

INCLUDES SCHEDULE FROM JULY 2024

A guide to immunisation for **teenagers and young people**

Your questions answered about vaccinations given
in school years 7 to 13 (HPV, Td/IPV and MenACWY)



Vaccines, helping to protect everyone, at every age

Vaccines usually given before starting primary school

There are some vaccines you should have had before you reach primary school age. These vaccines are shown in the table below.

Vaccine	How	When	Comments
Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection	3 years and 4 months of age	This vaccine helps boost your protection against these diseases and should be your fourth dose of vaccine that targets these diseases. You will need a final fifth dose when you are 14-15 years old
Measles, mumps and rubella (MMR)	One injection	3 years and 4 months of age	This is a second dose of the MMR vaccine. (If you have not had the first dose yet, it should be given now and the second dose 1 month later)

If you have missed out on these or any other vaccines and have already started school you can catch up at any time, ideally as soon as you can and, if possible, before you reach secondary school age. Please speak to your GP practice to make an appointment.

You can also get the flu vaccine each winter, normally through your School Aged Immunisation Service (SAIS).

Introduction

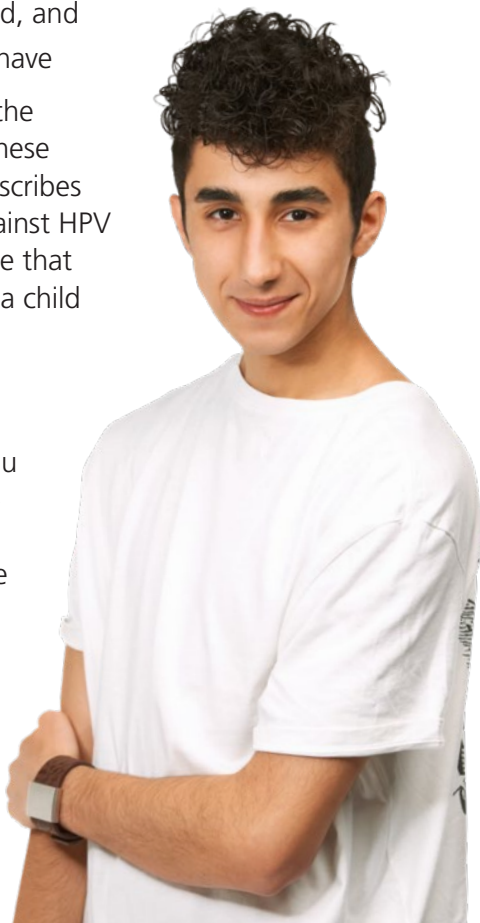
This guide is for young people in school years 7 to 13, and their parents or guardians. It outlines and explains:

- the vaccines that are given to young people usually when they are still at school
- why these vaccines 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 the HPV vaccine that protects against HPV related cancers, the Td/IPV vaccine that boosts the protection you got as a child and the MenACWY vaccine.

The diseases that these different vaccines can protect against are explained later in the leaflet. If you have any questions or want more information, talk to your doctor, school nurse or the practice nurse at your doctor's surgery.

Details of other sources of information are given on page 17 of this booklet.



Your questions answered

Why do we need immunisation?

The national immunisation programme has meant that dangerous diseases, such as polio and measles, 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, such diseases are kept at bay by the high immunisation rates.

How do vaccines work?

The vaccines we talk about in this leaflet contain a small part of the bacteria or virus that causes a disease, or tiny amounts of the chemicals the bacteria produce.

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.

Protecting yourself means protecting others

When enough of the population are protected from a specific disease by a vaccination, this helps prevent the spread of that infection in the community. This is called herd protection. By having a vaccine, you can help to protect your friends and family who may be vulnerable or who cannot be vaccinated and reduce the likelihood of an outbreak of disease.

Human papillomavirus (HPV)

The human papillomavirus is very common and it is caught through intimate skin-to-skin and sexual contact with another person who already has it. Because it is a very common infection, most people will get it during their lifetime. There are many different types of HPV. Most HPV infections do not cause any symptoms and get better on their own. Some types do not clear up and can lead to cancer whilst others cause genital warts.

Which cancers are caused by HPV?

