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A guide to
pre-school immunisations
for 3 to 5 year-olds



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Introduction

This guide is for parents of children aged three to five years old. It provides information on the routine immunisations that are given to children before they start school to protect them from serious childhood diseases. It also describes these diseases and explains why young children need protection against them. It also answers some of the most common questions about pre-school immunisation.

In particular, it describes new vaccines called dTaP/IPV or DTaP/IPV that boost the protection your child got as a baby from their primary (first) immunisations against diphtheria, tetanus, pertussis (whooping cough) and polio. See page 9 for an explanation of the differences between dTaP/IPV and DTaP/IPV.

If you have more questions or you want more information, talk to your doctor, health visitor or practice nurse.

You can also visit the websites at www.healthscotland.com/immunisation and www.healthscotland.com/mmr, or call the NHS Helpline, Freephone 0800 22 44 88.

Why has the vaccine against diphtheria, tetanus, whooping cough and polio been changed?

As polio has mostly been wiped out through a worldwide vaccination programme, the risk of polio infection being brought into the UK is very low. This means that a switch can be made from the 'live' oral polio vaccine (OPV, given by mouth) that provides better community-wide protection, to the 'inactivated' polio vaccine (IPV), which provides effective individual protection for your child.

What is the benefit of the new vaccine?

As the polio vaccine is inactivated (that is, it is not live), it does not carry the slight risk of causing vaccine-associated paralytic polio (that is, when the vaccine itself causes paralysis) that the previous live oral vaccine carried.

But my daughter was given the old vaccine when she had her first three immunisations as a baby. Is it all right for her to have the new vaccine now?

The old and new vaccines are compatible, so she will be fully protected as long as she completes the programme of immunisations (see back cover).

There is more detailed information about the new vaccines in the *Factsheet* which you can get from the website below or from your doctor's surgery or practice nurse. If you have more questions about the new vaccine or any of the other ones described in this leaflet, speak to your doctor, health visitor or practice nurse.

You can also visit www.healthscotland.com/immunisation or call the NHS Helpline, Freephone 0800 22 44 88.

Timetable of pre-school immunisations

These immunisations are due about three years after your child has completed the immunisations they had when they were two, three and four months old. You will receive an appointment for you to bring your child for their pre-school immunisations.

Vaccine	How it is given	Comments
Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection	This is a booster dose of the vaccine your child had as a baby, but without the Hib part.
Measles, mumps and rubella (MMR)	One injection	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 they should have their second dose in three months' time.)

Common questions about pre-school immunisations

Why does my child need to be immunised at this age?

Protection (immunity) against diphtheria, tetanus, whooping cough and polio can fade over time. Also, immunity to measles, mumps and rubella may not develop after a single dose of the MMR vaccine. The pre-school immunisations – often called pre-school boosters – will top up your child's level of antibodies (the substances our bodies produce to fight off disease and infection) and help to keep them protected.

When you take your child for their pre-school immunisations, you will have the chance to make sure their other immunisations are up to date.

How does immunisation work?

Vaccines contain 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. If your child comes into contact with the infection, the antibodies will recognise this and be ready to protect him or her.

Because vaccines have been used so successfully in the UK, diseases such as polio and diphtheria have effectively disappeared from this country.

If your child missed any of their immunisations as a baby or toddler, this is a good time to ask the surgery or clinic about catch-up doses. It is never too late to have your child immunised. You don't have to start the course of immunisations from the beginning again.



How do we know that vaccines are safe?

Before a vaccine is licensed, its safety and effectiveness have to be thoroughly tested. After they have been licensed, the safety of vaccines continues to be monitored. Any rare side effects that are discovered can then be assessed further. All medicines can cause side effects, but vaccines are among the very safest. Research from around the world shows that immunisation is the safest way to protect your child's health.

Do these vaccines contain thiomersal?

Thiomersal is a mercury-based preservative (see glossary on page 21). These new pre-school vaccines do not contain thiomersal.

We don't hear about most of these diseases any more, so are these immunisations really necessary?

