



Patient Participation Group

Charlbury Patient Participation Group Newsletter Issue No.10 September 2020

CHARLBURY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

Vaccinations

In this year of all years, it is especially important that we take steps to ensure that we, and our families are fully vaccinated.

In this Newsletter we remind readers of the importance of the UK's childhood and young person's immunisation programme to prevent the spread of serious diseases including measles and meningitis.

We also look at flu vaccination, who is entitled to a free flu jab, mild side effects and the very rare more serious complications.

Some of you will have received your invitation letter to attend the flu vaccination clinics:

When: Tuesday 29 September and Wednesday 30 September.
Time: 8am to 4pm
Where: The new Charlbury Sports and Football club – (next to the Tennis Club)

Essential to remember:

Your letter

A face covering – unless you are exempt from wearing one

Without these items it will not be possible to be vaccinated.

Please wear something with short sleeves, or sleeves that are easy to roll up. The vaccination is at the very top of the arm.

We may have to queue outside, maintaining at all times a safe 2 metre distance from each other.

If you have any symptoms of Covid-19, or are self isolating please do not attend. There will be an opportunity to be vaccinated at another time for those who cannot come to these clinics.

People who are under 65 will be offered the vaccination at a later date.

For more details, see the Charlbury Medical Centre website:
www.thecharlburymedicalcentre.nhs.uk

Vaccines: The Basics

Vaccines contain the same germs that cause disease. (For example, measles vaccine contains measles virus, and Hib vaccine contains Hib bacteria.) But they have been either killed or weakened to the point that they don't make you sick. Some vaccines contain only a *part* of the disease germ.

A vaccine stimulates your immune system to produce antibodies, exactly like it would if you were exposed to the disease. After getting vaccinated, you develop immunity to that disease, without having to get the disease first.

This is what makes vaccines such powerful medicine. Unlike most medicines, which treat or cure diseases, vaccines *prevent* them.

Source: <https://www.cdc.gov/vaccines/vpd/vpd-vac-basics.html>

Vaccines:

Do

- ✓ protect you and your child from many serious and potentially deadly diseases
- ✓ protect other people in your community – by helping to stop diseases spreading to people who cannot have vaccines
- ✓ get safety tested for years before being introduced – they're also monitored for any side effects
- ✓ sometimes cause mild side effects that will not last long – some children may feel a bit unwell and have a sore arm for 2 or 3 days
- ✓ reduce or even get rid of some diseases – if enough people are vaccinated

Don't

- ☒ do not cause autism – studies have found no evidence of a link between the MMR vaccine and autism
- ☒ do not overload or weaken the immune system – it's safe to give children several vaccines at a time and this reduces the amount of injections they need
- ☒ do not cause allergies or any other conditions – all the current evidence tells us that vaccinating is safer than not vaccinating
- ☒ do not contain mercury (thiomersal)
- ☒ do not contain any ingredients that cause harm in such small amounts – but speak to your doctor if you have any known allergies such as eggs or gelatine

The terms 'vaccination' and 'immunisation' don't mean quite the same thing. Vaccination is the term used for getting a vaccine – that is, actually getting the injection or taking an oral vaccine dose. Immunisation refers to the process of both getting the vaccine and becoming immune to the disease following vaccination.

Flu vaccine

Flu vaccination is available every year on the NHS to help protect adults and children at risk from flu and its complications.

Flu can be unpleasant, but if you're otherwise healthy, it'll usually clear up on its own in about a week. The symptoms of flu are more debilitating and significant than the common cold.

But flu can be more severe in certain people, such as:

- anyone aged 65 and over
- pregnant women
- children and adults with an underlying health condition (such as long-term heart or respiratory disease)
- children and adults with weakened immune systems

Anyone in these risk groups is more likely to develop potentially serious complications of flu, such as pneumonia (a lung infection), so it's recommended that they have a flu vaccine every year to help protect them.

Who should get the flu vaccine?

This year the flu vaccine is being offered on the NHS to:

- adults 65 and over
- people with certain medical conditions (including children in at-risk groups from 6 months of age)
- pregnant women
- people living with someone who's at high risk from coronavirus (on the NHS shielded patient list)
- children aged 2 and 3 on 31 August 2020
- children in primary school
- children in year 7 (secondary school)
- frontline health or social care workers

Later in the year, the flu vaccine may be given to people aged 50 to 64. More information will be available later in the autumn.

However, if you're aged 50 to 64 and in an at-risk group, you should have your flu vaccine as soon as it becomes available.

Flu vaccine side effects

After the flu vaccination, you may get a mild high temperature and slight muscle aches for a day or so. There are often many coughs and colds in the general population at this time of year. Please don't confuse a bad cold with an adverse side effect from the flu vaccination. We are much more likely to have caught a cold, than experience significant side effects from the vaccine.

Some people may have a sore arm after vaccination. For example, if you're aged 65 or over and having the adjuvanted flu vaccine (adjuvants help vaccines work better).

Tips to ease the discomfort:

- continue to move your arm regularly; do not let it get stiff
- take a painkiller, such as paracetamol or ibuprofen; some people, including pregnant women, should not take ibuprofen unless a doctor recommends it

Do not give aspirin to children under 16.

Allergic reactions to the flu vaccine

It's very rare for anyone to have a serious allergic reaction (anaphylaxis) to a vaccination. If this does happen, it usually happens within minutes.

The person who vaccinates you or your child will be trained to deal with allergic reactions and treat them immediately.