The human papillomavirus increases the risk of developing some cancers in later life including cervical cancer (cancer of the entrance to the womb), some mouth and throat cancers and some cancers of the anus and genital area. HPV causes more than 99% of all cervical cancer, the most common cancer among women under the age of 35. Most vaginal, vulval, penile and anal cancers are also caused by HPV.

What is the HPV vaccine?

The HPV vaccine protects against high risk HPV types that cause cancer including most cases (around 90%) of cervical cancer. Having this vaccine will also protect you against the 2 types of HPV that cause the majority of cases of genital warts. There is evidence from Australia, Denmark, Scotland and England that the vaccine is already having a major impact on HPV infections.

The HPV vaccine has been used in girls in the UK since 2008 and most women aged 15 to 24 years have now been given the vaccine. From September 2019, the vaccine has been offered to boys and girls aged 12 and 13 years. The vaccine protects boys against some kinds of cancer too and will stop them from passing on HPV to their future partners. It won't protect you against any other sexually transmitted diseases such as chlamydia and it won't stop you getting pregnant.

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Having the vaccine will reduce your chance of getting cancers caused by the HPV virus.

Over 80 million people have received the vaccine worldwide. In time it is expected that the vaccine will save hundreds of lives every year in the UK.

It has been fifteen years since the start of this vaccination programme in the UK. As a result there has been a big decline in HPV infections and in the number of young people with genital warts. A study published in The Lancet in 2021 found that cervical cancer rates were 87% lower in young women who had been eligible for HPV vaccination when they were aged 12 to 13 years. This is compared with similar young women who were born a few years earlier who had not been offered the vaccination and clearly showed that this programme is preventing cervical cancer.

How will I have the vaccine?

The vaccine is given as an injection in your upper arm. Most people will need only one dose to be protected. This is usually given around the time you are in school year 8.

The HPV vaccine is offered to everyone starting in school year 8 (aged 12 to 13 years) and those offered the vaccine at school will remain eligible up to their 25th birthday.

HPV infection is very common.

More than 70% of people will get HPV in their lifetime, widespread vaccination will reduce this

What about giving consent?

You will probably want to share information about the vaccine with your parents and discuss it together. If you are being offered the vaccination at school, you may be given a consent form that your parent/guardian should sign for you to have the vaccine. You may also be able to give consent yourself. The doctor or nurse will discuss the HPV vaccine with you at your appointment and will be able to answer any questions you may have.

Are there any side effects?

Like most injections, the side effects of the HPV vaccine are quite mild. Stinging and soreness in the arm are common but wear off in a couple of days. Some people feel a bit faint after the vaccine. More serious side effects are extremely rare.

The vaccine meets the rigorous safety standards required for it to be used in the UK and has an excellent safety profile. Millions of doses of the vaccine have already been given to young people in the UK and around the world. As with all vaccines, any reports of side effects are closely monitored and reviewed.

See www.nhs.uk/vaccinations if you'd like more information on side effects.



Women who have had the vaccine will still need to go for cervical screening

All women aged 25 and over in England are offered cervical screening tests. The vaccines will prevent up to 90% of cervical cancer cases, but women should still attend for cervical screening when invited to do so.

What about the other cancers?

Screening for HPV-related cancers is limited, but your dentist will look for oral cancers during routine appointments so it is important to attend them when offered. However, if you are worried about any symptoms you should speak to your GP.

I missed my vaccine, can I still have it?

Yes. If you missed your vaccination, for whatever reason, you should speak to your school nurse or GP surgery about making another appointment. It's best to make your appointment as soon as possible after your original one. Most young people offered the vaccine are only eligible to receive the HPV vaccine up to their 25th birthday.

Should those who have already had sex bother with the vaccination?

Definitely. If you've had sex, and are in the relevant age group, you should still have the vaccine.





Remember

It is best to have your vaccinations at the right time so you are protected. If you miss any of your teenage jabs and you have left school, contact your GP practice and get up to date.

A complete list of ingredients for the Gardasil 9 vaccine is given in the Patient Information Leaflet (PIL):
www.medicines.org.uk/emc/product/7330/pil

The Summary of Product Characteristics (SPC):
www.medicines.org.uk/emc/search?q=gardasil



Tetanus, diphtheria, polio (Td/IPV)

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. The teenage booster vaccine is called Revaxis, you can read the Patient Information Leaflet at www.medicines.org.uk/emc/product/5581/pil

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

No, you will still need a booster.

