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Baby and child **vaccines**

Protect your child

against serious diseases

NHS SCOTLAND

Public Health Scotland

Your health visitor will have given you this booklet within the first two weeks of your baby being born. It will help you over the next five years of your child's immunisation journey.

- Look out for vaccination letters from NHS Scotland – they'll let you know where and when to take your child for their vaccinations.
- All vaccines in the Immunisation Programme are provided free in Scotland by the NHS.
- It's important to bring your child to their vaccination appointments to help protect them against serious diseases.
- Do not delay in getting your child immunised – it's important to take them for their vaccinations when invited.

Keep this booklet with your baby's Red Book.

During vaccination, strict infection prevention and control measures will be in place. For example, your immunisation nurse may wear a face mask.

Your child should get all of the vaccines offered as they're all important to protect against different types of diseases.

The benefits of **immunisation**

The best way to protect your child from serious diseases.

Protects your family and the rest of your community.

Diseases such as polio, rubella and measles have almost disappeared in the UK because so many people get immunised. When people are not immunised, these diseases come back quickly.

We talk about 'your health professional' throughout this booklet – this can be a health visitor, nurse, GP or any other specialist involved in your child's health care.

The World Health Organization states that the two things that have had the biggest impact on the world's health are clean water and vaccines.

You should take your child's Red Book to every health appointment – it's a record of your child's health and development from birth throughout childhood.

Contents

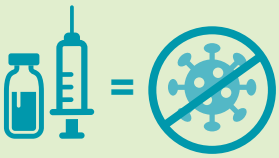
Immunisation protects children against serious diseases. Once immunised, children's bodies are better at fighting these diseases if they come into contact with them.

Vaccines work by helping the body's immune system to make antibodies (substances that fight off infection). If your child comes into contact with the infection, the antibodies recognise the infection and help protect your child. Vaccines have either a very weak form of the bacterium (another word for germ) or virus that causes a disease, or a small part of it.

You might hear people talk about 'vaccines', or 'immunisations', or even 'jabs' or 'jags'. While there are differences between them, they lead to the same thing – a child who is protected from serious diseases.

Vaccination means having a vaccine.

Immunisation means both having a vaccine and becoming immune to a disease, as a result of getting the vaccine.



A dose means each time the vaccine is given at an appointment. It's important that your child gets all the doses for each vaccine.

Vaccines are given in different ways – usually by injection (a jab or jag) but some are given as a nasal spray (by nose – see page 24) or as an oral liquid (by mouth – see page 13).

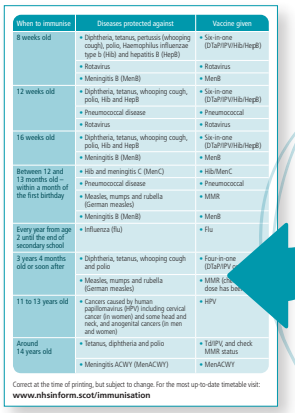
injection

nasal spray by nose

oral liquid by mouth

Your child will be offered five routine immunisation appointments before they start school. The first vaccines are recommended when your child is 8 weeks old. Further vaccines are offered at 12 weeks, 16 weeks, 12 months, and at 3 years and 4 months or soon after. Your child will also be offered the flu vaccine every year from age 2 until the end of secondary school. They will be offered more vaccines in secondary school.

As many children as possible need to be immunised so the diseases cannot spread.



When to immunise	Diseases protected against	Vaccine given
8 weeks old	• Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (HepB)	• Six-in-one (DTaPIPVHib/HepB)
	• Rotavirus	• Rotavirus
	• Meningitis B (MenB)	• MenB
12 weeks old	• Diphtheria, tetanus, whooping cough, polio, Hib and HepB	• Six-in-one (DTaPIPVHib/HepB)
	• Pneumococcal disease	• Pneumococcal
	• Rotavirus	• Rotavirus
16 weeks old	• Diphtheria, tetanus, whooping cough, polio, Hib and HepB	• Six-in-one (DTaPIPVHib/HepB)
	• Meningitis B (MenB)	• MenB
Between 12 and 13 months old – within a month of the first birthday	• Hib and meningitis C (MenC)	• Hib/MenC
	• Pneumococcal disease	• Pneumococcal
	• Measles, mumps and rubella (German measles)	• MMR
	• Meningitis B (MenB)	• MenB
Every year from age 2 until the end of secondary school	• Influenza (flu)	• Flu
3 years 4 months old or soon after	• Diphtheria, tetanus, whooping cough and polio	• Four-in-one (DTaPIPV
	• Measles, mumps and rubella (German measles)	• MMR (c dose has be
11 to 13 years old	• Cancers caused by human papillomavirus (HPV) including cervical cancer (in women) and some head and neck, and anogenital cancers (in men and women)	• HPV
Around 14 years old	• Tetanus, diphtheria and polio	• TdIPV, and check MMR status
	• Meningitis ACWY (MenACWY)	• MenACWY

