

Advice for Parents

When Any of The **Following** Vaccines Have Been Given-
Diphtheria, Tetanus, Whooping Cough,
Hib and Polio Vaccine
Hepatitis B
Diphtheria, Tetanus and Polio Booster
Pneumococcal Vaccine

You have protected your child against some unpleasant and sometimes fatal diseases. Most children are perfectly well following vaccination.

Some children develop mild side effects. For up to 48 hours after vaccination, your child may develop a temperature, become a little irritable and may not feel like eating. Older children may complain of a headache, sore arm, and joint pains. Occasionally following Men C vaccine these symptoms may continue for up to 4 days



At the injection site a hard-red raised lump may appear and often takes a while to disappear. This is normal. Do not squeeze the lump, leave it alone. Do not cover with plasters, allow the air to get to it as this assists healing. Carry on with normal bathing and swimming but dry well afterwards.

You can help reduce the temperature, headache, sore arm, or joint pains by:



Offering paracetamol sugar free liquid or ibuprofen sugar free suspension as directed on the bottle. Older children will be able to tolerate Paracetamol tablets or Ibuprofen tablets as directed on the packet.

If the temperature does not reduce in 4 hours, repeat the dose.

If the temperature does not reduce after 2 does of paracetamol or ibuprofen seek medical advice

In addition, the following will help with reducing a temperature:



Offering frequent cool drinks, do not worry if children are not hungry, they will eat again once they are feeling better.



Checking the room temperature is not either too hot or too cold.



Checking your child does not have too many clothes or bedclothes on. Never try to sweat out a fever.



Not allowing them to shiver as this will increase the temperature further.

If this does not help or you are worried, seek advice from your doctor or ring NHS 111

Protecting your baby against meningitis and septicaemia

MenB vaccine now available

Information about the MenB vaccine and paracetamol use

From September 2015, a vaccine will be available as part of the NHS childhood immunisation programme, to help protect against MenB disease.

Babies will be offered the MenB vaccine with the other routine vaccinations at two months, four months and 12 months of age. Vaccinating babies at these times helps protect them when they are most at risk of developing MenB disease.

Using paracetamol to prevent fever in babies after the MenB vaccination

Fever can be expected after any vaccination, but is more common when the MenB vaccine is given with the other routine vaccines at two and four months. The fever shows the baby's body is responding to the vaccine, although not getting a fever doesn't mean it hasn't worked.

Giving paracetamol will reduce the risk of fever after vaccination. Your nurse will give you more information about paracetamol at your vaccination appointment.

Infant paracetamol should be on your essential shopping list in preparation for your baby's arrival. If you do not have any paracetamol liquid for infants at home you should get some from your local pharmacy or supermarket ready for your two month vaccination visit.



MenB disease

MenB disease is a serious illness caused by the 'B' strains of meningococcal bacteria. These bacteria are a major cause of meningitis (inflammation of the lining of the brain and spinal cord) and septicaemia (blood poisoning) in young children.

The MenB vaccine

This vaccine is being offered in addition to the MenC vaccine which is given at three months of age and which has been very successful at protecting children against MenC disease but does not protect against other strains of meningococcal bacteria.

The MenB vaccine will not protect against other bacteria and viruses that can cause meningitis and septicaemia. So if you are at

all concerned about your baby at any time, then trust your instincts and speak to your GP or call 111. Additional information and advice on the use of paracetamol following your baby's MenB vaccination will be provided at your baby's routine immunisation appointment.

Further information is available at:
www.nhs.uk

You can also find more information advice and support at:

Meningitis Research Foundation

Free helpline 080 8800 3344

www.meningitis.org

Meningitis Now Helpline from
9am to midnight 0808 80 10 388

www.meningitisnow.org

NHS Choices

www.nhs.uk/vaccinations



Using paracetamol

to prevent and treat fever after MenB vaccination

My baby has just had the MenB vaccine, what should I expect now?

Fever can be expected after any vaccination, but is more common when the MenB vaccine (Bexsero) is given with the other routine vaccines at two and four months. Without paracetamol, more than half of infants will develop a temperature after these vaccines. The fever tends to peak around six hours after vaccination and is nearly always gone completely within two days. The fever shows the baby's immune system is responding to the vaccine, although the level of fever will depend on each child and does not show how well the vaccine will protect your baby.

