



Developing immunisation practice and key immunisation resources

2017

Vaccine Advice for Clinicians Service (VACCsline)



Learning Objectives

- Utilise the RCN immunisation competency framework
- Identify ways to continue learning
- Locate key immunisation resources



Why excellence is essential

- We ask healthy people to come for vaccination
- We determine how many people get vaccinated
- Vaccinating can be complicated
- Needless mistakes happen



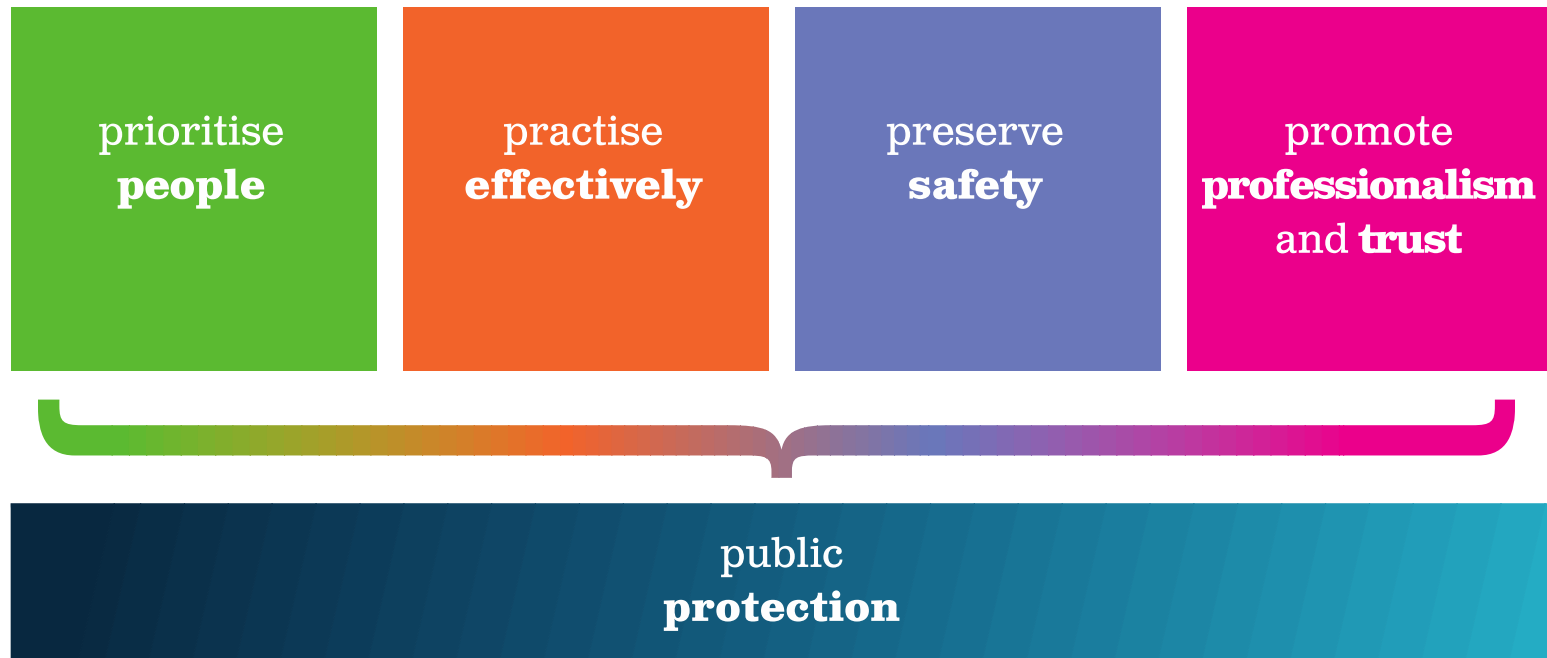
Where does today fit in?



Vaccine Advice for Clinicians Service

One Code, four themes

Together they signify good nursing and midwifery practice.



Revalidation of professional practice: The Code is the first step

Read and practice according to the Code from 31 March 2015.

Undertake CPD and reflective practice.

Find out when you need to revalidate.
This happens every 3 years.