Correct at the time of printing, but subject to change. For the most up-to-date timetable visit: **www.nhsinform.scot/immunisation**

Your child should get all of the vaccines in the Immunisation Programme at the back of this booklet as they each protect against different diseases.

Your child's **immunisation journey**

8 weeks old

- Six-in-one
- Rotavirus
- MenB

12 weeks old

- Six-in-one
- Rotavirus
- Pneumococcal

16 weeks old

- Six-in-one
- MenB

You will need to get paracetamol before your child's MenB immunisations at 8 and 16 weeks – see page 17.

Most vaccines have to be given more than once to boost your child's immunity and make sure they have the best, longer-term protection as they grow.

between 12 and 13 months old

- Hib/MenC
- Pneumococcal
- MMR
- MenB

at 3 years 4 months old

- Four-in-one
- MMR

annually from 2 years old until the end of secondary school

- Flu

Vaccines and the diseases they **protect against**

The six-in-one (DTaP/IPV/Hib/HepB) vaccine helps protect against six diseases

Your child will be offered the six-in-one vaccine at 8 weeks, 12 weeks and 16 weeks.

The other name for the six-in-one vaccine is 'DTaP/IPV/Hib/HepB'. Here's what that stands for:

D = diphtheria, **T** = tetanus, **aP** = acellular pertussis, **IPV** = polio, **Hib** = Haemophilus influenzae type b, **HepB** = hepatitis B.

The diseases the vaccine covers are:

- diphtheria
- tetanus
- pertussis (whooping cough)
- polio
- Haemophilus influenzae type b (Hib)
- hepatitis B.

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, can kill.

Diphtheria germs are spread from person to person through close contact.

Your health professional will be happy to answer any questions you have before your child gets their vaccines.

Young babies are vulnerable to serious diseases. It's important to make sure they're protected as early as possible through immunisation.

Tetanus

Tetanus affects the nervous system, leading to muscle spasms and breathing problems. It can also kill. It's caused when germs found in soil and manure get into the body through open cuts or burns. Tetanus germs cannot be passed from person to person.

Pertussis (whooping cough)

Whooping cough can cause long periods of coughing and choking, making it hard to breathe. It can last up to 10 weeks. Babies under 1 year of age are most at risk of being affected seriously by this disease.

Whooping cough germs can be spread from person to person through close contact.

Mums are offered the whooping cough vaccine when pregnant. This protects the baby in their first weeks of life, but the baby needs their own vaccine at the 8-week immunisation appointment to continue their protection.

Polio

Polio is caused by a virus that attacks the nervous system. It can permanently paralyse muscles and can kill if it affects the chest muscles or brain.

The polio virus is usually spread from person to person or by swallowing contaminated food or water.

Haemophilus influenzae type b (Hib)

Hib germs can lead to septicaemia (blood poisoning), pneumonia (infection of the lungs) and meningitis (infection of the lining of the brain), each of which can kill if not treated quickly.

Hib is spread through mucus or droplets from the nose and throat of someone who is infected.

The Hib vaccine helps protect your baby against meningitis caused by Hib germs. It does not protect against any other types of meningitis.

Hepatitis B (HepB)

The HepB virus infects the liver. Many people with HepB infection have no signs and do not know they're infected. Others have flu-like symptoms and yellowing of the skin (jaundice). HepB in children can continue to affect them for years and may cause serious liver damage over time.

HepB is spread when bodily fluids infected with the HepB virus enter the body of a person who is not infected.

The pneumococcal vaccine helps protect against pneumococcal disease

Your child will be offered the pneumococcal vaccine at 12 weeks, and between 12 and 13 months of age.