Since immunisation was introduced in the UK, the number of children catching these diseases has fallen to an all-time low. But if children do not continue to be immunised, the diseases will come back. The diseases are still around in Europe and throughout the world and, as people travel more, there is always a risk that the diseases will be brought into the country and your child will catch them.

Will there be any side effects from the vaccines?

There may be side effects, but they are usually mild. Your child may get a little redness or swelling where the injection was given. This will disappear on its own. Some children may get a fever. You can treat the fever by giving your child paracetamol or ibuprofen liquid. 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. If your child's temperature is still high after they have had a second dose, speak to your doctor or call the NHS Helpline, Freephone 0800 22 44 88.

**Remember,
never give
aspirin to children
under 16 years old
unless on the
advice of
a doctor.**

I'm worried that my son may have allergies. Can he have the vaccine?

Asthma, eczema, hay fever and allergies do not prevent your child having any vaccine in the routine childhood immunisation programme. If you have any questions, speak to your doctor, health visitor or practice nurse.

Are some children allergic to vaccines?

Very rarely, children can have an allergic reaction soon after immunisation. This may be a rash or itching affecting part or all of the body. The doctor or nurse giving the vaccine will know how to treat these reactions. Even more rarely, children may have a severe reaction within a few minutes of the immunisation, which causes breathing difficulties and can cause the child to collapse. This is called an anaphylactic reaction. A recent study has shown that only one anaphylactic reaction is reported in about half a million immunisations given.

An anaphylactic reaction is a severe and immediate allergic reaction that needs urgent medical attention.

The people who give immunisations are trained to deal with anaphylactic reactions and as long as they are treated quickly, children recover completely.

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

There are very few children who cannot be immunised.

The vaccines should **not** be given to children who have had:

- a confirmed anaphylactic reaction to a previous dose of the vaccine, or
- a confirmed anaphylactic reaction to neomycin, streptomycin, or polymyxin B (antibiotics used in vaccines).

There are no other reasons that these vaccines should definitely not be given. If you are worried, talk to your health visitor, practice nurse or doctor.

What if my child is ill on the day of the appointment?

If your child is ill with a fever, put off the immunisation until the child has recovered. This is to avoid the fever being associated with the vaccine, or the vaccine increasing the fever your child already has. However, if your child has a minor illness without a fever, such as a cold, they should have their immunisations as normal.

If your child:

- has a bleeding disorder, or
- has had a fit **not** associated with fever

speak to your doctor, health visitor or practice nurse before your child has any immunisation.

What are fits?

Fits are often called seizures or convulsions. Some are associated with fever and some are not.

In the first five years of a child's life, the most common type of fit is caused by fever (this may be called a febrile seizure or febrile convulsion). Sometimes immunisation is followed by a fever that may cause a febrile seizure. The outlook for most children who have febrile seizures is very good.

When a seizure occurs within a short time after immunisation, it might not have been caused by the vaccine or the fever. It could be due to an underlying medical condition.

If your child has a fit after an immunisation, contact your doctor who may refer you to a specialist for advice about further investigations and future immunisations.

If the surgery is closed or if you can't contact your doctor, go straight to the emergency department of your nearest hospital.

What about the MMR vaccine? Are there any other reasons why my child should not receive this vaccine?

MMR is a live vaccine (that is, it contains live viruses). Children who are 'immunosuppressed' should not, in general, receive live vaccines.

Children who are immunosuppressed include those:

- whose immune system is suppressed because they are undergoing treatment for a serious condition such as a transplant or cancer, or
- who have any condition which affects the immune system, such as HIV or AIDS.

If this applies to your child, you must tell your doctor, health visitor or practice nurse before the immunisation. They will get specialist advice.

Immunisations for pre-school children

dTaP/IPV or DTaP/IPV vaccine

Booster given at three years four months to five years of age

This new vaccine boosts the immunisations that were given to your child at two, three and four months of age. It protects against diphtheria, tetanus, pertussis (whooping cough) and polio.

What is diphtheria?