Immunisation competencies



Immunisation knowledge
and skills competence
assessment tool

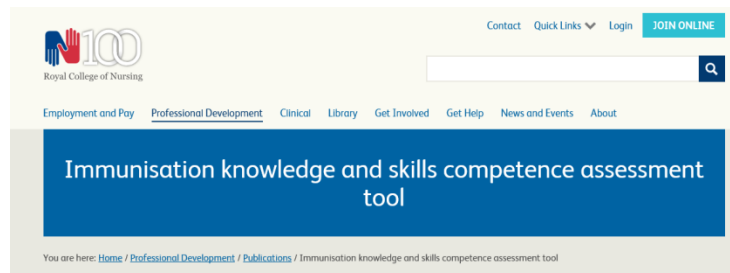


First Published 2013

Updated competencies for immunisers Sep 2015

Link:

<https://www.rcn.org.uk/professional-development/publications/pub-005336>



Vaccine Advice for CliniCians Service



Competence assessment tool: registered staff

	Competence assessment tool: registered staff – for staff who are on a professional register such as NMC, GMC, HCPC, GPhC	Not applicable (NA) to current area of practice	Self-assessment record: need to improve (NI) or met (M) (initial and date)	Mentor review record: need to improve (NI) or met (M) (initial and date)	Record action plan for any assessed as needs to improve (as agreed with mentor)
	Part 2: knowledge		Self-assessment	Mentor review	
1a	Can provide evidence of attendance at a specific, comprehensive immunisation training course. The course should cover all of the topics detailed in the Core Curriculum for Immunisation Training and/or provide evidence of completing an immunisation e-learning programme (state the name of course/type of training attended).				
1b	Has successfully completed a knowledge assessment (e.g. an e-learning course assessment, end of course test or the PHE online quiz).				
1c	Able to access the online Green Book and is aware of the electronic update system of this publication.				
1d	Able to access other relevant immunisation guidance e.g. DH/PHE/NHS England letters, vaccine updates, Q&As on new revised vaccine programmes, the PHE algorithm for persons with unknown or uncertain immunisation status.				
1e	Knows who to contact for advice if unsure about vaccination schedules, vaccine spacing and compatibility, eligibility for vaccines or if a vaccine error occurs. (e.g. local screening and immunisation team, PHE health protection team or other locally available immunisation lead)				
1f	Able to access current information on other countries' schedules if required (e.g. WHO or ECDC websites) and can advise patients and/or parents/careers if any additional vaccines are needed.				
1g	Able to discuss the relevant national and local immunisation programmes and the diseases for which vaccines are currently available. Aware of programmes for specific clinical risk groups and use of vaccination in outbreak situations. Knows where to refer to if vaccines are not available locally (e.g. BCG or travel vaccines).				
1h	Is able to advise on appropriate safe, timely administration of the vaccine(s) required by the patient.				
1i	Understands the different types of vaccine, is able to state which vaccines are live and which are inactivated and is aware of the different routes of administration e.g. injected, intranasal or oral.				
1j	Able to explain the general principles of immunisation e.g. why multiple and/or booster doses are required, why intervals need to be observed between doses and why the influenza vaccine needs to be given annually.				
1k	Aware of local and national targets for immunisation uptake and why vaccine uptake data is important.				



On your tables

For a few minutes, please discuss the competency framework. Consider:

- The ways in which you might use this
- Experience of competency frameworks previously
- Any questions that you have about it



Developing immunisation practice



Establish a training plan

- Self assess competency
- Identify mentor and create plan with them

Supervised practice

- Feedback and support from mentor
- Reflection on practice
- Review and amend training/action plan

Competence achieved

- Competency framework signed off
- Independent practice
- Continue developing knowledge and skills



Public Health
England



Reflection on/in practice



VACCSline



Reflective practice practice

Consider:

What did you do?

What are your thoughts? What are your feelings?

How well/badly did it go?

What have you learnt?

What will you do differently next time?



Assess your knowledge!