Pneumococcal (pronounced new-mo-co-cal) infection is a common cause of meningitis. It also leads to ear infections, pneumonia and other serious illnesses.

More than half of children can carry pneumococcal germs in their nose and throat, constantly passing them round by coughing, sneezing and having close contact.

The pneumococcal vaccine provides some protection against meningitis caused by pneumococcal infection. It does not protect against any other types of meningitis.

Some children with a health condition may need another dose when they're over 2 years of age. Your health professional will be able to explain this.

The rotavirus vaccine helps protect against rotavirus

by mouth

Your child will be offered the rotavirus vaccine at 8 and 12 weeks of age. To get the best protection, your baby should have two rotavirus immunisations four weeks apart.

Rotavirus infects the gut (tummy), causing severe diarrhoea (watery poo) and sickness.

Most babies get sick or have diarrhoea at some point and recover fully after a few days. But sickness and diarrhoea caused by rotavirus can lead to dehydration (loss of water from the body). Dehydration can be very dangerous for babies and young children, who may need hospital treatment.

The virus spreads easily by hand-to-mouth contact and can be picked up from surfaces with the virus on them. Rotavirus can also be spread through tiny droplets in the air from coughing.

The rotavirus vaccine is offered to all babies. It's not given by injection, but is swallowed as a liquid.

Speak to your health professional if your child misses either rotavirus immunisation appointment. **Your baby must get the first dose of the vaccine before 15 weeks of age and the second before 24 weeks.**

What to look out for after your child gets the rotavirus vaccine

Some babies may have mild diarrhoea. In very rare cases, it can affect the baby's lower gut.

They may have tummy pain, be sick and pass what looks like redcurrant jelly in their nappies. You should call your GP or NHS 24 free on **111** straight away if this happens.

The risks of any of these side effects happening are reduced if:

- the first dose of the vaccine is given before your baby is 15 weeks of age (usually at 8 weeks)
- ideally, the second dose is given four weeks later, but not later than 24 weeks of age.

Before 2013, when the vaccine was introduced, around 1,200 babies in Scotland had to go to hospital every year with rotavirus. Since then, the number of cases in babies is much smaller, and fewer have to go to hospital.

Take care changing your baby's nappy

Because the rotavirus vaccine is given by mouth, it's possible the virus in the vaccine will pass through your baby's gut and might be picked up by whoever changes their nappy.

People whose immune systems are severely weakened because of a health condition or treatment should be extra careful when they come into close contact with a baby for two weeks after the rotavirus vaccine was given.

It's important to wash hands and keep surfaces clean after changing a baby's nappy.

The meningitis B (MenB) vaccine helps protect against meningococcal group B infection

Your child will be offered the MenB vaccine at 8 weeks, 16 weeks and between 12 and 13 months of age.

MenB infection is the cause of most cases of bacterial meningitis (infection of the lining of the brain) and septicaemia (blood poisoning) in babies and young children in Scotland. These are both very serious conditions.

MenB germs are spread through coughing, sneezing and close personal contact.

As well as protecting against meningitis and blood poisoning caused by MenB germs, the vaccine can help protect against other kinds of meningococcal disease, including MenC (see next section).

These vaccines offer some protection against certain causes of meningitis and septicaemia. But they do not protect your child against all causes so you should be aware of the signs and symptoms of these serious diseases.

Early symptoms may be similar to a cold or flu, but people with meningitis or septicaemia can become seriously ill within hours. Visit **www.nhsinform.scot/meningitis** to find out more.

What to look out for after your child gets the MenB vaccine

Your local pharmacy can give you infant paracetamol for free.

Fever is more likely when the MenB vaccine is given at 8 and 16 weeks with the other vaccines.

It's important that a total of 3 doses of infant paracetamol are given to babies to reduce the chances of fever at both 8 and 16 weeks.

Age of baby	Dose 1 paracetamol	Dose 2 paracetamol	Dose 3 paracetamol
8 to 16 weeks	to be given just before or just after their immunisations	4–6 hours after dose 1	4–6 hours after dose 2

For more information or advice, speak to your health professional or visit **www.nhsinform.scot/immunisation**

You can also read the leaflet **What to expect after immunisation: babies and children up to 5 years**, which you'll be given after your child's vaccination.