Diphtheria is a serious disease that usually begins with a sore throat and can quickly develop to cause breathing problems. It can damage the heart and nervous system and, in severe cases, it can kill.

What is tetanus?

Tetanus is a painful disease that affects the muscles and can cause breathing problems. It is caused when germs that are found in soil and manure get into the body through open cuts or burns. Tetanus affects the nervous system and can kill.

What is pertussis (whooping cough)?

Whooping cough is a disease that can cause long bouts of coughing and choking which can make it hard to breathe. It can last for up to ten weeks. It is not usually serious in older children, but it can be very serious and can kill babies under one year old.

What is polio?

Polio is a virus that attacks the nervous system and can permanently paralyse the muscles. If it affects the chest muscles or the brain, polio can kill.

How effective are the new pre-school vaccines?

Studies have shown that the vaccines are very effective. The booster will not only protect your child, it will also prevent the infections from being passed on to babies who are too young to have had all of their immunisations.

Are there any side effects from the new vaccines?

Your child may have some redness and swelling where they had the injection, but this will usually disappear in a few days.

A hard lump may appear in the same place but this will also go, usually over a few weeks. Occasionally, children may be unwell and irritable and develop a temperature, headache, sickness and swollen glands.

What is the difference between dTaP/IPV and DTaP/IPV, and does the difference matter?

Diphtheria vaccines are produced in two strengths, depending on how much diphtheria toxoid (the toxin produced by diphtheria bacteria that has been inactivated) they contain. The two strengths are abbreviated to 'D' for the high strength and 'd' for the low strength. There are two vaccines available for use in the pre-school booster-one containing the high-strength diphtheria (DTaP/IPV) and the other containing low-strength diphtheria (dTaP/IPV). Both vaccines have been shown to provide good responses, so it doesn't matter which one your child has for their pre-school booster.

MMR vaccine

Second dose given pre-school

The MMR vaccine protects against measles, mumps and rubella.

What is measles?

Measles is caused by a very infectious virus. Nearly everyone that catches it will have a high fever, a rash and generally be unwell. Children have to spend about five days in bed and may be off school for ten days. Adults are likely to be ill for longer. It is not possible to tell who will be seriously affected by measles. The complications of measles affect one in every 15 children. The complications include chest infections, fits, encephalitis (swelling of the brain), and brain damage. In very serious cases, measles kills.

How is it spread?

Measles is one of the most infectious diseases known. A cough or a sneeze can spread the measles virus over a wide area. Because it's so infectious, the chances are your child will get measles if he or she is not protected.

What is mumps?

Mumps is caused by a virus which can lead to fever, headache, and painful, swollen glands in the face, neck and jaw. It can result in permanent deafness, viral meningitis (swelling of the lining of the brain) and encephalitis. It can also cause painful swelling of the testicles in males post-puberty and the ovaries in females. Mumps lasts about seven to ten days.

How is it spread?

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

What is rubella?

Rubella (German measles) is a disease caused by a virus. In children it is usually mild and can go unnoticed. It causes a short-lived rash, swollen glands and a sore throat. Rubella is very serious for unborn babies. It can seriously damage their sight, hearing, heart and brain. Rubella infection in the first three months of pregnancy causes damage to the unborn baby in up to nine out of ten cases.

This condition is called congenital rubella syndrome (CRS). In many of the cases, pregnant women caught rubella from their own, or their friends' children.

How is it spread?

Rubella is spread in the same way as measles and mumps. It is about as infectious as flu.

How effective is the MMR vaccine?

In 1987, the year before the MMR vaccine was introduced in Scotland, 2,695 children were reported to have caught measles and one died. In 2003, there were 15 confirmed cases of measles in Scotland. The last childhood death from measles was in 1992.

Before the MMR vaccine was introduced, mumps was the most common cause of viral meningitis in children under 15. It led to 80 to 160 people going into hospital each year in Scotland. Now there are almost no cases of meningitis caused by mumps. But if children aren't immunised with the MMR vaccine, they are at risk of getting mumps.