Immunisation training resources for healthcare professionals



Assess your knowledge of UK immunisation policy and practice at <http://immunologyquiz.phe.org.uk/>

- [immunology for immunisers animation](#)
- [e-Learning immunisation resources](#)
- [slide sets for core curriculum teaching](#)
- [immunisation knowledge and skills competence assessment tool](#)
- [a quality framework to support the implementation of national standards and guidelines on immunisation training](#)

MenB and MenACWY programmes: video training guide

2 September 2015 Guidance

MenB and MenACWY programmes: advanced training slides

3 August 2015 Guidance



The Green Book multiple choice questions

8 December 2015 Guidance

Pertussis (whooping cough) immunisation for pregnant women: resources and training

11 October 2012 Detailed guide

Immunisation training of healthcare support workers: national minimum standards and core curriculum

28 September 2015 Guidance

Immunisation training: core curriculum

25 June 2005 Guidance

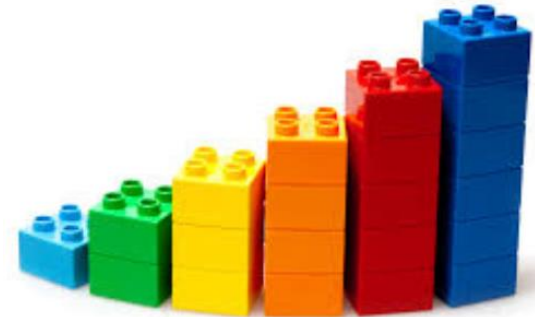
Immunisation training: national minimum standards

25 June 2005 Guidance



Extending knowledge: continued learning

- Continue developing knowledge
- “Competency” is the beginning
- Immunisation practice is dynamic
- Immunisers need to be able to self-brief and access accurate and reliable resources





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Essential resources

Vaccine Advice for Clinicians Service (VACCSline)



Main resource homepage



Departments Worldwide How government works Get involved
Policies Publications Consultations Statistics Announcements

Collection

Immunisation

From: [Public Health England](#)
First published: 15 October 2013
Last updated: 9 December 2014 , [see all updates](#)

Immunisation information for health professionals and immunisation practitioners.

Contents

- [Childhood immunisation schedules](#)
- [Immunisation leaflets and guidance for parents](#)
- [Vaccine handling and protocols](#)

Immunisation is the most important way of protecting people from vaccine preventable diseases.

'Immunisation against infectious disease', also known as the [Green Book](#), has the latest information on vaccines and vaccination procedures in the

<https://www.gov.uk/government/collections/immunisation>



Public Health
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Public Health
England



Department
of Health

Immunisation against infectious disease



SCOTTISH EXECUTIVE



Llywodraeth Cymru
Welsh Assembly Government



Department of
Health, Social Services
and Public Safety
www.doh.gov.uk

“The Green Book”

- **Essential reference**
- **Sets out policy and procedures**
 - **Disease specific chapters**
- **New chapters for new vaccines**

Only use online version



REMINDER – Since 1 July it is not necessary to give meningococcal C (MenC) vaccination at 12 weeks

Due to the success of the MenC programme, the infant dose of MenC that is given at 12 weeks of age **should no longer be given**. This change came into effect on 1 July 2016. All children will continue to be offered a combined Hib/MenC vaccine when they reach one year of age.

See the Vaccine Update June edition issue 248 (see [weblink 1](#)) for more information and materials associated with this change.

Shingles programme from 1 September 2016

The annual shingles immunisation letter (see [weblink 2](#)) introducing the fourth year of the programme has been published on GOV.UK.

From 1 September 2016, shingles immunisation should be offered to individuals aged 70 for the routine programme, and aged 78 for the catch-up programme. Eligibility is determined by the patient's age on 1 September 2016. GPs should also continue to offer immunisation to all those who became eligible from 1 September 2013 (i.e. those aged 71 to 73, and 79 on 1 September 2016), if they have not already been immunised, until their 80th birthday.

By the end of March 2016 just under half of eligible 70 and 78 year olds had been vaccinated against shingles for the current year of the programme. GPs are urged to use every opportunity to offer shingles vaccination to eligible patients to help to protect as many elderly people as possible from this painful and debilitating condition. This applies both in the remainder of this shingles year (i.e. up to 31 August), and next year.

