

# Pre-school immunisations

A guide to vaccinations (from two to five years)

▶ Includes information on the nasal flu vaccine





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# Introduction

This guide is for parents or guardians of children aged two 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 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.

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

You can also visit [www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations) or call the **free NHS helpline 111**



## Timetable of pre-school immunisations

The first winter after your child turns two years of age he or she becomes eligible for the new nasal flu vaccine, this will be due every winter until your child goes to school. Three immunisations are due at about three years and four months of age. These vaccines update the protection your child should have completed as a baby or at 12 months of age. You will receive an appointment for you to bring your child for their pre-school immunisations.

The table below shows the pre-school immunisations your child will be offered. These immunisations will make sure that your child has the best protection against serious childhood diseases as they grow up.

Vaccine	How and when it is given	Comments
Flu	Nasal spray Each year from September	This vaccine is given at two, three and four years of age. 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 at 3 years and four months of age	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 at 3 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 one month later)

# Common questions about pre-school immunisations

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

**The flu vaccine will protect your child against flu during the winter but will need to be given every year because the viruses that cause flu change very frequently.**

The pre-school immunisations – often called pre-school boosters – will update or top up your child's level of antibodies (which their bodies produce to fight off disease and infection) and help to keep them protected. Protection (immunity) against diphtheria, tetanus, whooping cough and polio from the immunisations given to babies can fade over time. Sometimes, complete immunity to measles, mumps or rubella does not develop after a single dose of the MMR vaccine – so this gives them a second chance.

When you take your child for their pre-school immunisations, it is important to make sure all their other immunisations are up to date.

## How do vaccines 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 it and be ready to protect him or her. Because vaccines have been used so successfully in the UK, diseases such as polio have 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. You don't have to start the course of immunisations from the beginning again but you can catch up to make sure your child is fully protected. It is never too late to have your child immunised.

### **How do we know that vaccines are safe?**

Before a vaccine is allowed to be used, 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.



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

Because of the effective immunisation programmes in the UK, the number of children catching these diseases is now very low. But if children do not continue to be immunised, the diseases will come back, as seen recently in some parts of Europe. Many of these diseases are still around in other parts of the world and your child may be at risk if you travel with your family. With more people coming to visit this country, there is always a risk that your child could come into contact with the infections.

## **Will there be any side effects from the vaccines?**

Any side effects that occur are usually mild. Your child may get a little redness, swelling or tenderness where the injection was given that will disappear on its own. Some children may get a fever that can be treated with paracetamol 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 of paracetamol liquid, speak to your doctor or call the free **NHS helpline 111**.

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

## **I'm worried that my child may have allergies. Can they have the vaccine?**

If your child has a severe asthma or a very severe allergy to eggs, then they may be offered the flu jab rather than the nasal spray or they might be vaccinated in a special clinic. Otherwise, asthma, eczema, hay fever, food intolerances and allergies should not prevent your child having the vaccines in the routine childhood immunisation programme. If you have any questions, speak to your doctor, practice nurse or health visitor.

## **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 this. It is not a reason to withhold further immunisations.

Even more rarely, children can 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 and occurs in only about one in a million immunisations. The people who give immunisations are trained to deal with anaphylactic reactions and children recover completely with prompt treatment.

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

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

There are very few children who cannot be immunised.

- In general, a vaccine should not be given to children who have had a confirmed anaphylactic reaction to a previous dose of the same vaccine.

There are a very small number of children who may not be able to have one or more of the routine vaccines for health reasons. Your health visitor, practice nurse or doctor will ask you about the relevant conditions. You can also discuss with them if you are worried about a specific vaccine.

## **What about the MMR and nasal spray flu vaccine? Are there any other reasons why my child should not receive these vaccines?**

The MMR and nasal flu vaccines are live attenuated vaccines (that is, they contain viruses that have been weakened). Children who are 'immunosuppressed' may not be able to 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 severe primary immunodeficiency.

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

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

If your child has a minor illness without a fever, such as a cold, they should have their immunisations as normal.

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.