Get medical advice as soon as possible if you're concerned your child could have meningitis. If you think your child might be seriously ill, call NHS 24 free on 111, or take them to your nearest A&E department straight away.

The Hib/MenC vaccine helps protect against Haemophilus influenzae type b (Hib) and meningococcal group C (MenC)

Your child will be offered this vaccine between 12 and 13 months of age.

Hib germs were covered in the six-in-one vaccine section on page 11. You might want to look at that page again to see what they are, what illnesses they can cause and how they're spread before reading on.

MenC germs can cause meningitis and septicaemia. MenC germs are carried in the back of people's throats and can be spread through coughing, sneezing and close personal contact.

Your baby will be offered the combined Hib/MenC vaccine to help protect them against meningitis and septicaemia caused by MenC germs, and to boost their protection against Hib.

The Hib/MenC vaccine protects against meningitis caused by those germs. It does not protect against any other types of meningitis.

Write down any questions you have on the notes page at the back of this booklet and ask the health professional at your child's immunisation appointment.

The measles, mumps and rubella (MMR) vaccine helps protect against three diseases

Your child will be offered the MMR vaccine between 12 and 13 months and again at around 3 years and 4 months of age.

The diseases the vaccine covers are:

- measles
- mumps
- rubella (German measles).

Measles

Measles is very infectious. Nearly everyone who catches the virus will have a high fever, a rash, and will generally be unwell.

Measles can affect some children very badly, and can cause chest infections, fits, encephalitis (inflammation of the brain) and brain damage. In very serious cases, measles can kill.

The MMR vaccine is highly effective and has been shown to be very safe. It has been protecting children, young people and adults in Scotland from these three illnesses since it was introduced in 1988.

Measles is one of the most infectious diseases known. A cough or a sneeze can spread the virus easily, so your child is at risk if not protected with the MMR vaccine.

Mumps

Mumps is caused by a virus and leads to fever, headache and painful, swollen glands in the face, neck and jaw. The virus can cause permanent deafness, viral meningitis and encephalitis. It can also cause painful swelling of the testicles in males and the ovaries in females.

Before the MMR vaccine was introduced, mumps was the most common cause of viral meningitis in children under 15. This led to 1,200 people across the UK having to go to hospital each year.

Mumps is spread in the same way as measles and is about as infectious as flu.

Your child is at risk of catching mumps if not protected by the MMR vaccine.

It's important that your child has two doses of the MMR vaccine. This will give them the best possible protection against measles, mumps and rubella.

Rubella

Rubella (German measles) is caused by a virus. It's usually mild in children and can go unnoticed, causing a short-lived rash, swollen glands and a sore throat.

But for unborn babies, rubella is very serious. It can damage their sight, hearing, heart and brain in a condition called congenital rubella syndrome (CRS). Infection in the first three months of pregnancy causes damage to the unborn baby in almost all cases.

Most cases of rubella are caught while abroad, but several have occurred in the UK. All children need to be protected against rubella to prevent the number of cases increasing.

Rubella is spread in the same way as measles and mumps and is very infectious.

Although very few children get measles, mumps or rubella now, children who are not immunised are at risk of catching these diseases. Outbreaks still happen in some parts of the UK because some children do not get all doses of the vaccine that are offered to them.

The MMR vaccine has almost wiped out measles, mumps and rubella in young children since it was introduced in the UK. But outbreaks can happen when immunisation levels drop.

One of the MMR vaccines used in Scotland contains pork gelatine, which is used in a wide range of medicines. Pork gelatine is used in some vaccines to make sure the vaccine remains safe and effective during storage. Many faith groups, including Muslim and Jewish communities, have approved the use of vaccines with gelatine.

If you have any concerns about gelatine in vaccines, speak to your health professional before you attend your immunisation appointment. Other MMR vaccines that do not have pork gelatine are available – the choice is yours.

The MMR vaccine can be given safely to children who have a severe allergy to egg. If you have any questions about this, talk to your health professional.