REMINDER – MenACWY immunisation of school year 13s in general practice

Year 13 school leavers in the 2015/16 and 2014/15 school years:

Since April 2016, current school year 13 students (DOB 01/09/1997 – 31/08/1998) are eligible to receive the MenACWY vaccination (see [weblink 3](#)). Practices should operate an active call and re-call service under the NHS England Enhanced Service (ES) Specification (see [weblink 4](#)). Vaccination should preferably occur before the start of the 2016/17 academic year.

Under the same ES, practices should offer to vaccinate last year's year 13s (DOB 01/09/1996 – 31/08/1997) on an opportunistic basis who have not yet been vaccinated (see [weblink 4](#)).

To subscribe to Vaccine Update: [click here](#) To order immunisation publications: [click here](#)
For vaccine ordering and supply enquiries, email: vaccinesupply@phe.gov.uk



- Current issues
- Planned changes
- Current campaigns
- Vaccine supply
- Safety updates



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To make sure you receive the Vaccine update newsletters:

- add onlineservices@subscriptions.phe.gov.uk to your Contacts (Address book) or Safe Senders list.
- if you find emails from '@subscriptions.phe.gov.uk' in your 'Spam' or 'Junk email' folder, open the email and click the 'Not spam' or 'Not junk' button to allow emails from this address in the future.

Documents

[Vaccine update: issue 221 October 2014](#)



Subscriptions

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Subscription Topics

News

- Health Protection Report
- Health Protection Report - (as attached PDF)
- PHE Enterprise
- Extreme weather events and natural disasters ⓘ
- Vaccine update ⓘ
- Cumbria & Lancashire PHE Centre ⓘ

Website subscriptions

- NOIDS ⓘ
- Weekly flu report ⓘ
- Immunisation against infectious disease: The Green Book ⓘ

Health protection – collection

Shingles: guidance and vaccination programme

From: [Public Health England](#)
 First published: 13 September 2013
 Last updated: 4 December 2014 , [see all updates](#)
 Part of: [Infectious diseases and Health protection](#)



Joint DH, PHE and NHS England [letter announcing shingles vaccination programme](#).

Please refer to the [Green Book chapter on shingles](#).

Documents

Shingles vaccination for adults aged 70 or 79 years of age: A5 leaflet
 16 July 2013 Promotional material

Shingles vaccination: training slideset for healthcare professionals
 12 July 2013 Guidance

Shingles Q&A for healthcare professionals
 13 September 2013 Guidance

The characteristics, management and surveillance of shingles (herpes zoster).

Contents

- [Management](#)
- [Data collection](#)
- [Epidemiology](#)
- [Research and analysis](#)
- [Vaccination programme](#)

Shingles is an infection of a nerve and the area of skin around it. It is caused by the herpes varicella-zoster virus, which also causes chickenpox.

Following [chickenpox](#) infection, the virus can lie dormant in the nervous tissue but may reappear following reactivation as shingles. It is possible to have shingles more than once.

A shingles vaccination programme started in September 2013.

For symptoms and general information on shingles, visit [NHS Choices](#).

<https://www.gov.uk/government/collections/shingles-vaccination-programme>



Contents

- [Childhood immunisation schedules](#)
- [Immunisation leaflets and guidance for parents](#)
- [Vaccine handling and protocols](#)
- [Haemophilus influenzae type B \(Hib\)](#)
- [Human papillomavirus \(HPV\)](#)
- [Pertussis \(whooping cough\)](#)
- [Rubella \(German measles\)](#)
- [Tuberculosis](#)

Vaccine programmes

Joint letters from the Department of Health, Public Health England and NHS England announce changes to vaccine programmes. Training slide sets and other resources to accompany these new programmes are also available:

- [Rotavirus](#)
- [Meningococcal C \(MenC\)](#)
- [Measles catch-up](#)
- [Annual flu programme](#)
- [Shingles vaccination](#)

<https://www.gov.uk/government/collections/immunisation>



Programme Specific Information



Vaccination against pertussis (whooping cough) for pregnant women: information for healthcare professionals

PDF, 82.1KB, 11 pages

This file may not be suitable for users of assistive technology.
Request a different format.

