



## Immunisations Policy

### Rationale

As a Healthy Under 5s setting we want to ensure that we promote the health and well-being of the families in our setting and the wider community through encouraging parents/carers to immunise children and by providing consistent messages to children, parents/carers and staff. We ask that parents inform us if their children are not vaccinated so that we can manage any risks to their own child or other children/staff/parents in the best way possible. It must be made aware of any children who are not vaccinated within the nursery in accordance with their age.

We make all parents aware that some children in the nursery may not be vaccinated, due to their age, medical reasons or parental choice. Our setting does not discriminate against children who have not received their immunisations and will not disclose individual details to other parents. However, we will share the risks of infection if children have not had immunisations and ask parents to sign a disclaimer.

We record, or encourage parents to record, information about immunisations on children's registration documents and we update this information as and when necessary, including when the child reaches the age for the appropriate immunisations.

### Procedure

#### We are of the importance of Immunisation

Immunisation is the safest way of protecting children against serious diseases. Some diseases can kill children or cause lasting damage to their health. Immunisation prepares children's bodies to fight off diseases if they come into contact with them.

We are aware that there has recently been a drop in the number of children being immunised which has caused outbreaks of some vaccine preventable diseases such as measles, mumps, whooping cough and polio.

**We promote positive messages about immunisations and encourage parents/carers to fully immunise their children.**

We confidently approach parents and carers about children’s immunisation status. If a child is not immunised, we encourage parents or carers to go to their GP or talk to their health visitor to find out more about immunisations. There is also information available for parents and carers, including information on what immunisations are given and when. Please visit <https://www.nhs.uk/conditions/vaccinations/NHS-vaccinations-and-when-to-have-them/>

We are confident to share key messages to parents and carers about immunisation, such as:

- Immunisations save lives
- It is important to make sure babies are protected as early as possible
- It is never too late to have a child immunised even if a child has missed an immunisation and is older than the recommended ages
- Vaccines are quick, safe and extremely effective. It is common for children to have some redness, a rash or swelling where the needle goes in, this should only last about a day
- The Measles, Mumps and Rubella (MMR) vaccine does not cause autism
- When a child is immunised it helps to protect the whole community, this is important because some children with medical conditions or allergies cannot have certain vaccines.

We also offer information and advice for parents and carers in preparing children for vaccination injections.

**We have a procedure in place for checking and recording children’s immunisation status**

We understand that it is very important to maintain and keep an up to date record of children’s immunisation status. Some children under my care may be at a higher risk of exposure to infectious diseases due to contact with more children and adults than children at home. Keeping a current record of all children’s immunisation status helps me to quickly identify which parents/carers need to be informed if there is an outbreak of a specific disease. During the registration process parents/carers will be asked to complete a full medical history for their child in their All About Me record book as well as confirming that he/she has received all appropriate immunisations prior to starting at the setting in the admissions paperwork.

Date policy was written	September 2019
Policy review date	September 2020
Action/Amendments to be taken following review	

Routine childhood immunisations			Autumn 2019	
When	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	MenB	MenB	Bexsero	Left thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO <sup>2</sup> or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group <sup>1</sup>	Influenza (each year from September)	Live attenuated influenza vaccine LAIV <sup>2, 3</sup>	Fluenz Tetra <sup>2, 3</sup>	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO <sup>2</sup> or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers 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)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm

1. See Green book chapter 19 or visit [www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) or [www.nhs.uk/conditions/vaccinations/child-flu-vaccine/](http://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/)

2. Contains porcine gelatine.

3. If LAIV (live attenuated influenza vaccine) is contraindicated and the child is in a clinical risk group, use inactivated flu vaccine.

## Selective childhood immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old <sup>1,2</sup>	Hepatitis B	Hepatitis B (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>3</sup>	At birth	Tuberculosis	BCG
At risk children	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

1. Take blood for HBsAg at 12 months to exclude infection.

2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.

3. Where the annual incidence of TB is  $\geq 40/100,000$  – see [www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people](http://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people)