What to look out for after the MMR vaccine is given

The three viruses in the vaccine act at different times. You may see these side effects after the first dose:

- Six to 10 days after the immunisation, as the measles part of the vaccine starts to work, a small number of children may have a fever, with some developing a rash and going off their food (for advice on treating a fever, see page 35).
- A very small number of immunised children may have a fit caused by the fever called a 'febrile convulsion' or 'febrile seizure'. If your child has a fit after a vaccination, contact your GP. (See page 36 for more information.)
- Rarely, children may get mumps-like symptoms (fever and swollen glands) about three weeks after their immunisation, as the mumps part of the vaccine starts to work.
- Very rarely, children may get a rash of small bruise-like spots in the six weeks after the immunisation. This is usually caused by the measles or rubella parts of the vaccine. If you see spots like these, take your child to your GP to be checked.

Even if your child has any of these side effects, they will not be infectious and can go on with normal day-to-day activities.

The flu vaccine helps protect against influenza (flu)

nasal spray

Your child will be offered the flu vaccine every year from 2 years of age until the end of secondary school.

Pre-school children must be aged 2 or older on 1 September to be eligible for that year's autumn/winter immunisation.

Children experience flu the same as adults. The symptoms are worse than a cold and include a fever, chills, aching muscles and joints, headaches and tiredness.

Flu can be more serious for children with certain health conditions, as it's likely to make the conditions much worse. In severe cases, it can lead to disability and even death.

It's likely that flu viruses and the virus that causes COVID-19 will both be circulating during autumn/winter. Flu is a respiratory virus so it has similar symptoms to COVID-19.

The flu vaccine is an annual vaccine. It is important your child has the vaccine every year.

Even healthy children can become seriously ill with flu and can spread it to family, friends and others. Flu viruses are spread mainly through the air when infected people cough or sneeze without covering their nose and mouth.

The flu vaccine helps protect children against flu and the problems it causes, and lessens the chance of them spreading the virus to others. Even if your child had a flu vaccine last year, they will still need another one this year.

Flu viruses constantly change, so different vaccines have to be made to continue to protect against the new viruses. Next year's vaccine may protect against different viruses from this year's vaccine. This is why the flu vaccine is offered every year during autumn and winter.

The flu vaccine is given as a nasal (nose) spray. It contains a very small amount of pork gelatine. The nasal (nose) spray is much more effective for children than the flu vaccine injection, but those who choose not to have it for religious reasons can ask for the injection.

Children with a health condition should get their flu vaccine between 6 months and 2 years of age as well (see page 41). They'll be offered a flu vaccine injection instead of the nasal (nose) spray. This is because the nasal (nose) spray is not licensed for children under 2 years.

Flu immunisation begins in the autumn. Please visit **www.nhsinform.scot/childflu** or call **0800 030 8013** to find out about getting the flu vaccine in your area.

For more information about flu, the flu immunisation and the nasal (nose) spray vaccine, please visit **www.nhsinform.scot/childflu**

The four-in-one (DTaP/IPV or dTaP/IPV) vaccine helps protect against four diseases

Your child will be offered the four-in-one vaccine at around 3 years and 4 months of age. This will provide long-term protection by boosting the immunisations against diphtheria, tetanus, pertussis (whooping cough) and polio which were first given in the six-in-one vaccine at 8, 12 and 16 weeks of age.

The other name for the four-in-one vaccine is 'DTaP/IPV' or 'dTaP/IPV'. Here's what that stands for:

D = diphtheria, **T** = tetanus, **aP** = acellular pertussis, **IPV** = polio.

The diseases the vaccine covers are:

- diphtheria
- tetanus
- pertussis (whooping cough)
- polio.

Diphtheria, tetanus, pertussis (whooping cough) and polio were covered in the six-in-one vaccine section on pages 8–11. You might want to look at these pages again to see what these diseases are, what risks they bring and how they're spread.

Common questions about vaccination

Before vaccination ...

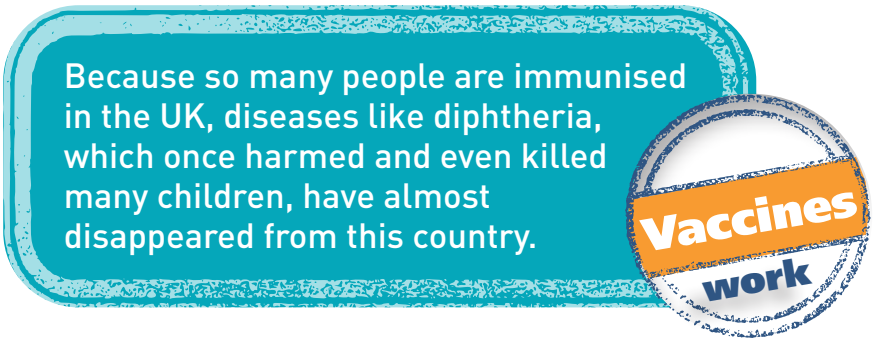
How do we know that vaccines are safe?