How can I reduce the risk of fever?

Giving paracetamol soon after vaccination – and not waiting for a fever to develop – will reduce the risk of your child having a fever. With paracetamol, fewer than one in five children will get a fever and nearly all of these are mild (below 39°C). The paracetamol will also reduce the chance of your baby being irritable or suffering discomfort (such as pain at the site of the injection).

Which paracetamol product should I use?

You should use oral **infant paracetamol suspension**. This kind of paracetamol comes in liquid form for use in babies and young children. It has a strength of 120mg/5ml.

If you do not have paracetamol at home when you come for the first vaccination, your immunisation nurse may offer you a sachet of paracetamol and a syringe. The instructions on how to give this to your child are overleaf. You should

then get some oral paracetamol suspension for infants from your local pharmacy or supermarket on your way home. There are various products to choose from (including bottles and sachets) but the type needed is infant paracetamol suspension 120mg/5ml.

*(Note: Junior paracetamol (six plus) is stronger than infant paracetamol (250mg/5ml) and **must not** be used in babies.)*

After which vaccinations should I give my baby paracetamol?

Paracetamol is advised for your baby following the MenB vaccinations. The MenB vaccine is usually given at your baby's first and third immunisation appointments at two months and four months of age.

Paracetamol is not routinely needed after the Men B booster vaccine given at 12 months of age. By this age the baby's risk of fever is the same as after other vaccines.

How much paracetamol should I give?

A total of three doses of 2.5ml (60mg) of paracetamol are recommended following MenB vaccination. You should give the first dose at the time of vaccination or as soon as possible afterwards. You should then give the second dose of paracetamol around four to six hours later and a third dose four to six hours after that (see table).

Dosage and timing of infant paracetamol suspension (120mg/5ml) for use after primary MenB vaccinations (usually at two and four months of age)

Age of baby	Up to 6 months (usually at 2 and 4 months)
Dose 1	One 2.5ml (60mg) dose as soon as possible after vaccination
Dose 2	One 2.5ml (60mg) dose 4-6 hours after first dose
Dose 3	One 2.5ml (60mg) dose 4-6 hours after second dose

The 2.5ml dose should be measured and given either using a syringe or with a 2.5ml spoon (this is usually the small end of the spoon that comes in the pack).

For very premature babies (born before 32 weeks gestation), paracetamol should be prescribed by your doctor according to the infant's weight at the time of vaccination. You should check with your doctor and follow the instructions on the prescription.

What if my baby still has a fever after having had the three doses of paracetamol?

Some babies may still develop fever after vaccination, even after having three doses of paracetamol. In the 48 hours after vaccination, if your baby still has a fever but is otherwise well, you can continue to give your baby the same 2.5 ml dose (60mg) of infant paracetamol (120mg/5ml) suspension.

- **You should always leave at least four hours between doses and never give more than four doses in any 24 hour period.**

You should also keep your baby cool by making sure they don't have too many layers of clothes or blankets, and give them lots of fluids. If your baby is breast-fed, the best fluid to give is breast milk.

- If you are concerned about your baby's health at any time, then trust your instincts and speak to your GP or call NHS 111 in England and 0845 46 47 in Wales for advice.
- If your baby still has a fever more than 48 hours after vaccination you should speak to your GP or call NHS 111 in England and 0845 46 47 in Wales for advice.

The advice in this leaflet only applies if your baby has had the MenB vaccine. If your baby has a fever at any other time you should follow the instructions and dose advice on the product packaging and patient information leaflet.

If a sachet of paracetamol is provided during your baby's immunisation visit, a manufacturer's patient information leaflet will be made available to you on request. www.medicines.org.uk/emc/PIL_21912.latest.pdf

Other common questions:

Should I wake my baby to give paracetamol?

You should always try and give the first dose of paracetamol as soon as possible after the MenB vaccine. However if your baby is sleeping when the next doses are due, don't wake them up. You can give it when the baby next wakes as long as there is at least four hours between each dose.

Is it OK for small babies to have paracetamol?