How many boosters do I need to have?

You need a total of 5 doses of tetanus, diphtheria and polio vaccines to build up and keep your immunity. You should have had:

- the first 3 doses as a baby
- the fourth dose when you were between 3 and 5 years old, before you started school, and
- the fifth dose which is due in year 9 (aged 13 to 14)

Meningitis, septicaemia and sepsis

What are meningitis and septicaemia?

Meningitis is dangerous swelling of the lining around the brain and spinal cord. It can be the result of infection with bacteria or a virus or as a result of injury. Septicaemia is when bacteria enter the bloodstream and cause blood poisoning. Both of these conditions can trigger sepsis. Sepsis is an overwhelming and life-threatening immune response to any infection and can lead to tissue damage, organ failure and death.

Meningococcal disease can cause both meningitis and septicaemia. There are 5 main groups of meningococcal bacteria that cause disease – MenA, MenB, MenC, MenW and MenY. Meningococcal disease is rare but very serious and requires urgent hospital treatment. It can lead to life-changing disabilities such as amputations, hearing loss, brain damage and scars.

See pages 15-17 for a full description of meningitis and septicaemia.

If I had a vaccine against meningococcal group C (MenC) as a child am I still protected?

The MenACWY vaccine will increase your protection against MenC disease and help to protect you against 3 other meningococcal groups (A, W and Y).

For protection against 4 groups (A, C, W and Y) of meningococcal infection, it is important to have 1 dose of MenACWY as a teenager.

The routine dose of MenACWY is given in year 9/10 (around 14 years).

What if I miss my teenage MenACWY vaccine?

It is best to get your vaccine when it is offered. If you do miss your teenage MenACWY vaccine, you can still have the vaccine up to your 25th birthday. If you are older and starting university for the first time, make sure you have had your vaccine before you enrol. If you are still at school then speak to your school provider, otherwise you will need to make an appointment with your GP practice. If you have any questions about MenACWY talk to your school nurse or doctor.

Does MenACWY vaccine protect against MenB?

No, MenB is caused by different group of the bug which commonly affects young infants. A different vaccine, which protects against MenB, is given to very young babies. Some adults and older children considered at risk may be eligible on the NHS. You can find out more about how to get the MenB vaccine through the charity websites listed on page 17.

Which MenACWY vaccines are used?

You will be offered one of 3 MenACWY vaccines, which all offer good protection. They are called MenQuadfi, Menveo and Nimenrix, you can read the Patient Information Leaflets here:

- MenQuadfi: www.medicines.org.uk/emc/product/12818/pil
- Nimenrix: www.medicines.org.uk/emc/product/4118/pil
- Menveo: www.medicines.org.uk/emc/product/2939/pil

Are there any reasons why I should not have a vaccine?

There are very few teenagers who may not have the HPV, Td/IPV, and MenACWY vaccines.

You should talk to your doctor or school nurse if you have a weakened immune system because you are having treatment for a serious condition such as a transplant or cancer, if you have a condition or are taking a medication that weakens your immune system. The doctor or nurse will get specialist advice on whether you should have the MMR vaccine and whether you need additional doses of the HPV vaccine.

In the UK we use 2 slightly different MMR vaccines. Both vaccines work very well, one contains porcine gelatine and the other doesn't. If you want to have the porcine gelatine free vaccine, talk to your nurse or GP practice when you make your appointment.

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 still 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. You should speak to your doctor or nurse before having the immunisation if you have:

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



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.

Speak to your school nurse or doctor if you are at all concerned.

If you feel unwell after the immunisation, take paracetamol. Read the instructions on the bottle or packet carefully and take the correct dose for your age. If necessary, take a second dose 4 to 6 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 generally recommended that these medicines are routinely given before or after vaccination in anticipation of a fever.



Remember

Do not take medicines that contain aspirin if you are under 16. Never give medicines that contain aspirin to children or young people under 16.



