

CHILDHOOD IMMUNISATION

TRIPLE VACCINE AND MENINGITIS C INFORMATION

Your child can now be offered protection against many serious infections.

Diphtheria is an acute infectious disease affecting the upper respiratory tract and occasionally the skin. Life-threatening complications of diphtheria include airway obstruction and ascending paralysis causing death in 1 in 20 cases. Following immunisation the number of cases has dropped dramatically, diphtheria is now so rare, it is virtually impossible to develop natural immunity, therefore, immunisation is vital to guard your child against the introduction of diphtheria abroad.

Tetanus is an acute disease characterised by muscular rigidity. It is induced by the toxin tetanus bacilli that grow at the site of injury. Tetanus spores are present in soil and may be introduced into the body during injury, often via puncture wounds, but also through burns or trivial, unnoticed wounds.

Pertussis (whooping cough) is a highly infectious bacterial disease, spread by droplet infection. The typical coughing spasms of whooping cough may last for two to three months. Complications can follow - pneumonia, weight loss, oxygen depletion in the brain which can cause brain damage.

Haemophilus influenzae type B, prior to the immunisation programme caused illnesses such as meningitis and epiglottitis. It was responsible for the deaths of 65 infants every year.

Meningitis is an inflammation of the lining of the brain and spinal cord. Meningitis can develop very rapidly. In young children the earliest symptoms are often hard to recognise, with flu-like illness leading to vomiting, fever irritability, a high-pitched cry and refusing feeds. Red or purple bruise-like spots that do not fade under pressure may mean that septicaemia (blood poisoning) is also present. This blood infection often accompanies meningitis and can progress quickly to coma and death. Meningitis can be caused by a number of different types of viruses or bacteria.

Haemophilus influenzae type B (Hib) used to be the commonest cause of meningitis in young children. Since the introduction of Hib immunisation in 1992 Hib meningitis has nearly disappeared in this country. Now Meningitis caused by Group B and Group C account for almost all cases in the UK. The proportion of Meningitis Group C cases has risen to around 40%.

Poliomyelitis is an acute illness following invasion of the gastro-intestinal tract. This disease can cause paralysis. Poliomyelitis remains endemic in some developing countries where it occurs in epidemics.

Advances in vaccine development have made it possible to reduce the number of injections that your baby will need.

At 2 months your baby's first immunisation dose will include two injections. Diphtheria, Tetanus, Pertussis (D/T/P) and Haemophilus Influenzae Type B (Hib) as one injection normally administered in baby's right thigh.

Meningitis C vaccine as the second injection normally administered in baby's left thigh.

The Polio vaccine is given on a spoon by mouth. New parents need to be aware that faecal excretion of the polio vaccine virus can last up to six weeks and may lead to infection of unimmunised contacts, therefore, the need for good hand washing after nappy changing is essential. Unimmunised adults can be immunised at the same time as their children.

The primary course of immunisation consists of three doses with an interval of one month between each dose. You will be asked to return your baby to the immunisation clinic when he/she is 3 months for the 2nd dose and again at 4 months for the 3rd dose.

Therefore, by commencing the immunisation programme at 2 months, your baby by 6 months should have received the following vaccines: 3 doses of DTP, Hib, polio and meningitis C.

REASONS FOR POSTPONING IMMUNISATION.

If your baby is suffering from any acute illness immunisation should be postponed until he/she has recovered. Minor infections, without fever or tummy upset, are not reasons to postpone immunisations.

Immunisation should not proceed if your baby had a severe local or general reaction to a preceding dose.

CARE OF YOUR BABY FOLLOWING IMMUNISATION.

Generally, any reactions are mild and short-lived.

A moderate fever may appear after immunisation. Keep baby cool by sponging with tepid water. You may give him/her some Paracetamol, NOTE it is now advised that a 2 month old baby can have 60 mg/2.5 mls of Calpol.

Please adhere to dosage instructions on medicine labelling. SEEK MEDICAL ADVICE if you are worried.

Swelling and redness at the injection site are common.

A small painless nodule may form at the injection site but usually disappears without returning.

With Meningitis C vaccine one in four toddlers over 12 months may have disturbed sleep.

If after reading the contents of this information sheet you have any further questions or anxieties about immunising your baby then please do not hesitate to ask myself, Nicky Teverson, or one of the Practice Doctors.

References:

Department of Health, Immunisation against infectious Disease, HMSO, 1996
Meningococcal C Vaccine Factsheet
Immunisation George C. Kassianos