

A guide to Immunisation for Young People

Your questions answered about
the HPV, Td/IPV and
MenACWY vaccinations given
between school years 7 to 13



manx care

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Immunisation, helping to protect everyone, at every age

By the time you start primary school you should have had:

Vaccine	How	When	Comments
Flu	Nasal spray	Each year from September	This vaccine is given from two and three years of age, then each year to all school age children. Children who are in risk groups and cannot have the nasal spray will be offered a vaccination by injection
Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection	Three years and four months of age	This is a booster dose of these vaccines
Measles, mumps and rubella (MMR)	One injection	Three years and four months of age	This is a second dose of the MMR vaccine. (If your child has not had the first dose yet, it should be given now and the second dose 1 month later)

If you have missed these vaccinations, you should catch up before you start secondary school. Please speak to your GP practice to make an appointment.

Introduction

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

- the immunisations that are given to young people usually when they are still at school
- why these immunisations 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. 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 19 of this booklet.



Your questions answered

Why do we need immunisation?

The national immunisation programme has meant that dangerous diseases, such as polio, 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?

A vaccine contains a small part of the bacterium or virus that causes a disease, or tiny amounts of the chemicals the bacterium produces.

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.

Human papillomavirus (HPV)

The human papillomavirus is very common and it is caught through intimate 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 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 Gardasil 9 vaccine protects against nine HPV types that cause cancer, including most cases (over 70%) of cervical cancer. Having this vaccine will also protect you against the two types of HPV that cause the majority of cases of genital warts. It won't protect you against any other sexually transmitted diseases such as chlamydia and it won't stop you getting pregnant. There is evidence from Australia, Denmark, Scotland and England that the vaccine is already having a major impact on HPV infections.

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.

Having the vaccination 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. A recent Scottish study has already shown a 71% reduction in pre-cancerous cervical disease in young women.

Ten years since the start of the vaccination programme in the UK there has been a big decline in HPV infections and in the number of young people with genital warts.

How will I have the vaccination?

The nurse will give you the vaccination 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 all girls and boys 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 unvaccinated people will get it!

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 giving permission for you to have the vaccination. 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 vaccination are quite mild. Stinging and soreness in the arm are common but wear off in a couple of days. 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 vaccine have already been given to girls 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?

There are currently no screening programmes for other HPV-related cancers. If you are worried about any symptoms speak to your GP practice.

I missed my vaccination, can I still have it?

Yes. If you missed your vaccination at school, you should try and have it as soon as possible. The school vaccination team will send you a letter with the dates of the catch-up clinics so you can make an appointment to receive your missed vaccine.

You remain eligible to receive the vaccine up until your 25th birthday.

Now I've had the injections, will I still need to go for smear tests?

Yes. All women are offered cervical screening (smear tests) when they are old enough (25 and over in England). The vaccine protects against the two human papillomavirus types that cause 70% of the cases of cervical cancer, so screening is still needed to try to pick up cervical abnormalities caused by other HPV types that could lead to cancer.

Should boys or girls 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.

What if I have not had my first HPV vaccine by the age of 15?

You should speak to your nurse or doctor about making an appointment as soon as possible.

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

A guide to immunisation for young people

Tetanus, diphtheria, polio (Td/IPV) and meningitis and septicæmia

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?

Flu is caused by influenza viruses that infect the windpipe and lungs. When an infected person coughs or sneezes, they spread the flu virus in tiny drops of saliva over a wide area. These droplets can then be breathed in by other people or they can be picked up by touching surfaces where the droplets have landed.

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



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 which 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 five 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 page 15–17 for a full description of meningitis and septicaemia.

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

No, you will still need a booster.

If I was immunised 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 the three other meningococcal groups (A, W and Y).

How many boosters do I need to have?

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

- the first three doses as a baby
- the fourth dose when you were between three and five years old, before you started school, and
- the fifth dose is due in year nine (aged 13 to 14).

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

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

What if I missed my teenage dose of MenACWY vaccine?

If you were born on or after 01 September 1996 and are eligible but missed 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, you can still have the vaccine up to your 25th birthday. If you are still at school then speak to your school provider, otherwise you will need to make an appointment with your GP practice.

Does MenACWY vaccine protect against Men B?

