this virus up early and we want to act now to protect as many people as we can. It is important that children are vaccinated against polio, so they are protected and to reduce the risk of the virus continuing to spread. Please come forward as soon as your child is due for their routine vaccination.

- **Is what we are seeing in London linked to cases of polio seen in Israel and New York?**

UKHSA are working closely with health agencies in New York and Israel alongside the WHO to investigate the possible links between the poliovirus detected in London and recent polio incidents in these two other countries.

- **How concerned should I be about polio?**

The risk to the population is extremely low. The majority of the UK population has already been immunised against polio. The polio virus found in London should not pose any risk to those who are fully vaccinated, which most Londoners are. However, whilst it is spreading, there is a small chance that those who have not been fully vaccinated, such as young children who are only part way through their polio vaccination schedule or those who have missed their routine vaccinations could be at risk of catching polio and getting ill. Children can access a catch up dose where a routine vaccine has been missed via their GP.

- **What are the symptoms of polio?**

Most people with polio won't have any symptoms and will fight off the infection without even realising they were infected. A small number of people will experience a flu-like illness 3 to 21 days after they're infected.

Symptoms can include:

- a high temperature (fever) of 38C (100.4F) or above
- a sore throat
- a headache
- abdominal (tummy) pain
- aching muscles
- feeling and being sick

These symptoms may also be indicative of other common 'cold like' viruses that circulate in the autumn and winter and will usually pass within about a week without any medical intervention. If you are concerned about your child's illness, please contact your GP for advice.

In a small number of cases, between 1 in 100 to 1 in 1000 infections, infection can cause paralysis, usually in the legs, that develops over hours or days. If the breathing muscles are affected, it can be life threatening. Symptoms include rapid onset of weakness in a limb which will be flaccid (or floppy). The weakness most often involves the legs, but sometimes affects the muscles of the head and neck or breathing.

- **What should you do if you experience any polio symptoms?**

If you or your child are experiencing symptoms of polio, then we advise you to ask for an urgent GP appointment.

- **What should people do to protect themselves against polio if they live in London?**

There is no cure for polio, vaccination is the only protection. Any children that have missed their routine vaccinations need a catch up dose which can be accessed via their GP.

- **What should people do to protect themselves against polio if they live outside of London?**

The best way to prevent polio is to make sure you and your child are up to date with your vaccinations. People should also get vaccinated even if they've had polio before as the vaccine protects against three different types of poliovirus.

You can contact your GP to check if you, or your child have missed any routine vaccinations. For children and babies, you can also check their personal child health record (red book). It is never too late to catch up and you can catch up for free on the NHS at any time by booking an appointment with your GP surgery.

- **When should my child be vaccinated against polio?**

The polio vaccine is free and given as part of combined jabs to babies, toddlers and teenagers. Children need all five doses of the vaccine to be fully protected against polio. The polio vaccine is given when a child is:

- 8, 12 and 16 weeks old as part of the 6-in-1 vaccine (DTaP/IPV/Hib/HepB)
- 3 years and 4 months old as part of the 4-in-1 (DTaP/IPV) pre-school booster
- 14 years old as part of the 3-in-1 (Td/IPV) teenage booster

- **Is there anyone who cannot have a polio vaccine?**

There are very few reasons why children cannot receive the polio vaccine. If your child had a serious allergic reaction to a previous vaccination or to certain uncommon antibiotics (neomycin, polymyxin or streptomycin) you may want to check with your doctor.

- **Will my child still need their regular dose at 3yrs 4 months if they received the booster in 2022?**

Even if your child did receive an extra dose, you need to complete the routine doses at the recommended age. Check with your GP surgery.

- **If no cases of polio have been reported, what is the need to get a polio vaccine?**

Those who are unvaccinated or not fully vaccinated are at greater risk of severe illness. Vaccination will help to stop the spread of poliovirus in London.

- **Where do I get my child's vaccine?**

Your child can get their catch-up dose of polio vaccine or other routine vaccinations at their GP surgery.

School-aged vaccination

- **What are school age vaccinations?**

The HPV (human papillomavirus) vaccine is a two-dose course, offered to boys and girls in years 8 and 9 (aged 12-13) and protects against genital warts and HPV related cancers such as cervical cancer and cancers of the head and neck.

The Meningococcal ACWY (MenACWY) vaccine is offered to young people aged 13 to 15 (year 9 and 10) and protects against meningitis and septicaemia caused by meningococcal groups A, C, W and Y. It's also important for students going to university or college for the first time. This is because older teenagers and new students are at higher risk of infection because many of them mix closely with

lots of new people, some of whom may unknowingly carry the meningococcal bacteria at the back of their nose and throat.

The 3-in-1 teenage booster is offered to young people in year 9 (age 14) and boosts protection against tetanus, diphtheria and polio.