<https://www.gov.uk/government/publications/vaccination-against-pertussis-whooping-cough-for-pregnant-women>

Vaccination of individuals with uncertain or incomplete immunisation status

For online Green Book, see www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book • For other countries' schedules, see http://apps.who.int/immunization_monitoring/globalsummary/

Infants from two months of age up to first birthday

DTaP/IPV/Hib* + PCV + MenB** + rotavirus*****
Four week gap
DTaP/IPV/Hib + rotavirus***
Four week gap
DTaP/IPV/Hib + PCV + MenB****

- * When Hib has not been given as part of a primary course give either
- Three doses of DTaP/IPV/Hib vaccine at monthly intervals if D, T, aP or IPV also required or
- Three doses of Hib/ MenC combined vaccine if no other components required
- ** Doses of PCV and MenB should ideally be given two months apart but can be given one month apart if necessary to ensure the immunisation schedule is completed (i.e. if schedule started at 10 months of age)
- *** Vaccination with rotavirus should not be started for infants aged 15 weeks or older
- First dose to be given only if infant is more than 6 weeks and under 15 weeks
- Second dose to be given only if infant is less than 24 weeks old

Boosters + subsequent vaccination

As per UK schedule ensuring at least a one month interval between DTaP/IPV/Hib and Hib/MenC doses and a two month interval between PCV and MenB doses (ie if primary course commenced close to first birthday)

General principles

- Unless there is a reliable vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned
- Individuals coming to UK part way through their immunisation schedule should be transferred onto the UK schedule and immunised as appropriate for age
- If the primary course has been started but not completed, continue where left off – no need to repeat doses or restart course
- Plan catch-up immunisation schedule with minimum number of visits and within a minimum possible timescale – aim to protect individual in shortest time possible

Children from first up to second birthday

DTaP/IPV/Hib† + PCV† + Hib/Men C† + MenB†† + MMR
Four week gap
DTaP/IPV/Hib†
Four week gap
DTaP/IPV/Hib + MenB††

- † DTaP/IPV can be given if DTaP/IPV/Hib not available. All un- or incompletely immunised children require one dose of Hib, Men C and PCV over the age of one year (until teenage booster). It does not matter if two Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib vaccine is given
- †† Only children born on or after 1/5/15 should be offered MenB. Children born on or after 1/7/15 who received less than 2 doses of MenB in the first year of life should receive two doses of MenB at least two months apart before their second birthday.

Boosters + subsequent vaccination

As per UK schedule

MMR – from first birthday onwards

- Doses of MMR/measles vaccine given prior to 12 months of age should not be counted
- For individuals <18 months of age a minimum interval of three months should be left between first and second doses
- For individuals >18 months of age a minimum of one month should be left between first and second doses
- Two doses of MMR should be given irrespective of history of measles, mumps or rubella infection and/or age

Flu vaccine (during flu season)

- Those aged 65yrs and older (including those becoming age 65 years by 31/3/17)
- Children aged 2, 3 or 4yrs on/before 31/8/16 (DOB on/after 1/9/11 and on/before 31/8/14)
- Children of school years 1 (5-6yrs), 2 (6-7yrs) and 3 (7-8yrs) (given in school or primary care according to local arrangements)
- Those aged 6 months and older in the defined clinical risk groups (see Green Book Influenza chapter)

Pneumococcal polysaccharide vaccine (PPV)

- Those aged 65yrs and older
- Those aged 2yrs and older in the defined clinical risk groups (see Green Book Pneumococcal chapter)

Shingles vaccine One dose for

- Those aged 70 and 78
- In addition, individuals who have been or have become eligible since the start of the shingles programme in September 2013 remain eligible until their 80th birthday (see eligibility chart on PHE website)

Children from second up to tenth birthday

DTaP/IPV/Hib* + Hib/Men C* + MMR
Four week gap
DTaP/IPV/Hib* + MMR
Four week gap
DTaP/IPV/Hib*

- * DTaP/IPV can be given if DTaP/IPV/Hib not available.
- All un- or incompletely immunised children require one dose of Hib and Men C over the age of one year. It does not matter if two Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib vaccine is given.