If your child:

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

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



## What are fits?

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

In the first five years of a child's life, the commonest 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. Most children who have febrile seizures recover fully.

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



# Immunisations for pre-school children

## Flu vaccine

**Nasal spray given from two to seven years of age\*** (including children in school years 1, 2 and 3)

### What is flu?

Flu is an infectious disease with symptoms that come on very quickly. A bad bout of flu can be much worse than a heavy cold. In children, it causes fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness that can last several days. Flu can lead to painful ear infection, bronchitis and pneumonia – these may be severe.

### What causes flu and how do you catch it?

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.

### How is the vaccine given and how does it work?

The vaccine is given as a nasal spray up each nostril. It is quick and painless. The vaccine contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity, so that when he or she comes into contact with the flu virus they are unlikely to get ill.

\* At appropriate age up to 31<sup>st</sup> August 2016 and also including primary school aged children in the pilots

## **My child had a flu vaccination last year, why do they need another one this year?**

The viruses that cause flu change very frequently, so the vaccine has to be changed to match the viruses and may differ from year to year. The vaccine your child gets this year may well be different from the one they had last year, and next year's may be different again.

## **Why are only certain children being given the flu vaccine?**

In 2013, all two- and three-year-old children were offered flu vaccination. In 2016 children in school years one, two and three are being offered the nasal flu vaccine. In addition, it will be offered to all children with certain medical conditions who are aged between two and 18 years. This is part of a programme that may eventually immunise all children against flu because, by doing this, we may be able to stop them passing flu to their parents, grandparents and other family members.

## **Does the vaccine cause any side effects?**

Serious side effects are uncommon but many children can develop a runny or blocked nose, headache, some tiredness or loss of appetite that last for a short period. The vaccine is absorbed quickly in the nose so, even if your child sneezes immediately after having had the spray, there's no need to worry that it hasn't worked.

## **Are there any children who shouldn't have the nasal vaccine?**

Children may not be able to have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past week (these children should wait until seven days after the wheezing has stopped)
- are severely asthmatic
- are severely allergic to eggs or any part of the vaccine
- have a condition that severely weakens their immune system. Children who are at high risk from flu due to some medical conditions or treatments and cannot have the nasal vaccine, will be offered a flu jab instead.

## **I believe the nasal vaccine contains products derived from pigs (porcine gelatine), which means my child can't have it because of our beliefs.**

The nasal vaccine contains a highly processed form of gelatine (derived from pigs), which is used in a range of many essential medicines. The nasal vaccine provides good protection against flu, particularly in young children.

This nasal vaccine not only protects your child against disease but, if enough children are vaccinated, the disease won't spread from one person to another, and so their friends and family are also protected.

Some faith groups accept the use of porcine gelatine in medical products, others don't – the decision is, of course, up to you. For further information about porcine gelatine and the nasal flu vaccine see [www.gov.uk/government/news/vaccines-and-gelatine-phe-response](http://www.gov.uk/government/news/vaccines-and-gelatine-phe-response)

## **dTaP/IPV or DTaP/IPV vaccine**

### **Booster given at 3 years 4 months**

This 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 disease affecting the nervous system which can lead to muscle spasms, cause breathing problems and can kill. It is caused when germs that are found in soil and manure get into the body through open cuts or burns. Tetanus cannot be passed from person to person.

#### **What is pertussis (whooping cough)?**

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

#### **What is polio?**

Polio is a virus that attacks the nervous system which can cause permanent paralysis of the muscles. If it affects the chest muscles or the brain, polio can kill.

## Are there any side effects from this vaccine?

Your child may have some redness, swelling or tenderness 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 the vaccines used at this age?

There are two different vaccines used at this age which contain slightly different strengths of some of the ingredients. 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. Since 1988, when the MMR vaccine was introduced in the UK, the numbers of cases of measles, mumps and rubella have dramatically reduced.

#### **What is measles?**

Measles is caused by a very infectious virus. Nearly everyone who catches it will have a high fever, a rash and generally be unwell. Children often have to spend about five days in bed and could be off school for ten days. Adults are likely to be ill for longer. The complications of measles affect one in every 15 children. The complications include chest infections, fits, encephalitis (infection of the brain), and brain damage. Measles can kill.