You can report suspected side effects to the MHRA on the Yellow Card website or by calling the free phone line 0800 731 6789 (9am to 5pm Monday to Friday) or by downloading the Yellow Card app. www.yellowcard.mhra.gov.uk

Make sure you know the signs and symptoms of meningitis and septicaemia

Meningitis is an infection of the brain. The same germ that causes 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.

MenACWY vaccine does not protect against all causes of meningitis and septicaemia, so you still need to know the signs and symptoms.

What are the signs and symptoms?

Many of the early signs – diarrhoea, vomiting, fever, aches, general tiredness and headaches – are also signs of less serious illnesses like colds and flu.

Someone with meningitis and septicaemia will usually become seriously ill in a matter of hours. This is why it is important to keep checking on someone who is ill so you spot if they are getting rapidly worse. It's also important to look for cold hands and feet.

Symptoms such as a rash that doesn't fade (do the glass test shown on page 18), being confused or delirious, or too sleepy to wake occur later and are very serious – seek help immediately.



For meningitis, the most important signs to look out for are:

- fever
- a very bad headache (this alone is not a reason to get medical help)
- vomiting
- stiff neck
- dislike of bright lights
- rash
- confusion, delirium
- severe sleepiness, losing consciousness
- seizures

For septicaemia, the most important signs to look out for are:

- fever and shivering
- severe pains and aches in limbs and joints
- vomiting
- very cold hands and feet
- pale or mottled skin
- rapid breathing
- diarrhoea and stomach cramps
- red or purple 'bruised' or blotchy rash on skin that do not fade under pressure. On dark skin, check the eyelids or the roof of the mouth where spots may be more visible. Do the glass test shown on the next page.
- difficulty walking or standing
- severe sleepiness, losing consciousness

What should I do?

Not all of these symptoms will develop and they can appear in any order and be mixed between the 2 illnesses. Meningococcal disease can be hard to identify at first because it can be like a bad case of flu.

However, anyone affected with meningococcal disease will usually become seriously ill within a few hours. You should contact your GP (family doctor) or NHS 111 for advice if you have any concerns about your own or a friend's health.

If you become worried about yourself or a friend, particularly if symptoms are getting worse, seek medical help urgently at the closest A&E Department or by dialling 999. Early treatment can be life-saving.

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.

On dark skin, check inside the eyelids or roof of the mouth where the spots maybe more visible.



FAQ

Will I need more boosters in the future?

You will probably not need further boosters of MenACWY vaccine. However, you may need extra doses of some vaccines if you are visiting certain countries. Check with your practice nurse at your GP surgery. If you have an injury, you may need another tetanus injection.

How will I be given the Td/IPV and MenACWY vaccines?

You will have 2 injections – 1 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. Relaxing your arm should help.

Are there any other vaccines I need to have now?

When you are having your HPV, TdIPV and MenACWY vaccines, it's a good idea to check with the nurse or doctor that all your other vaccines are up to date including MMR (measles, mumps and rubella).

It's particularly important to check that your MMR vaccine is up to date because some teenagers have not had 2 doses of MMR. If you have never had the MMR vaccine, you should have one dose now and another one month later, to give you the best protection.

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

For information on meningitis

The following charities provide information, advice and support:

Meningitis Research Foundation

Free helpline 080 8800 3344 (Mon-Fri 9am to 5pm)

www.meningitis.org

Meningitis Now

Free helpline 0808 80 10 388

(Mon-Thurs 9am to 4pm, Fridays 9am to 1pm)

www.meningitisnow.org

For information on cervical cancer

Visit www.nhs.uk/conditions/cervical-cancer. For more information about cervical screening visit www.nhs.uk/conditions/cervical-screening

For more information on measles, mumps and rubella

www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine-when-needed.aspx

You can also see www.nhs.uk/vaccinations/mmr-vaccine/ for more information on the MMR vaccine

School Aged Routine Immunisation Schedule from July 2024

Vaccine Damage Payment Scheme

Current immunisations are extremely safe but, very rarely, an individual may suffer from a problem after vaccination.

The Vaccine Damage Payment Scheme is designed to ease the present and future burdens of the person who, on that very rare occasion, may be affected by the vaccination.