All medicines, including vaccines, are tested for safety and effectiveness before they're allowed to be used. Their safety continues to be checked while in use.

Why vaccinate against diseases that have disappeared from this country?

Low numbers of people get certain diseases in the UK because so many people are immunised.

Immunisation prevents more than two million deaths around the world every year. But if not enough people are immunised, these diseases could come back, particularly with more people travelling to different parts of the world. The diseases may then spread to people who have not been vaccinated, so your child is at greater risk without immunisation.



Why does my baby need more than one dose?

Most vaccines have to be given more than once to boost your child's immunity and provide longer-term protection, for example against tetanus and polio.

How will I know when my baby's vaccines are due?

You'll be sent an appointment to bring your child in for their vaccinations.

Flu immunisation begins in the autumn. If your child has a health condition and is aged between 6 months and 2 years, they're offered the flu vaccine from October to March. Please visit **www.nhsinform.scot/childflu** or call **0800 030 8013** to find out about getting the flu vaccine in your area. If your child is 2 years old or over by 1 September of that year, you'll be sent a letter about the immunisation.

Contact your clinic or surgery to make another appointment if you cannot attend your child's appointment.

Do the vaccines protect my child for life?

The protection the vaccines give wears off over time, so your child will need boosters as they get older.

When should premature babies have their first vaccination?

Premature babies may be at greater risk of infection. They should be vaccinated according to the recommended schedule from 8 weeks after birth, no matter how premature.

Can my child be allergic to the vaccines?

Very rarely, children can have a mild allergic reaction – which could cause a rash or itching affecting part or all of the body – soon after the immunisation. Your health professional will look out for this and will know what to do.

Immunisation helps protect not only your child, but also your family and the whole community, especially children who cannot be vaccinated for health reasons.

Can my child have the vaccines if they have allergies?

Asthma, eczema, hay fever, food intolerances and all other allergies do not prevent your child having most of the vaccines in the Immunisation Programme (see the table at the back of this booklet on page 45).

Having a mild allergic reaction to a vaccine does not mean your child should stop having immunisations.

Are there other ways to immunise my child?

There is no evidence for other effective ways to immunise your child.

If your child has had a life-threatening reaction to eggs (or products containing eggs) that needed intensive care in hospital, they may not be able to get certain flu vaccines. Let your health professional know if your child has had a severe reaction to eggs.

Speak to your health professional if you have any questions or worries about your child's allergies.

Are there any reasons why my child should not be vaccinated?

There are very few reasons why children cannot be vaccinated. But vaccines should not be given to children who have had:

- a confirmed anaphylactic reaction (see page 37) to a previous dose of the vaccine
- a confirmed anaphylactic reaction to any part of the vaccine.

Generally, any child whose immune system has been weakened should not have live vaccines, such as MMR and, in rare cases, the rotavirus vaccine. Children's immune systems can be weakened by:

- treatment for serious conditions, such as a transplant or cancer
- having a condition that affects the immune system, such as severe primary immunodeficiency.

Let your health professional know if your child has had a previous anaphylactic reaction to a vaccine or has a weakened immune system. They will be able to advise you.

Can I feed my baby before the vaccination?

Yes, it's a good idea to feed your baby before the appointment if you can, as they will be more settled.

Can my baby's immune system cope with more than one vaccine at the same time?

Yes, your baby's immune system can cope with lots of vaccines at the same time.

How can I prepare my child before the vaccination?

If you have a fear of needles and feel anxious yourself, try to stay calm and show your child there is nothing to fear.

If your child is a little older, you can explain in simple words that immunisation is a good thing that will help them stay well and not become ill.

It might be useful to take your child's favourite toy or blanket with you.

Wear practical clothing that's easy to get off and on. Short sleeves are a good idea for older children as they get their vaccines in their upper arm.

During the vaccination...

What happens at the appointment?

At the appointment, the person giving your child the vaccinations will check parent/carer consent. They'll give you information and explain anything that you're unsure about or do not understand. If you're still unsure or do not understand anything let them know. They'll support you and answer your questions.