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. If you have any questions about MenACWY talk to your school nurse or doctor.

Will I need more boosters in the future?

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

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

You will have two injections – one 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.

Are there any other immunisations I need to have now?

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

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



Are there any reasons why I should not be immunised?

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 are 'immunosuppressed' because you are having treatment for a serious condition such as a transplant or cancer, or you have a condition that affects your immune system, such as severe primary immunodeficiency. The doctor or nurse will get specialist advice on whether you should have the MMR vaccine.

In the UK we have two 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.

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, or
- 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.

You may experience side effects from the MMR vaccine for up to six weeks after the immunisation. The symptoms are similar to those caused by the diseases, but much milder. Speak to your school nurse or doctor if you are at all concerned.

If you feel unwell after the immunisation, take paracetamol or ibuprofen. Read the instructions on the bottle or packet carefully and take the correct dose for your age. If necessary, take a second dose four to six hours later. If your temperature is still high after the second dose, speak to your GP.

It is not generally recommended that these medicines are routinely given before or after vaccination in anticipation of a fever.

There are two MenACWY vaccines, they are called MenVeo and Nimenrix, you can read the Patient Information leaflets here:

- Nimenrix: www.medicines.org.uk/emc/product/4118/pil
- MenVeo: www.medicines.org.uk/emc/product/2939/pil

Remember

Never give medicines that contain aspirin to children under 16.

Knowing about 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 the other bacteria and viruses that cause 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 17), 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 – do the glass test shown on the next page

difficulty walking or standing

severe sleepiness, losing consciousness

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

What should I do?

Not all of these symptoms will develop and they can appear in any order and be mixed between the two 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 attend the emergency department at Noble's Hospital 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 Noble's Hospital Emergency 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 may be more visible.



Where can I get more information?

For general information about teenage vaccinations, visit the website at www.gov.im/vaccinations

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 – 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-whenneeded.aspx

You can also see www.gov.uk/government/publications/thinkmeasles-patient-leaflet-for-young-people for more information on the MMR vaccine.

Routine childhood immunisation programme from February 2022

Most vaccines are given as an injection in the thigh or upper arm. Rotavirus vaccine is given as drops to be swallowed and influenza vaccine as a nasal spray.



When	Diseases protected against	Vaccine given
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB or 6-in-1 vaccine
	Meningococcal group B (MenB)	MenB
	Rotavirus gastroenteritis ⁴	Rotavirus
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/HibHepB
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccination (PCV)
	Rotavirus ⁴	Rotavirus
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB
	MenB	MenB
One year old on or after the child's first birthday	Hib and MenC	Hib/MenC
	Pneumococcal booster	PCV
	Measles, mumps and rubella (German measles)	MMR ²
	MenB	MenB booster
Eligible paediatric age group ¹	Influenza (each year from September)	LAIV ^{2,3}
Three years and sixteen 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 twelve to thirteen years	Cancers caused by human papillomavirus (HPV) Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (Gardasil 9 one dose)
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)
	Meningococcal groups A, C, W and Y disease	MenACWY

[1] See Green book chapter 19 at www.gov.uk/government/publications/influenza-the-green-book-chapter-19 or www.nhs.uk/conditions/vaccinations/child-flu-vaccine. **[2]** The live attenuated influenza vaccine (LAIV) and one of the two brands of MMR vaccine contains porcine gelatine. **[3]** If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine. **[4]** Check SCID screening outcome before giving Rotavirus

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccine required
Asplenia or splenic dysfunction (including sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to two years of age) PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (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 two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to two 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 ²	Pneumococcal Influenza	PCV13 (up to two years of age) ¹ PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (to any age) PPV (from two years of age) 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 SCID screening outcome before giving BCG

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four 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 six months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under two years of age
Pregnant women	At any stage of pregnancy during flu season From 20 weeks gestation ⁵	Influenza Pertussis	Inactivated flu vaccine dTaP/IPV (Boostrix-IPV)

- [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 [govuk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people](https://www.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





Information correct at time of publication. Please visit www.gov.im/vaccinations for the latest information.

You have rights in relation to the access and the use of your personal health information. For more information about your rights or how Manx Care uses your personal information in accordance with the General Data Protection Regulation visit: <https://www.gov.im/about-the-government/statutory-boards/manx-care/>

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