There are several conditions that need to be met before a payment can be made. If you need more information, please visit www.gov.uk/vaccine-damage-payment

Vaccine Damage Payments Unit

Department for Work and Pensions

Palatine House, Lancaster Road

Preston PR1 1HB

Phone: 01772 899944

E-mail: CAU-VDPU@dwp.gsi.gov.uk

If you want advice on immunisation, speak to your doctor, practice nurse, health visitor or pharmacist, or call the **NHS helpline 111**.

For more information visit www.nhs.uk/conditions/vaccinations

When	Diseases protected against	Vaccine given
Eligible paediatric age group ¹	Influenza (each year from September)	LAIV ^{2,3}
3 years and 16 weeks old or soon after	Diphtheria, tetanus, pertussis and polio	TdaP/IPV
	Measles, mumps and rubella	MMR (check first dose given) ²
Boys and girls aged 12 to 13 years	Cancers caused by human papillomavirus (HPV) Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV
14 years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)
	Meningococcal groups A, C, W and Y disease	MenACWY

[1] Further information on which children are eligible each year can be found at: www.nhs.uk/child-flu

[2] The live attenuated influenza vaccine (LAIV) and 1 of the 2 brands of MMR vaccine contains porcine gelatine

[3] If LAIV (live attenuated influenza vaccine) is contraindicated, or for those who may not accept the use of porcine gelatine in medical products, an injected flu vaccine is available as an alternative



Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required
Asplenia or splenic dysfunction (including sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y	MenACWY MenB
	Pneumococcal	PCV13 (up to 10 years of age) PPV23 (from 2 years of age)
	Influenza	Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to 10 years of age) PPV (from 2 years of age)
	Influenza	Annual flu vaccine
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal	PCV13 (up to 10 years of age) PPV23 (from 2 years of age)
	Influenza	Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal	PCV13 (up to 10 years of age) PPV23 (from 2 years of age)
	Influenza	Annual flu vaccine
Diabetes	Pneumococcal	PCV13 (up to 10 years of age) PPV23 (from 2 years of age)
	Influenza	Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD)	PCV13 (up to 10 years of age) PPV23 (from 2 years of age)
	Influenza (stage 3, 4 and 5 CKD)	Annual flu vaccine
	Hepatitis B (stage 4 and 5 CKD)	Hepatitis B
Chronic liver conditions	Pneumococcal	PCV13 (up to 10 years of age) PPV23 (from 2 years of age)
	Influenza	Annual flu vaccine
	Hepatitis A	Hepatitis A
	Hepatitis B	Hepatitis B
Haemophilia	Hepatitis A	Hepatitis A
	Hepatitis B	Hepatitis B
Immunosuppression due to disease or treatment ²	Pneumococcal	PCV13 (up to 10 years of age) ¹ PPV23 (from 2 years of age)
	Influenza	Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y	MenACWY MenB
	Pneumococcal	PCV13 (up to 10 years of age) PPV23 (from 2 years of age)
	Shingles	Shingrix ³
	Influenza	Annual flu vaccine

[1] To any age in severe immunosuppression

[2] Consider annual influenza vaccination for household members and those who care for people with these conditions

[3] Check Green Book chapter 28a www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a

Selective vaccine programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, 4 weeks and 12 months old ^{1,2}	Hepatitis B	Hepatitis B (Engerix B/BvaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	Around 28 days after birth ⁴	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country ³	Around 28 days after birth ⁴	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season ⁶	Influenza	Inactivated flu vaccine
	From 20 weeks gestation ⁵	Pertussis	Tdap (ADACEL)

[1] Take blood for HBsAg at 12 months to exclude infection

[2] In addition 6-in-1 vaccine is given at 8, 12 and 16 weeks

[3] Where the annual incidence of TB is $\geq 40/100,000$ – see gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

[4] Check SCID screening outcome before giving BCG

[5] Can be given from 16 weeks but usually offered after the anomaly scan

[6] Between 1 September to 31 March of the following year



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Remember

Don't miss out on your vaccines, get them at the right time for the best protection. Remember you can always catch up if you have missed them in school.

Left school? Speak to your GP practice to have any you have missed.



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This edition features the July 2024 immunisation schedules.

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Please use product code: 24YPG1EN

www.nhs.uk/vaccinations