#### **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 and comes near to someone who has measles. Over 95% of children need to be immunised to prevent measles from circulating and causing outbreaks.

#### **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 (infection of the lining of the brain) and encephalitis. Rarely, it causes painful swelling of the testicles in males and the ovaries in females. Mumps lasts about seven to ten days. Before the MMR vaccine was introduced, mumps was the most common cause of viral meningitis in children under 15.

## 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. This condition is called congenital rubella syndrome (CRS). Rubella infection in the first three months of pregnancy causes damage to the unborn baby in up to nine out of ten cases. 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.

## Why does my child need two doses of MMR vaccine?

Even though measles and mumps are uncommon in the UK, children who are not protected are still at risk of catching the infections. Your child needs a second dose of MMR because the vaccine doesn't always work fully the first time. Some children who have only one dose of the vaccine might not be protected against one or more of the diseases.

Thanks to immunisation, the number of cases of measles, mumps and rubella have been reduced. However these diseases have not gone away and there have been outbreaks of measles in recent years. Two doses of the MMR vaccine are routinely given across Europe as well as in the US, Canada, Australia and New Zealand. Immunising your child with two doses of the MMR vaccine will give them the best protection.

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

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

- The three different viruses in the vaccine act at different times and produce the following side effects after the first dose of vaccine.
- Six to ten days after the immunisation, about one in ten children may develop a mild fever and some develop a measles-like rash and go off their food. This can happen when the measles part of the vaccine starts to work, and is normal.
- About one in every 1000 immunised children may have a fit caused by a fever. This is called a 'febrile convulsion', and can be caused by any fever. However, if a child who has not been immunised gets measles, they are five times more likely to have a fit.
- 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 rash.
- Fewer than one child in a million develops encephalitis (inflammation of the brain) after MMR vaccine. However, if a child catches measles, the chance of developing encephalitis is about one in 1000.

Some years ago, there were stories suggesting a link between the MMR vaccine and autism. Research since then has proved that no such link exists.

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

No, your child will not be infectious. It contains weakened versions of live measles, mumps and rubella viruses. Because the viruses are weakened, people who have had the vaccine cannot infect other people.

### **Does the vaccine contain gelatine?**

In the UK we have two MMR vaccines. Both work very well, one contains porcine gelatine and the other doesn't. If you want your child to have the porcine gelatine free vaccine discuss it with your practice nurse or GP.

### **Egg allergies**

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

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



# Watch out for meningitis and septicaemia

## What are meningitis and septicaemia?

Meningitis is infection 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 the signs can come on quickly. If you suspect meningitis or septicaemia get help urgently.

Although your child was immunised as a baby against Hib, meningitis C and some forms of pneumococcal bacteria, all of which cause meningitis and septicaemia, 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 and septicaemia?

Early symptoms of meningitis and septicaemia 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 of **meningitis** to look out for in children are:

- a stiff neck (check that your child can kiss their knee, or touch their forehead with their knees)
- a bad headache (this alone is not a reason to get medical help)
- a dislike of bright lights
- vomiting
- a fever

- drowsy, less responsive and confused
- stiff with jerky movements (convulsions/fits), and
- a rash.

The main signs of **septicaemia** are:

- sleepiness, less responsive, vacant or confused (a late sign)
- severe pains and aches in the arms, legs and joints
- very cold hands and feet
- shivering
- rapid breathing
- red or purple spots that don't fade when you press them (do the glass test explained below)
- vomiting
- a fever, and
- diarrhoea and stomach cramps.

### **What should I do?**

If your child develops one or more of the symptoms described above, 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 nearest hospital with an emergency department.

### **The 'glass' test**

Press the side of a 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.