In each of the five years before the MMR vaccine was introduced, there were around 43 cases of congenital rubella syndrome in the UK each year. In the last four years, there has been an average of fewer than two cases every year. All but one of these cases was caught abroad. The other case was linked to an outbreak of rubella that began in this country after someone caught the disease abroad. It is important that all children (boys and girls) are protected against rubella to prevent the number of cases increasing.

Although all three diseases are uncommon in the UK, children who are not immunised are still at risk of catching them. In order for everybody to be protected, over 95% of children need to be immunised so the diseases cannot circulate. However, immunisation levels are currently below this and outbreaks of measles have occurred in children who have not been properly protected.



Immunising your child with two doses of the MMR vaccine will give them the best protection. In Finland where immunisation rates of MMR have remained high, two doses of MMR have been routinely given since 1982. This has led to measles, mumps and rubella being wiped out in Finland.

Why does my child need two doses of MMR vaccine?

Your child needs a second dose of MMR because it doesn't always work perfectly the first time. Some children who have only one dose of the vaccine might not be protected against one or more of the diseases.

If your child has not had an MMR vaccination before, they should have the first dose now and the second dose after three months.

Two doses of the MMR vaccine are routinely given across Europe as well as in the US, Canada, Australia and New Zealand. By giving your child a second dose of the MMR vaccine, you can make sure they have the best possible protection for the future.



Are there any side effects from the second (pre-school) dose of the MMR vaccine?

It is even less common to have side effects after the second dose than after the first dose. When side effects do happen, they are usually milder.

The three different viruses in the vaccine act at different times and can produce the following side effects.

- Six to ten days after the immunisation, some children may become feverish, develop a measles-like rash and go off their food as the measles part of the vaccine starts to work.
- 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 vaccination. This is usually caused by the measles or rubella parts of the vaccine. If you see spots like these, take your child to the doctor to be checked. He or she will tell you how to deal with the problem and protect your child in the future.

If your child gets any of these reactions, he or she will not be infectious and can mix with other people as normal.

- Very rarely, a child may have a fit caused by a fever. This is called a 'febrile convulsion' (see page 7). However, if a child has not been immunised and gets measles, they are much more likely to have a fit.
- Fewer than one child in a million develops encephalitis (swelling of the brain) after the MMR vaccine, and there is very little evidence that it is caused by the vaccine. However, if a child catches measles, the chance of developing encephalitis is between one in 200 and one in 5000. Around a third of these children will be left with permanent brain damage.

MMR is a live vaccine. Does this mean my child can pass the infection to other people?

No, your child will not be infectious.

Egg allergies

The MMR vaccine **can** be given to children who have had a severe allergy (anaphylactic reaction) to egg. If you have any concerns, talk to your doctor, health visitor or practice nurse.

A while ago I read in the news that some people are saying that the MMR vaccine could cause autism and bowel disease.

How do I know that MMR is truly safe?

There have been stories in the press suggesting a link between the MMR vaccine and autism and bowel disease. Independent experts from around the world looked very carefully at this possibility and there is still no credible scientific evidence of a link between MMR and autism or bowel disease – and there is a lot of research that shows there is no link. The MMR vaccine has been used in over 100 countries and it has an excellent safety record. If you want more information, ask your health visitor, practice nurse or doctor for a copy of the leaflet *MMR: Your questions answered* or look on the website www.healthscotland.com/mmr.

Wouldn't it be better for my child to have MMR in separate vaccines?

No. The World Health Organization advises against giving separate vaccines. No country in the world recommends it, where MMR is available. Giving the vaccines separately leaves children at risk of catching measles, mumps or rubella between the three injections. There is no evidence that single immunisations are safer than the MMR vaccine.

Pre-school immunisations give your child the best protection before they start school. If your child has missed any immunisations, they can have them now. Talk to your doctor, health visitor or practice nurse.

Remember, these will be the last routine immunisations your child will receive before they are offered the BCG vaccine against tuberculosis (TB) when they are 10 to 14 years old. Between the ages of 13 and 18 your child will be offered a final set of booster immunisations to protect them as adults.