Vaccine specific information

HPV vaccine

- The human papillomavirus (HPV) vaccine helps protect against cancers caused by HPV, including:
 - cervical cancer - the most common cancer in women under the age of 35
 - some mouth and throat cancers
 - some cancers of the anal and genital areas
- It also helps to protect against genital warts.
- In England, girls and boys aged 12 to 13 years are routinely offered the 1st HPV vaccination when they're in school Year 8. The 2nd dose is offered 6 to 24 months after the 1st dose.
- The HPV vaccine has been shown to dramatically reduce cervical cancer rates, by almost 90% in women in their 20s who were offered it at age 12 to 13 in the UK (from [research funded by Cancer Research UK](#)).
- Evidence from a recent study of 66 million young men and women showed an 83% reduction in high-risk HPV (HPV related to cancer) in teenage girls, and 66% reduction in women aged 20-24. The study also showed precancerous cervical lesions declined by 51% in teenage girls and 31% in women up to age 24 (according to the [Vaccine Knowledge Project](#)).
- If you're eligible and missed the HPV vaccine offered in Year 8 at school, it's available for free on the NHS up until your 25th birthday for:
 - girls born after 1 September 1991
 - boys born after 1 September 2006Please contact your GP to make an appointment.
- Some parents and guardians are worried that their child getting the HPV vaccine may lead to risky relationship behaviours. There is no evidence that this happens.

3-in-1 booster vaccine

- The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, is given to boost protection against 3 separate diseases: tetanus, diphtheria, and polio. Before vaccines existed, these diseases used to kill thousands of children in the UK every year.
 - Tetanus is an infection of the nervous system that is always serious and often fatal. The bacteria, called *Clostridium tetani*, are all around us (for example in soil), and they enter the body through scratches, burns and cuts. The main symptoms include stiffness in your jaw muscles, painful muscle spasms which can make it difficult to breathe or swallow, a high temperature, sweating and a rapid heartbeat. If it's not treated, symptoms can get worse over time.

- Before World War 2, around 200 people in the UK died of tetanus each year. The vaccine was introduced in 1961, and by the 1970s, tetanus was hardly seen in children in the UK. There are now only a handful of cases each year in the UK, mostly in unvaccinated older people. However, even though the number of cases is very low, there have still been 11 reported deaths from tetanus in the last 20 years in the UK, which is why vaccination is so important.
- Diphtheria is a highly contagious infection that affects the nose and throat, and sometimes the skin. It can give you a sore throat and make it difficult for you to breathe and swallow. Before a vaccine was introduced in 1940, diphtheria used to be a common childhood illness which killed an average of 3,500 children a year in the UK. It is hardly seen in countries like the UK anymore because of vaccination. However, the disease is still common in some parts of the world (for example, Russia, India, Africa, South East Asia and South America). Travellers to these areas can bring diphtheria back to the UK, which may put unvaccinated people at risk. Since the start of 2015, two unvaccinated children have died of diphtheria in Europe (one in Spain in 2015 and one in Belgium in 2016).
- Polio is a serious infection that can cause flu-like symptoms and in rare cases paralysis. Most people will recover, and movement will slowly come back, however some people can be left with permanent disability. Since February 2022, poliovirus has been detected in sewage samples in North and East London. This means person to person transmission is occurring in the population, leading to risk for those who are unvaccinated or partially vaccinated.
- It's routinely given at secondary school (in school year 9) – usually at the same time as the MenACWY vaccine.
- In total, you need 5 doses of the tetanus, diphtheria and polio vaccines through your childhood. This will build up and maintain your body's own immunity against these infections and protect you against the diseases.
 - You receive the first 3 doses as a baby in the 6-in-1 vaccine. The 4th dose is given around the age of 3 as a pre-school booster in the 4-in-1 vaccine, and the 5th and final dose is the teenage 3-in-1 booster given at age 14 (school year 9).
- The best way to prevent polio, tetanus and diphtheria is to make sure your child is up to date with every dose of this vaccine.

Meningococcal ACWY vaccine

- The MenACWY vaccine is given by a single injection and protects against 4 strains of the meningococcal bacteria – A, C, W and Y.
- Meningococcal disease can cause both meningitis and septicaemia (blood poisoning). Septicaemia and meningitis can trigger sepsis, which is a life-threatening response to infection. Meningococcal disease is rare but very serious. It requires urgent hospital treatment.
 - It can lead to life-changing disabilities, such as amputations, hearing loss and brain damage.
- Children aged 13 to 15 (school Years 9 or 10) are routinely offered the MenACWY vaccine – usually alongside the 3-in-1 teenage booster.

- Students going to university or college for the first time should also make sure they've had the MenACWY vaccine to prevent meningitis and septicaemia.
- Older teenagers and new university students are at higher risk of infection because many of them mix closely with lots of new people, some of whom may unknowingly carry the meningococcal bacteria at the back of their nose and throat.