## Where can I get more information?

These charities provide information, advice and support:

### **Meningitis Research Foundation**

Free helpline 080 8800 3344

(9am to 10pm weekdays, 10am to 8pm weekends and holidays)

[www.meningitis.org](http://www.meningitis.org)

### **Meningitis Now**

24 hour helpline

0808 80 10 388

[www.meningitisnow.org](http://www.meningitisnow.org)

If you would like more information about MMR please visit [www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine.asp](http://www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine.asp)

### **Vaccine Damage Payment Scheme**

Most immunisations are given without any trouble at all, but very rarely there may be problems. The Vaccine Damage Payment Scheme is designed to ease the present and future burdens of the person affected by the vaccinations, and their family. It covers all the vaccines described in this leaflet except 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](mailto:CAU-VDPU@dwp.gsi.gov.uk)

If you want advice on immunisation, speak to your doctor, practice nurse, health visitor or pharmacist, or call the **NHS helpline 111**.

For more information visit [www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations)

# Travel advice for children

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

Contact your doctor's surgery or a travel clinic well in advance for up-to-date information on the immunisations your child may need.

## For more information

You can get more information on NHS Choices at [www.nhs.uk](http://www.nhs.uk) and the Travel Health pro website: <http://travelhealthpro.org.uk>



# Routine childhood immunisation programme from July 2016

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
<b>Two months old</b>	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccination (PCV)
	Meningococcal group B (MenB) <sup>1</sup>	MenB <sup>1</sup>
	Rotavirus gastroenteritis	Rotavirus
<b>Three months old</b>	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib
	Rotavirus	Rotavirus
<b>Four months old</b>	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib
	Pneumococcal (13 serotypes)	PCV
	MenB <sup>1</sup>	MenB <sup>1</sup>
<b>Twelve months old</b>	Hib and MenC	Hib/MenC
	Pneumococcal	PCV
	Measles, mumps and rubella (German measles)	MMR <sup>2</sup>
	MenB <sup>1</sup>	MenB booster <sup>1</sup>
<b>Two to seven years old*</b> (including children in school years 1, 2 and 3)	Influenza (each year from September)	Live influenza vaccine
<b>Three years four months old or soon after</b>	Diphtheria, tetanus, pertussis and polio	DTaP/IPV
	Measles, mumps and rubella	MMR (check first dose given) <sup>2</sup>
<b>Girls aged 12 to 13 years</b>	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)
<b>Fourteen years old</b> (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)
	Meningococcal groups A, C, W and Y disease	MenACWY

\* Age on 31 August 2016.

<sup>1</sup> Only infants born on or after 1 May 2015 are eligible to receive the Men B vaccine, please check with your GP.

<sup>2</sup> Contains porcine gelatine.

## Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required
Asplenia or splenic dysfunction (including sickle cell and coeliac disease) <sup>2</sup>	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to five years of age) PPV (from two years of age)
Chronic respiratory and heart conditions <sup>2</sup> (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions <sup>2</sup> (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Diabetes <sup>2</sup>	Pneumococcal Influenza	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) <sup>2</sup> (including haemodialysis)	Pneumococcal (stage 3, 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to five years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions <sup>2</sup>	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to five 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 <sup>2</sup>	Pneumococcal Influenza	PCV13 (up to five years of age) <sup>1</sup> PPV (from two years of age) Annual flu vaccine
Complement disorders <sup>2</sup> (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (to any age) PPV (from two years of age) Annual flu vaccine

<sup>1</sup> To any age in severe immunosuppression

<sup>2</sup> Consider annual influenza vaccination for household members and those who care for people with these conditions

## Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, 1 and 2 months old and at 12 months old <sup>1</sup>	Hepatitis B	Hepatitis B vaccine (Engerix B / HBvaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country <sup>2</sup>	At birth	Tuberculosis	BCG

<sup>1</sup> Take blood for HBsAg to exclude infection

<sup>2</sup> Where the annual incidence of TB is  $\geq 40/100,000$  – see [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/393840/Worldwide\\_TB\\_Surveillance\\_2013\\_Data\\_High\\_and\\_Low\\_Incidence\\_Tables\\_\\_\\_\\_2\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/393840/Worldwide_TB_Surveillance_2013_Data_High_and_Low_Incidence_Tables____2_.pdf)



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