Boosters + subsequent vaccination

First booster of DTaP/IPV or dTaP/IPV can be given as early as one year following completion of primary course to re-establish on routine schedule. Additional doses of DTaP/IPV/Hib-containing vaccines given under three years of age in some other countries do not count as a booster to the primary course and should be discounted
Second booster – as per UK schedule

From tenth birthday onwards

Td/IPV + MenACWY² + MMR
Four week gap
Td/IPV + MMR
Four week gap
Td/IPV

- * Those aged from 10 years up to 25 years who have never received a MenC-containing vaccine should be offered MenACWY
- Those aged 10 years or over who have previously received a MenC vaccine may be eligible or may shortly become eligible for MenACWY. Refer to MenACWY national programme information for further information on eligibility

Boosters + subsequent vaccination

First Td/IPV
Preferably five years following completion of primary course
Second Td/IPV
Ideally ten years (minimum five years) following first booster

HPV vaccine for girls from twelfth up to eighteenth birthday

- Girls commencing HPV vaccine course:
 - before age 15 yrs should follow 2 dose 0, 6-24 months schedule
 - at age 15 yrs and above should follow 3 dose 0, 1, 4-6 months schedule
- If interrupted, course should be resumed but not repeated, ideally allowing appropriate intervals between remaining doses
- For two dose course, give second dose even if more than 24 months have elapsed since first dose or girl is then aged 15 yrs or more
- Three dose courses started but not completed before eighteenth birthday should be completed ideally allowing 3 months between second and third doses (minimum one month interval if otherwise unlikely to complete course)
- If girl commenced three dose course under 15yrs prior to September 2014, and has:
 - only received one dose, give a second dose 6-24m later to complete a two dose course
 - received two doses less than six months apart, give a third dose at least three months after second dose

The routine immunisation schedule

from Summer 2016

Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB) ²	MenB ²	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	MenB ²	MenB ²	Bexsero	Left thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
One year old	Hib and MenC	Hib/MenC booster	Menitorix	Upper arm/thigh
	Pneumococcal (13 serotypes)	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ³ or Priorix	Upper arm/thigh
	MenB ²	MenB booster ²	Bexsero	Left thigh
Two to eight years old (including children in school years 1, 2 and 3) ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ⁴	Fluenz Tetra ⁴	Both nostrils
Three years four months old	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ³ or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal polysaccharide vaccine (PPV)	Pneumococcal polysaccharide vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax ⁴	Upper arm ⁴

¹ Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless stated otherwise.

² Only for infants born on or after 1 May 2015

³ Contains porcine gelatine

⁴ If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine

⁵ At appropriate age up to 31 August 2016, and also including primary school aged children in the pilots

⁶ This can be administered subcutaneously but intramuscular is preferred.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks, eight weeks and at one year ¹	Hepatitis B	Hepatitis B vaccine (Engerix B / HBvaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country ²	At birth	Tuberculosis	BCG
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 20 weeks gestation ³	Pertussis	dTaP/IPV (Boostrix/IPV or Repevax)

¹ Take blood for HBsAg to exclude infection

² Where the annual incidence of TB is $\geq 40/100,000$

www.gov.uk/government/uploads/system/uploads/attachment_data/file/393840/Worldwide_TB_Surveillance_2013_Data_High_and_Low_Incidence_Table_2.pdf

³ Can be given from 16 weeks but usually offered after the anomaly scan

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required ¹
Asplenia or splenic dysfunction (including sickle cell and coeliac disease) ²	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to five years of age) PPV (from two years of age)
Chronic respiratory and heart conditions ³ (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions ⁴ (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Diabetes ⁵	Pneumococcal Influenza	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) ⁶ (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions ⁷	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment ⁸	Pneumococcal Influenza	PCV13 (up to five years of age) ² PPV (from two years of age) Annual flu vaccine
Complement disorders ⁹ (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (to any age) PPV (from two years of age) Annual flu vaccine

¹ Check relevant chapter of green book for specific schedule

² To any age in severe immunosuppression

³ Consider annual influenza vaccination for household members and those who care for people with these conditions

All vaccines can be ordered from www.immform.dh.gov.uk free of charge except influenza for adults and Pneumococcal polysaccharide vaccine.