It's important to bring your child to their vaccination appointments when invited to help protect them against serious diseases.

When you take your child for their first MenB immunisation, your health professional will be there to support you and can help you give your child the paracetamol if you want them to.

If you are unable to bring your child for their vaccination appointment you can give permission for another adult to bring your child to the appointment. There will be information about how to do this in your appointment letter. The health professional giving the vaccination needs to be sure that you have consented to the vaccinations.

Let the health professional know if you have any fears of needles – they will be very understanding and can support you.

What if my child is ill on the day?

If your child has a minor illness without a fever, like a cold, they should have the vaccination as normal.

If your child is ill with a fever, delay the vaccinations until they have recovered. Otherwise, the fever might wrongly be linked to the vaccine.

What if I miss the appointment?

It's important that you follow the Immunisation Programme schedule. But if your baby or child missed an immunisation, you can speak to your health professional to arrange a new appointment. The immunisations can be continued from where they stopped without having to start again.

The only exception is for the rotavirus vaccine. The first dose must be given before your baby is 15 weeks old, and the second before 24 weeks (see page 14).

I'm worried my child will be upset by having an injection

It's natural to worry that your child's vaccination will hurt.

Your child may feel some discomfort and be upset for a few minutes, but they will usually settle down after a cuddle.

After vaccination...

Will there be any side effects from the vaccines?

As with all medicines, there may be side effects after vaccination, but they're usually mild.

Your child might get a little redness, swelling or tenderness where the injection was given. This will disappear on its own.

Side effects can happen with all medicines, but vaccines are among the safest.

Some children can have a fever, be a bit irritable or feel unwell. You can give them infant paracetamol. Read the instructions on the bottle carefully and give your child the correct dose for their age. If necessary, give them a second dose four to six hours later.

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

You can report suspected side effects of vaccines and medicines through the Yellow Card Scheme. Visit **www.yellowcard.mhra.gov.uk** or call the hotline free on **0800 731 6789** (available Monday to Friday, 9 am to 5 pm).

The MenB vaccine section (pages 16–17) explained that fever is more likely when MenB vaccine is given with the other vaccines at 8 and 16 weeks of age. Infant paracetamol should be given to babies after each of these immunisation appointments. You might want to look at these pages again before reading on, or see the leaflet **What to expect after immunisation: babies and children up to 5 years.**

There's no evidence that putting your child in a bath, sponging them down or putting a fan on will lower the fever, but it may be comforting for them.

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

Sometimes, fever following immunisations can cause a febrile seizure (a fit). Most children who have febrile seizures recover fully. A fit that occurs a short time after immunisation might not have been caused by the vaccine or the fever. It could be due to a health condition.

If your child has a fit after a vaccination, contact your GP, who may refer you to a specialist for advice about further tests and future immunisations.

If your child has a fever, make sure they do not have too many layers of clothes or blankets on. You could also turn down the heating and offer them extra drinks (if you are breastfeeding, your child may feed more often).

Even more rarely, children can have a severe reaction within a few minutes of the vaccination, where they have breathing difficulties and collapse. This is called an anaphylactic reaction.

For every million children who are vaccinated, only one will have an anaphylactic reaction.

The health professionals who give vaccinations are trained to deal with anaphylactic reactions and children recover completely with treatment.

How long do I have to wait before I can take my baby swimming?

You can take your baby swimming at any age, both before and after their vaccinations.

Call your GP or NHS 24 on 111 immediately if, at any time, your child has a temperature of 39°C or above, or if your child is having a fit. If you think your child might be seriously ill, trust your instincts and seek urgent medical advice.

Vaccines for babies and children **who need extra protection**

The following vaccines are not part of the Immunisation Programme shown in the table at the back of this booklet, but your baby may need them.

The BCG vaccine helps protect against tuberculosis (TB)

TB is usually an infection of the lungs, but can also affect other parts of the body, like the lymph glands, bones, joints and kidneys. Most cases can be cured with treatment.

TB can also cause a very serious form of meningitis.

The germ that causes TB is spread through the air from person to person.

The Bacillus Calmette–Guérin (BCG) vaccine is offered to babies who:

- are more likely to come into close and prolonged contact with someone with TB
- have lived in an area with high rates of TB
- have parents or grandparents who come from a country with a high rate of TB.