Paracetamol is approved for managing fever in children from the age of two months. The patient information leaflet that comes with the pack may say that children aged two to three months should only be given two doses before talking to a doctor or pharmacist.

Although paracetamol is safe in very young children, the advice on the packaging is there to avoid parents giving paracetamol to a child with an unexplained fever. Such a fever could be a sign of a serious infection and treating this for too long may delay a parent seeking medical help.

As fever after vaccination is common, however, experts have advised that it is OK to give paracetamol for up to 48 hours after the MenB vaccine without seeking medical advice. Fever in this time period is much more likely to be caused by the vaccine than by an infection. The paracetamol will also make your child feel better, and there is no risk of an over-dose provided you give no more than four 2.5ml doses in any 24 hour period.

The advice to give more than two doses of paracetamol to babies aged two to three months only applies after the baby has had the MenB vaccine. If your baby has a fever at any other time, you should follow the instructions and dose advice on the product packaging and patient information leaflet.

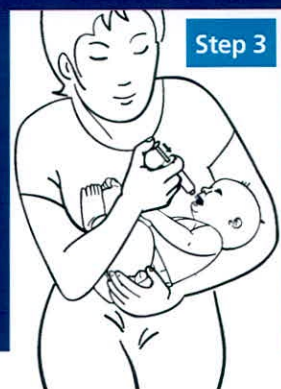
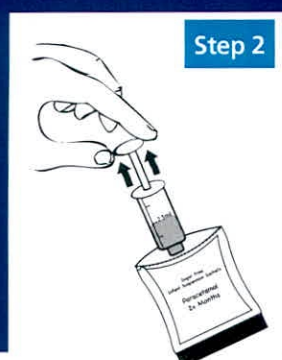
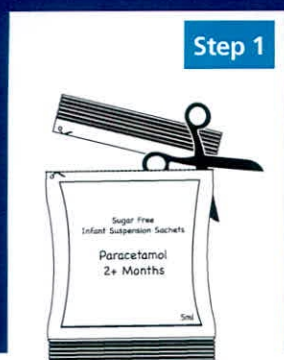
Why does the manufacturer's patient information leaflet (PIL) contain different information?

You will find a patient information leaflet (PIL) in the supply of paracetamol you purchase. The PIL with the infant paracetamol suspension 120mg/5ml may provide different dosing instructions from the experts' recommendations for use following MenB vaccination. Here, in this leaflet, we give the details of the specific recommendations for the use of paracetamol following a MenB vaccination. For full information about the paracetamol product, please see the manufacturers PIL.

Does my baby need paracetamol with the booster vaccinations at 12 months?

By the age of 12 months your baby's risk of fever after MenB vaccine is the same as with the other vaccines. So, your baby does not need to take three doses of paracetamol with their routine 12 month vaccinations. However, if your baby does get fever at home or appears to be in discomfort, you can give your baby infant paracetamol using the dosing schedule for a child of that age as outlined on the instructions in the packet.

HOW TO USE THE INFANT PARACETAMOL SACHET THAT MAY BE PROVIDED BY YOUR PRACTICE NURSE



- **Step 1**
Cut or tear the top off the sachet
- **Step 2**
Put the syringe into the sachet and pull the plunger up to draw up the paracetamol to the 2.5ml mark
- **Step 3**
Give all the paracetamol in the syringe by placing the syringe inside baby's mouth against the cheek and press the plunger slowly to gently release the medicine

Are there any babies who shouldn't have the vaccination?

As set out above, the first vaccination should not be given after 15 weeks of age and no vaccination should be given after 24 weeks.

The vaccination should not be given to babies who:

- have reacted very badly to a previous dose of the vaccine, or to any of the substances that go into the vaccine
- have certain long-term conditions – in which case speak to your GP first
- have a fever, diarrhoea or are vomiting on the day of the appointment, in which cases the visit should be rearranged.

My baby was premature. When should they have the vaccine?

As with all vaccinations, the immunisation schedule should be followed from the actual date of birth, not from the date when the baby was due.

Is it OK to breast-feed my baby after they have the vaccination?

Yes. There are no problems associated with breast-feeding babies who have recently had the rotavirus vaccine.

Will the vaccine stop babies getting any sickness and diarrhoea?