Other useful publications

Further information
A guide to immunisations up to 13 months of age contains more detailed information about the routine childhood immunisation programme. Ask your health visitor for a copy if you were not given one soon after the birth of your baby.
You can also visit: www.nhs.uk/vaccinations

NHS

A quick guide to **childhood immunisations** for the parents of **premature babies**



NHS

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Produced by Williams Lea for Public Health England
First published August 2006

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www.orderline.dh.gov.uk
or phone: 0300 123 1002
Minicom: 0300 123 1003
(8am to 6pm, Monday to Friday)
www.nhs.uk/vaccinations

i mmunisation
the safest way to protect your child

NHS

What to expect after vaccinations

This leaflet tells you about the common side effects of vaccinations that might occur in babies and young children up to five years of age. You can find more information at www.nhs.uk.

After vaccinations given to children under five years of age
Most common side effects are at the site where the injection was given:

- swelling
- redness
- a small hard lump.

These symptoms usually pass within a couple of days and you don't need to do anything about them.

Sometimes your child may develop a fever – see the next column on how to treat it.

After vaccination with MMR
MMR is made up of three different vaccines (measles, mumps and rubella) and these can each cause reactions at different times after the injection.

After six to ten days, the measles vaccine starts to work and may cause a fever, a measles-like rash, and loss of appetite.

Two to three weeks after the injection, the mumps vaccine may cause mumps-like symptoms in some children (fever and swollen glands).

The rubella vaccine may cause a brief rash and possibly a slightly raised temperature, most commonly around 12 to 14 days after the injection, but a rash may also rarely occur up to six weeks later.

Fevers
A fever is a temperature over 37.5°C. Fevers are quite common in young children, but are usually mild. If your child's face feels hot to the touch and they look red or flushed, he or she may have a fever. You can check their temperature with a thermometer.

How to treat a fever
Keep your child cool by:

- making sure they don't have too many layers of clothes or blankets on, and
- giving them plenty of cool drinks.

If your child has a fever and appears uncomfortable or unwell they can be given a dose of infant paracetamol or ibuprofen liquid. Read the instructions on the bottle very carefully. It is not recommended that these drugs are given before or after vaccination in anticipation of a fever.

Remember, never give medicines that contain aspirin to children under 16.

If you are worried about your child, trust your instincts. Speak to your doctor or call the NHS on 111.

Call the doctor immediately if, at any time, your child has a temperature of 39.4°C or above, or has a fit.

If the surgery is closed and you can't contact your doctor, trust your instincts and go to the nearest hospital with an emergency department.

If, after having read this leaflet, you are still not happy with your baby's reaction to any vaccination, speak to your practice nurse or GP.

Checking on vaccine safety
Before vaccines are introduced, they have to be licensed by the Medical and Healthcare products Regulatory Agency which assesses their safety and efficacy.

Once they have been introduced into the programme, their safety continues to be constantly monitored so that any new side effects are quickly noticed and investigated.

If you would like more information on the safety of vaccines visit www.nhs.gov.uk

More information
If you would like more information on the side effects of vaccines and vaccinations, pick up the booklet A guide to immunisations up to 13 months of age from your surgery or go to www.nhs.uk.

i mmunisation
the safest way to protect your child's health

NHS
immunisation information



Non UK schedules



European Centre for
Disease Prevention and Control

Vaccine Schedule

QUICK SEARCH

Country: Age group: Child Adult

[View the schedule](#)

ADVANCED SEARCH

Compare national immunisation schedules

Compare:
with:

Age group: Child Adult

[View the schedule](#)

Immunisation schedules by target disease

in:

[View the schedule](#)



<http://vaccine-schedule.ecdc.europa.eu/Pages/Scheduler.aspx>

VACCLine



Non UK schedules



WHO vaccine-preventable diseases: monitoring system. 2014 global summary

Immunization schedule selection centre:

*The Regions, Countries, Vaccines lists are multiselect-enabled;
You are free to select any amount of any combination of items.*

Regions list;