Other immunisations

Flu vaccine

Protecting 'at risk' children from flu

The flu vaccine is advised for some children who already have another illness which makes them less able to fight flu, or flu may make their existing illness worse. These illnesses include:

- serious respiratory conditions, e.g. severe asthma requiring regular inhaled or oral steroid medication
- diabetes
- serious heart conditions
- severe kidney disease
- immunosuppression from a serious disease like cancer or its treatment
- problems with the spleen because it has been removed or doesn't work properly.

If you think this applies to your child ask your doctor, health visitor or practice nurse.

The best time to have the flu vaccine is between September and early November before flu starts circulating. The vaccine needs to be given annually. Children under 12 receiving flu vaccine for the first time need two doses.

Pneumococcal vaccine

Protecting 'at risk' children from pneumococcal disease

The pneumococcal vaccine is also advised for some children with the illnesses listed above which make them at greater risk from pneumococcal infection. If you think this applies to your child ask your doctor, health visitor or practice nurse. Unlike the flu vaccine, the pneumococcal vaccine provides several years' protection and does not need to be given each year.

Meningitis and septicaemia

What are meningitis and septicaemia?

Meningitis is swelling of the lining of the brain. The same germs that cause meningitis may cause septicaemia (blood poisoning). Both meningitis and septicaemia are very serious in young children and must be treated straight away.

Although your child has been immunised against Hib and meningitis C, these vaccines will not protect them against other types of meningitis and septicaemia. So it's important to know the signs and symptoms.

What are the signs and symptoms of meningitis?

Early symptoms of meningitis are mild and they are similar to the symptoms of flu (for example, a fever, vomiting, being irritable and pain in the back or joints). But the most important signs to look out for are:

- red or purple spots that don't fade when you press them (**do the glass test explained below**)
- a stiff neck (check that your child can kiss their knee, or touch their forehead with their knee)
- sleepiness or confusion
- a very bad headache, and
- a dislike of bright lights.

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.



If your child develops one or more of the symptoms described here, get medical help urgently. If you can't get in touch with your doctor, or are still worried after getting advice, trust your instincts and take your child to the emergency department of your nearest hospital.

Where can I get more information?

The Meningitis Research Foundation, the Meningitis Trust and the Meningitis Association of Scotland all provide information on meningitis.

Phone the Meningitis Research Foundation's free 24-hour helpline on 080 8800 3344 or visit the website at www.meningitis.org.

Phone or fax the Meningitis Trust's 24-hour helpline on 0845 6000 800 or visit the website at www.meningitis-trust.org.

Phone or fax the Meningitis Association of Scotland on 0141 427 6698 or write to them at 9 Edwin Street, Glasgow G51 1ND.

Travel advice

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

Contact your doctor or practice nurse well in advance for up-to-date information on the immunisations your child may need, or look at the NHS website www.fitfortravel.nhs.uk. Courses of most travel vaccines can be given over a four-week period, but more time will be needed if a course of the DTaP/IPV/Hib vaccine has to be given. If you find that you have less time before departure, it is still worth attending a clinic.

Your child may need to be immunised against other diseases such as yellow fever, and have a vaccination certificate as proof, before they can enter some countries. The certificate becomes valid and effective ten days after the vaccination is given.

Watch out for malaria

Malaria is a serious infection that you can catch from being bitten by an infected mosquito. It is a major problem in some tropical countries. If you are travelling to an area where there is malaria, your child will need protection. There isn't an immunisation against malaria, but your doctor will be able to give you advice on taking anti-malarial drugs.

Anti-malarial drugs do not provide complete protection, and they can be quite difficult to give to children.

Avoiding mosquito bites

Do all you can to prevent your child from getting bitten by mosquitoes.

- During the day and night, use clothes that cover the arms and legs.
- Use insect repellent on the skin and a mosquito net soaked in insecticide.

Ask your pharmacist for advice about insect repellent suitable for children.