No. Rotavirus isn't the only cause of sickness and diarrhoea in babies, so some may still get unwell. However, the vaccine will stop about eight out of ten babies getting vomiting and diarrhoea caused by rotavirus. And the more babies that have the vaccine, the more difficult it will be for the virus to spread.

Where can I find more information?

To find out more, talk to your GP, health visitor or practice nurse at any time or pick up a more detailed leaflet or Q&A factsheet from your GP surgery. You can also go to the NHS Choices website at www.nhs.uk/rotavirus-vaccine

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To order more copies of this leaflet visit
www.orderline.dh.gov.uk
or phone: 0300 123 1002
Minicom: 0300 123 1003
(8am to 6pm, Monday to Friday)

www.nhs.uk/vaccinations

NHS

Protecting your baby against rotavirus



NHS

Immunisation Information

immunisation

the safest way to protect your baby

From 1 July 2013, the routine childhood immunisation schedule will include a vaccine to protect babies against rotavirus infection – a common cause of diarrhoea and vomiting that can become serious.

This flyer describes the disease and the vaccine that protects against it.

What is rotavirus?

Rotavirus is an infection that causes vomiting and diarrhoea in thousands of young babies every year. Most babies recover at home but, in a small number of cases, rotavirus infection can become serious, with babies getting dehydrated (losing body fluids) and possibly needing hospital treatment.

How is rotavirus spread?

Rotavirus spreads easily through hand to mouth contact and can be picked up from surfaces such as toys, hands or dirty nappies. It can also be spread through the air by sneezing and coughing. Washing hands and keeping surfaces clean can help reduce the spread of the virus but will never completely stop it. Vaccination is a much more effective way to protect babies from getting infected.

When will my baby have the vaccination?

If your baby was born on or after 1 May 2013 he or she will be offered the vaccine from 1 July.

The vaccine will be given with his or her other routine vaccinations at two months of age and again at three months. Your baby needs two rotavirus vaccinations at least four weeks apart to get the best protection.

If he or she misses one of the vaccinations, it can also be given at two and four months of age, or at three and four months.

The first dose of the vaccination will not be given to babies over 15 weeks of age and no vaccine will be given to babies over 24 weeks of age. They can have the second dose if they had their first dose before 15 weeks.

Why can't older babies have the vaccine?

As they get older, some babies – about one in a thousand – get a condition that causes a blockage in their lower gut. It is extremely rare before three months of age and most cases occur between five months and a year. In addition, there is a very small chance (around two in every hundred thousand babies vaccinated) that the first dose of the vaccine might also cause this blockage to develop. To reduce the risk of this happening, the first dose of the vaccine will not be given to babies older than 15 weeks of age.

How is the vaccine given?

Rotavirus vaccine is given as a liquid from a dropper to make it easy for your baby to swallow.

What if my baby spits out the vaccine or vomits immediately after having it?

The drops will be given again.

Will my baby get the rotavirus disease from having the vaccine?

No. The virus in the vaccine is weakened so it doesn't cause the disease. The vaccine helps your baby build up immunity, so the next time he or she comes into contact with the virus they will not get the disease.

Because the vaccine is given by mouth, it's possible that the virus in the vaccine will pass through your baby's gut and be picked up by whoever changes his or her nappy. All those in close contact with recently vaccinated infants

should observe good personal hygiene (e.g. washing their hands after changing a child's nappy).

What if my baby is ill on the day the vaccination is due?

There is no reason to postpone the appointment unless your baby is seriously ill, is vomiting or has diarrhoea, or has a fever. If your baby is well enough to have the other routine vaccines, he or she can have the rotavirus vaccine.

Does the vaccine have any side effects?

Many millions of doses of the vaccine have been used and it has a good safety record. Babies who have had the vaccine can sometimes become restless and tetchy, and some may even develop mild diarrhoea.

In very rare cases (about two in every hundred thousand babies vaccinated), the vaccine can affect the baby's lower gut and they may develop abdominal pain, vomiting, and sometimes they may pass what looks like redcurrant jelly in their nappies. If this happens, you should contact your doctor immediately.



Remember – This phase will stop! Be an **ICON** for your baby and cope with their crying.



Babies Cry, You Can Cope!