- AFR
- AMR
- EMR
- EUR
- SEAR
- WPR

Countries list

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda

Vaccines list

- BCG.....Bacille Calmette-Guérin vaccine
- CHOLERA.....Cholera
- Dip.....Diphtheria vaccine
- DT.....Tetanus and diphtheria toxoid childrens' dose
- DTaP.....Diphtheria and tetanus toxoid with acellular pertussis vaccine
- DTaPHepBIPV.....Diphtheria and Tetanus and Pertussis and Hepatitis B and Polio
- DTaPHepIPV.....Diphtheria and tetanus toxoid with acellular pertussis, HepB and IPV vaccine
- DTaPHib.....Diphtheria and tetanus toxoid with acellular pertussis and Hib vaccine
- DTaPHibHep.....Diphtheria and tetanus toxoid with acellular pertussis, Hib and HepB vaccine
- DTaPHibHepB.....Diphtheria and tetanus toxoid with acellular pertussis, Hib and HepB vaccine
- DTaPHibHepIPV.....Hexavalent diphtheria, tetanus toxoid with acellular pertussis, Hib, hepatitis B and IPV vaccine
- DTaPHibiPV.....Diphtheria and tetanus toxoid with acellular pertussis, Hib and IPV vaccine

↑Select all vaccines

Unselect all vaccines↑

http://apps.who.int/immunization_monitoring/globalsummary/schedules

VACCSline

› Translate	Catalan	Filipino	Hindi	Kazakh	Maltese	Romanian	Swedish	Yiddish
Afrikaans	Cebuano	Finnish	Hmong	Khmer	Maori	Russian	Tajik	Yoruba
Albanian	Chichewa	French	Hungarian	Korean	Marathi	Serbian	Tamil	Zulu
Arabic	Chinese (Simplified)	Galician	Icelandic	Lao	Mongolian	Sesotho	Telugu	
Armenian	Chinese (Traditional)	Georgian	Igbo	Latin	Myanmar (Burmese)	Sinhala	Thai	
Azerbaijani	Croatian	German	Indonesian	Latvian	Nepali	Slovak	Turkish	
Basque	Czech	Greek	Irish	Lithuanian	Norwegian	Slovenian	Ukrainian	
Belarusian	Danish	Gujarati	Italian	Macedonian	Persian	Somali	Urdu	
Bengali	Dutch	Haitian Creole	Japanese	Malagasy	Polish	Spanish	Uzbek	
Bosnian	Esperanto	Hausa	Javanese	Malay	Portuguese	Sundanese	Vietnamese	
Bulgarian	Estonian	Hebrew	Kannada	Malayalam	Punjabi	Swahili	Welsh	

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5-in-1 vaccine

The 5-in-1 vaccine, also known as the DTaP/IPV/Hib vaccine, is one of the first vaccines that your baby will have. It's a single injection which protects them against five serious childhood diseases.



These five illnesses are [diphtheria](#), [tetanus](#), [whooping cough \(pertussis\)](#), [polio](#), and [Hib](#) (Haemophilus influenzae type b).

Which babies can have the 5-in-1 jab?

Vaccination wall planner

Use this interactive planner to create a personalised wall planner for your child based on their date of birth.





Vaccines in other languages

- www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf



Joint Committee on Vaccination and Immunisation

The Joint Committee on Vaccination and Immunisation (JCVI) advises UK health departments on immunisation.

Contents

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- [Publications and Statements](#)

Membership

- Professor Andrew Pollard, Chair (University of Oxford)
- Professor Judith Breuer (University College Hospital)
- Dr Peter Elton (Greater Manchester, Lancashire, South Cumbria Strategic Clinical Network)



Public Health
England



Vaccine Knowledge Project
Authoritative Information For All



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What is the Vaccine Knowledge Project?

<http://vk.ovg.ox.ac.uk/>



Guidance on responding to vaccine incidents, for vaccine specialists.

Document



Vaccine incident guidance: actions to take in response to vaccine errors

Ref: PB60.01

PDF, 1.05MB, 30 pages

This file may not be suitable for users of assistive technology.

[Request a different format.](#)

www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

VACCSline



Immunisation advice for health care professionals

- Health Protection Team
- From 1st April 2017:
- Email: tvhptimms@phe.gov.uk
- For urgent enquiries call Thames Valley: 0344 2253861



East Berkshire

- In East Berkshire immunisation enquiries may also be directed to the Immunisation Lead, Dr Marilyn Lansley
- Email: marilyn.lansley@berkshire.nhs.uk
- Office number 01753 635542 or mobile 0771 247 1375
- Office number may be given to patients