The vaccine may be given while mum and baby are still in hospital, but can also be given later.

For more information on TB, please read the leaflet **Protect your baby against TB.** Information is also available at **www.nhsinform.scot/bcg**

The hepatitis B (HepB) vaccine helps protect against hepatitis B

The six-in-one vaccine section (pages 8–11) explained that hepatitis is an infection of the liver caused by viruses. The HepB vaccine helps protect against the B type of hepatitis, but not against hepatitis caused by the other types of the virus.

The HepB virus can be passed through infected blood from mothers to their babies. Pregnant women in the UK are offered a HepB test during their antenatal care.

The HepB vaccine is now part of the Immunisation Programme through the six-in-one vaccine, but extra doses are offered to babies who:

- were born to mothers who have HepB
- live in a house where someone is infected with HepB.

For more information on HepB, please read the leaflet **Hepatitis B immunisation: for babies born to mothers with hepatitis B.** Information is also available at **www.nhsinform.scot/hepb**

Flu vaccine for babies and children with a health condition

Flu – what it is, what risks it brings and how it's spread – was covered in the flu vaccine section on pages 24–25. You might want to look at these pages again before reading further.

For children with health conditions getting flu can be even more serious. Children with underlying health conditions are offered an annual flu vaccine from 6 months of age.

We highly recommend that babies with the following conditions get the free flu vaccine every year:

- chronic respiratory disease
- chronic heart disease
- chronic kidney disease
- chronic liver disease
- chronic neurological disease
- diabetes
- immunosuppression
- either not having a spleen or having a spleen which does not work properly, which makes the baby more likely to catch infections.

Immunisations if your child is going abroad

If your child is going abroad, make sure their routine immunisations are up to date. Your child may also need extra immunisations.

Information on travel immunisations can be found on the NHSScotland website, at **www.fitfortravel.nhs.uk**

Contact your health professional or travel clinic at least eight weeks before you travel for up-to-date information on immunisations your child may need if going abroad. There is no immunisation against malaria, but your health professional will give you advice on drugs that protect against malaria.

Notes

Please use this page to write down any questions you may have for the health professional at your child's immunisation appointment.

How the NHS handles your 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 the NHS uses your personal information in accordance with the General Data Protection Regulation (GDPR), visit **www.nhsinform.scot/confidentiality** and **www.nhsinform.scot/data-protection**

When to immunise	Diseases protected against	Vaccine given
8 weeks old	• Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (HepB)	• Six-in-one (DTaP/IPV/Hib/HepB)
	• Rotavirus	• Rotavirus
	• Meningitis B (MenB)	• MenB
12 weeks old	• Diphtheria, tetanus, whooping cough, polio, Hib and HepB	• Six-in-one (DTaP/IPV/Hib/HepB)
	• Pneumococcal disease	• Pneumococcal
	• Rotavirus	• Rotavirus
16 weeks old	• Diphtheria, tetanus, whooping cough, polio, Hib and HepB	• Six-in-one (DTaP/IPV/Hib/HepB)
	• Meningitis B (MenB)	• MenB
Between 12 and 13 months old – within a month of the first birthday	• Hib and meningitis C (MenC)	• Hib/MenC
	• Pneumococcal disease	• Pneumococcal
	• Measles, mumps and rubella (German measles)	• MMR
	• Meningitis B (MenB)	• MenB
Every year from age 2 until the end of secondary school	• Influenza (flu)	• Flu
3 years 4 months old or soon after	• Diphtheria, tetanus, whooping cough and polio	• Four-in-one (DTaP/IPV or dTaP/IPV)
	• Measles, mumps and rubella (German measles)	• MMR (check first dose has been given)
11 to 13 years old	• Cancers caused by human papillomavirus (HPV) including cervical cancer (in women) and some head and neck, and anogenital cancers (in men and women)	• HPV
Around 14 years old	• Tetanus, diphtheria and polio	• Td/IPV, and check MMR status
	• Meningitis ACWY (MenACWY)	• MenACWY

Correct at the time of printing, but subject to change. For the most up-to-date timetable visit:

www.nhsinform.scot/immunisation

Translations | Easy read | BSL | Audio | Large print | Braille

For more information, or for translations and other formats:

www.nhsinform.scot/immunisation

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