

The facts about the

MMR and pneumococcal vaccines

for babies aged
13 months



immunisation

the safest way to protect your child

Introduction

This leaflet contains the facts about the PCV booster vaccine and the first MMR vaccine which your child should have at 13 months. If you want to talk over this information please contact your GP, health visitor or practice nurse. You may also find it helpful to visit:

www.publichealth.hscni.net

www.dhsspsni.gov/immunisation or

www.nhs.uk/planners/vaccinations

The timing of the first dose of MMR has recently been changed from 15 to 13 months, to bring Northern Ireland into line with the vaccination schedule in the rest of the UK.

What is pneumococcal vaccine (PCV)?

Pneumococcal (pronounced new-mo-cock-al) vaccine protects your child against one of the most common causes of meningitis, and also against other conditions such as severe ear infections (otitis media) and pneumonia caused by the most common types of pneumococcal bacteria. This vaccine does not protect against all types of pneumococcal infection and does not protect against meningitis caused by other bacteria or viruses. Before this booster dose of PCV at around 13 months your child should already have received two doses of PCV at 2 and 4 months of age.

What is pneumococcal infection?

Pneumococcal infection is one of the most common causes of meningitis but it also causes severe ear infections, pneumonia and some other serious illnesses.

Does PCV have any side effects?

Out of every 10 babies immunised, one or two may get swelling, redness or tenderness at the injection site or get a mild fever (see page 11).

Very rarely, a vaccine can cause an allergic reaction, such as a rash or itching affecting some or all of the body. Even more rarely, children may have a severe reaction within a few minutes of the immunisation, causing difficulty breathing and possibly collapse. This is called anaphylaxis. A recent study has shown that one case of anaphylaxis is reported in about half a million immunisations given. Although allergic reactions can be worrying, treatment leads to a rapid and full recovery.

What is MMR?

MMR vaccine protects your child against measles (M), mumps (M) and rubella (R; German measles). Your child should receive one dose of MMR at around 13 months and a second dose before they start school. Since MMR was introduced here in 1988 the number of children catching these diseases has fallen to an all time low.

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, and swollen, painful testicles in older boys and men. 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.

It is important to remember that without the MMR vaccine nearly every child will get all three diseases.

Does MMR have any side effects?

As with all medicines, there are some side effects associated with vaccinations. Most of these are minor and last for only a short time, eg redness and swelling at the injection site.

MMR contains three separate vaccines in one injection. The vaccines work at different times. About a week to 10 days after the MMR immunisation some children become feverish, develop a measles-like rash and go off their food as the measles part of the vaccine starts to work.

Your child may, very rarely, get a rash of small bruise-like spots due to the rubella part of the immunisation about two weeks after MMR. 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 a child might sometimes get a mild form of mumps as the mumps part of MMR kicks in.

Occasionally, children do have a bad reaction to the MMR vaccine. About 1 in 1,000 will have a fit caused by a high temperature due to the measles part of the vaccine (see page 11 for how to treat a fever). There is no evidence that this causes long-term problems. A child who has measles is five times more likely to have a fit as a result of the illness.

Vaccines can also cause allergic reactions but as mentioned on page 3, they are very rare and treatment leads to a rapid and full recovery.

Encephalitis (inflammation of the brain) has been reported in about one case in every million immunisations. This is no higher than the chance of any child developing encephalitis without the vaccine. But measles causes encephalitis in 1 in every 5,000 children who get the disease.



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.

Complications	Rate after natural disease	Rate after 1st dose of MMR
Fits (due to high temperature)	1 in 200	1 in 1,000
Meningitis/inflammation of the brain (encephalitis)	1 in 200 to 1 in 5,000	1 in 1,000,000
Conditions affecting blood clotting	1 in 3,000	1 in 24,000
Death (depending on age)	1 in 2,500 to 1 in 5,000	None

Facts about the MMR vaccine

- MMR vaccine protects children against measles, mumps and rubella.
- In 30 years, more than 500 million doses of MMR have been given in over 100 countries. It has an excellent safety record.
- There is no evidence of any link between MMR and autism or bowel disease.

- Giving the vaccines separately may be harmful. It leaves children open to the risk of catching measles, mumps or rubella.
- Where MMR is available, no countries recommend giving all the vaccines separately.
- In the year before MMR was introduced in the UK, 86,000 children caught measles and 16 died. Due to low vaccine uptake, there have been recent outbreaks in Europe and some children have died.

What about the reports of links between autism and MMR?

Although autism is increasingly recognised now, the increases were going on long before MMR was introduced. Parents often first notice signs of autism in children after their first birthday. MMR is usually given to children at about this age, but this doesn't mean that MMR causes autism.

Extensive research into the possibility of a link between the MMR vaccine and autism, involving hundreds of thousands of children, has been carried out in Denmark, Sweden, Finland, Canada, the USA and the UK. No link has been found.

Experts from around the world, including the World Health Organization, agree that there is no link between the MMR vaccine and autism.

Have children been followed up long enough after MMR to know it's safe?

In the USA, MMR has been given for over 30 years and over 200 million doses have been used. In Finland, where children have been given two doses of MMR since 1982, reactions reported after MMR were followed up over 14 years. There were no reports of permanent damage due to the vaccine. In fact, MMR has been shown to be a highly effective vaccine with an outstanding safety record.

Wouldn't it be better for children to have the vaccines separately?

Giving the vaccines separately would mean six injections instead of two and would leave children exposed to two of the diseases for at least a year. These diseases can be serious and even fatal.

It has been said that giving the three vaccines together overloads children's immune systems. This is not the case. From birth, babies' immune systems protect them from thousands of viruses and bacteria that surround them. The World Health Organization advises against using separate vaccines because they would leave children at risk for no benefit. No country in the world recommends MMR being given as three separate vaccines. There is no evidence that giving the vaccines separately is any safer, so we could be causing harm without doing any good.

Are there any reasons why my child should not be immunised with MMR and PCV?

There are very few reasons why your child should not be immunised. You should let your GP or nurse know if your child:

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

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

What happens if my baby gets a high temperature after immunisation?

Side effects from vaccines are unusual, usually mild and disappear quickly. Some babies may get a raised temperature or fever (over 37.5°C). If your baby's face feels hot to the touch and they look red or flushed they probably have a fever. You could check their temperature with a thermometer.

Fevers are fairly common in babies and children. They often get these with infections. Occasionally a fever can cause a baby to have a fit. Any fever can cause this, whether the fever is due to an infection or a vaccine. So it's important to know what to do if your baby has a fever. Remember, fevers are more likely to be caused by the diseases than by the vaccines.



How to treat a fever

1. Keep your baby cool by making sure:
 - they don't have too many layers of clothes or blankets on;
 - the room they are in isn't too hot (it shouldn't be cold either, just pleasantly cool).
2. Give them plenty of cool drinks.
3. Give them infant paracetamol or ibuprofen liquid (ask for sugar-free). Read the instructions on the bottle carefully and give your baby the correct dose for their age. You may need to give a second dose four to six hours later.

Remember, never give medicines containing aspirin to children under 16 years of age.

Call the doctor immediately if your child:

- has a very high temperature (39°C or above);
- has a fit.

If your child has a fit, lay them on their side in a safe place because their body may twitch or jerk.

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
13 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
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18	Three injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection

If your child has missed out on any of these vaccines, it is never too late to catch up. Arrange an appointment with your GP or health visitor.

If you would like further information about immunisation, visit www.publichealth.hscni.net www.dhsspsni.gov.uk/immunisation or www.nhs.uk/planners/vaccination



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