- I** Infant crying is normal and it will stop
- C** Comfort methods can sometimes soothe the baby and the crying will stop
- O** It's OK to walk away if you have checked the baby is safe and the crying is getting to you
- N** Never ever shake or hurt a baby

Reminder about Safe Sleeping:

- The safest place for your baby to sleep for the first six months is in a cot in the same room as you.
- It is **not** safe to bring your baby into your own bed to sleep.
- When putting your baby down for a sleep, place them on their back, with their feet at the foot end of the cot.
- Don't let them get too hot – 16-20 degrees celsius is comfortable.
- It is dangerous to sleep with a baby on a sofa or in an armchair, never do this.
- Make sure that your baby is not exposed to cigarette smoke, as this increases their risk of cot death.

You can talk to your Midwife or Health Visitor about all aspects of crying and safe sleeping.

Further information and support

Hampshire Children's Services
Tel: 0300 555 1384

Isle of Wight Children's Services
Tel: 0300 300 0117

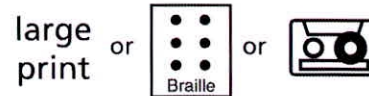
Southampton Children's Services
Tel: 02380 833336

Portsmouth Children's Services
Tel: 02392 839111

National Society for the Prevention of Cruelty to Children (NSPCC)
Tel: 0808 800 5000
www.nspcc.org.uk

Family Rights Group
Tel: 0808 801 0366 www.frg.org.uk

For a translation of this document, an interpreter or a version in



please contact
NHS West Hampshire CCG

☎ 0800 456 1633

-  **Website:** Westhampshireccg.nhs.uk
-  **Facebook:** West Hampshire CCG
-  **Twitter:** @WestHantsCCG
-  **Email:** info@westhampshireccg.nhs.uk

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Babies Cry, You Can Cope!

Infant crying and how to cope



Information for
parents and carers

Quality services, better health



BABIES CRY! Infant crying is normal and it will stop

A baby's cry can be upsetting and frustrating. It is designed to get your attention and you may be worried that something is wrong with your baby.

Your baby may start to cry more frequently at about 2 weeks of age. The crying may get more frequent and last longer during the next few weeks, hitting a peak at about 6 to 8 weeks.

After about 8 weeks, babies start to cry less and less each week.



What can I do to help my baby?

Comfort methods can sometimes soothe the baby and the crying will stop.

Babies can cry for reasons such as if they are hungry, tired, wet/dirty or if they are unwell.

Check these basic needs and try some simple calming techniques:

- Talk calmly, hum or sing to your baby
- Let them hear a repeating or soothing sound
- Hold them close – skin to skin
- Go for a walk outside with your baby
- Give them a warm bath

These techniques may not work. It may take a combination or more than one attempt to soothe your baby.

If you think there is something wrong with your baby or the crying won't stop speak to your GP, Midwife or Health Visitor. If you are worried that your baby is unwell call NHS 111.

The crying won't stop, what can I do now?

Not every baby is easy to calm but that doesn't mean you are doing anything wrong.

Don't get angry with your baby or yourself. Instead, put your baby in a safe place and walk away so that you can calm yourself down by doing something that takes your mind off the crying. Try:

- Listening to music, doing some exercises or doing something that calms you.
- Call a relative or friend – they may be able to help you calm or may be able to watch your baby.

After a few minutes when you are calm, go back and check on the baby.

It's normal for parents to get stressed, especially by crying. Put some time aside for yourself and take care of your needs as well as your baby's to help you cope.

What not to do...

Handling a baby roughly will make them more upset. Shouting or getting angry with your baby will make things worse.

Sometimes parents and people looking after babies get so angry and frustrated with a baby's cry they lose control.

They act on impulse and shake their baby.

Shaking or losing your temper with a baby is very dangerous and can cause:

- Blindness
- Learning disabilities
- Seizures
- Physical disabilities
- Death

Remember – Never ever shake or hurt a baby

Share the ICON message!

It isn't just parents who get frustrated at a baby's cry. Think very carefully about who you ask to look after your baby.

Share the ICON message with anyone who may look after your baby.

Check that caregivers understand about how to cope with crying before you decide to leave your baby with them and share this ICON leaflet with them.