For more information

You can get *Health Advice for Travellers*, an information leaflet produced by the Department of Health, from the Post Office (ask for leaflet T6 — this contains form E111 for use in most European countries) or ring the free Health Literature Line on 0800 555 777, between 8am and 6pm, and ask for leaflet T6. You can also get further information on the Department of Health website at www.dh.gov.uk and the NHS Scotland website www.fitfortravel.nhs.uk.

Vaccine Damage Payment Scheme

Most immunisations are given without any trouble at all, but very occasionally there may be problems. This scheme is designed to ease the present and future burdens of the person affected by the vaccine and their family. It covers all the vaccines described in this booklet except the hepatitis B vaccine. There are several conditions that need to be met before a payment can be made. If you need more information, please contact:

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, speak to your doctor, health visitor or practice nurse or call the NHS Helpline, Freephone 0800 22 44 88.

For more information or to ask questions visit www.healthscotland.com/immunisation and www.healthscotland.com/mmr.



Glossary

This glossary describes some of the terms you might come across when your child has their immunisations.

Acellular pertussis vaccine

Whooping cough vaccine containing only parts of the cells which can produce immunity in the person receiving the vaccine.

Anaphylactic reaction

An immediate and severe allergic reaction which needs urgent medical attention. Also referred to as anaphylaxis.

Contraindication

A reason why a vaccine should not be given.

dTaP/IPV and DTaP/IPV

Combined vaccines that protect against four different diseases – diphtheria, tetanus, pertussis (whooping cough) and polio. They contain low or high dose diphtheria toxoid, tetanus toxoid, acellular pertussis vaccine and inactivated polio vaccine. They are given to children aged three years four months to five years old as a pre-school immunisation.

DTaP/IPV/Hib vaccine

A combined vaccine that protects against five different diseases – diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b (Hib). It contains high dose diphtheria toxoid, tetanus toxoid, acellular pertussis vaccine, inactivated polio vaccine and Hib vaccine. It is given to babies at two, three and four months of age.

Inactivated polio vaccine (IPV)

Polio vaccine made from viruses that have been killed.

Neomycin

An antibiotic used in vaccines to prevent contamination by bacteria.

Polymyxin B

An antibiotic used in vaccines to prevent contamination by bacteria.

Streptomycin

An antibiotic used in vaccines to prevent contamination by bacteria.

Td/IPV

A combined vaccine that protects against three different diseases – tetanus, diphtheria and polio. It contains tetanus toxoid, low-dose diphtheria toxoid and inactivated polio vaccine. It is given to young people aged 13 to 18 years old to top up their levels of protection against the three diseases.

Thiomersal

Thiomersal is a mercury-based preservative that has been used in vaccines, including the previous DTP-Hib vaccine, for more than 60 years. It was added to vaccines to prevent contamination. The World Health Organization's Global Advisory Committee on Vaccine Safety recently reviewed the safety of thiomersal and found that there is no evidence of any nervous system risk to infants and children (or adults) exposed to the levels of thiomersal in vaccines. The UK's independent expert advisors have also found no problems with using thiomersal vaccines.

However, it is a worldwide goal to reduce exposure to mercury from all avoidable sources, so as a precautionary measure it has been recommended that vaccine manufacturers should phase out the use of thiomersal wherever possible.

Toxoid

An inactivated bacterial toxin that stimulates an immune response when used in a vaccine.

Whole cell pertussis vaccine

Whooping cough vaccine that is made using the killed, whole cells of pertussis bacteria. Whole cell pertussis vaccine is no longer used in the routine childhood immunisation programme.

Immunisation Timetable

When to immunise	What vaccine is given	How it is given
Two, three and four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	MenC	One injection
Around 13 months old	Measles, mumps and rubella (MMR)	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
10 to 14 years old (or sometimes shortly after birth)	BCG (against tuberculosis)	Skin test then, if needed, one injection
13 to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection

Translations are also available from local NHS Boards and on the Health Scotland website in Arabic, Bengali, Chinese, Gaelic, Gujarati, Hindi, Punjabi, Urdu and Turkish. Alternative languages and formats are available on request.