With prompt treatment, you will make a good recovery.

Source: www.nhs.uk

MEASLES AND RUBELLA (German measles)

How infectious is measles? What is its R number?

The reproduction number is a way of rating any disease's ability to spread. It's the number of people that one infected person will pass a virus on to, on average.

Measles has one of the highest numbers with an R number of 15 in populations without immunity.

That means, on average, one person will spread measles to 15 others.

(Coronavirus (Covid-19) has a reproduction number of about three, but estimates vary.)

Measles is a highly infectious viral disease which can lead to serious complications such as pneumonia and encephalitis (inflammation of the brain) This is the most concerning feature of infection with measles which may cause lasting brain damage and permanent impairment.

In addition, measles infection damages and suppresses the whole immune system. This means that people who have had measles are more likely to catch other infectious diseases. This effect can last for as much as three years. Worldwide, measles is still a major cause of death, especially among children in resource-poor countries.

Rubella (German measles) is a rare illness that causes a spotty rash. It usually gets better in about 1 week. It can be serious if you get it when you're pregnant - see below.

The main symptom of rubella is a red or pink spotty rash.

The rash takes 2 to 3 weeks to appear after getting rubella and is infectious from 1 week before the symptoms start and for 4 days after the rash first appears.

Rubella can also cause:

- aching fingers, wrists or knees
- a high temperature of 38C or above
- coughs
- sneezing and a runny nose
- headaches
- a sore throat
- sore, red eyes

It's very unlikely to be rubella if you have had both doses of the MMR vaccine or had rubella before.

Rubella is very rare in pregnancy. But if you get it when you're pregnant, rubella could harm your baby.

It can cause:

- loss of the baby (miscarriage)
- serious problems after the baby is born – such as problems with their sight, hearing, heart or brain

The risk is highest if you get rubella early in pregnancy.

There's not thought to be a risk to your baby if you get rubella after week 20 of your pregnancy.

Important

Stay off nursery, school or work for 5 days after the rash appears.

Also try to avoid close contact with pregnant women.

Measles in the UK

In 2018 there were 966 laboratory confirmed measles cases in England - nearly four times as many as the total number confirmed in 2017 (259 cases). The provisional figure for 2019 is 810.

The majority of measles cases have been in people who are not vaccinated, especially young people aged 15 and over who missed out on MMR vaccination when they were younger. About 30% of those infected were admitted to hospital.

What are the symptoms?

Measles usually starts with cold-like symptoms, red painful eyes and sensitivity to light, a high temperature, and greyish-white spots in the mouth and throat. A red-brown confluent rash usually appears a few days later, spreading from behind the ears to the rest of the body.

A child with measles will have to spend about five days in bed and could miss more than two weeks of school. Even in developed countries such as the UK, around one in every 15 children with measles will develop more serious complications, such as severe ear infections, pneumonia, and rarely, encephalitis, (inflammation of the brain).

How is it passed on?

Measles is spread through water droplets, coughed or sneezed by infected individuals. People who have measles are infectious from when the first symptoms appear until 4 days after the rash appears. NHS advice for anyone who thinks they may have measles is to stay at home and call their GP or NHS 111. This reduces the risk of measles being spread to vulnerable people such as young babies and people with weakened immune systems.

Measles is one of the most infectious diseases; if a child who is not immunised comes into contact with someone who has measles, it is very likely that they will catch the disease and risk developing serious complications.

Childhood immunisation programme

Some infectious diseases can kill children or cause lasting damage to their health. Your child's immune system needs help to fight those diseases. Immunisation gives protection against some infectious diseases. Vaccines stimulate the body to produce antibodies that fight infection. Immunisation is also known as 'vaccination', 'jab' or 'injection'.

Why childhood immunisation is important

Immunisation prepares the body to fight serious infections that might happen in the future. Young babies are very vulnerable to infections, so they need to be protected as early as possible.

Your child needs several different vaccines to be fully protected, so it's important to complete their childhood immunisation programme.

You have seen what can happen when a child isn't immunised above.

When babies and children get the vaccination

The immunisation programme gives vaccines to babies and children at different ages. Routine immunisation for babies begins when they're two months old. Your child needs several vaccines to protect them from infections, so it's important to complete their immunisation programme.

Age immunisation is given	diseases protected against	how vaccine is given
Two months old	diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenzae type b (Hib) and hepatitis B (6 in 1)	one injection
Two months old	pneumococcal disease	one injection
	Rotavirus	orally
	meningococcal group B disease	one injection
Three months old	diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b (Hib) and hepatitis B (6 in 1)	one injection
	Rotavirus	orally
Four months old	diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b (Hib) and hepatitis B (6 in 1)	one injection
	pneumococcal disease	one injection
	meningococcal group B disease	one injection
12 to 13 months	haemophilus influenza type b (Hib) and meningococcal group C	one injection
	meningococcal group B disease	one injection
	measles, mumps and rubella (MMR)	one injection
	pneumococcal disease	one injection

Annually from two years old	Flu	nasal spray or injection
From three years and four months old	diphtheria, tetanus, pertussis and polio	one injection
	measles, mumps and rubella	one injection
12 to 13 year old girls	human papillomavirus (HPV)	two or three injections
14 to 18 years old	diphtheria, tetanus and polio	one injection
	meningitis (meningococcal groups A, C, W and Y)	one injection

From September 2019 the HPV vaccine is now offered to 12 to 13 year old boys and girls

Some babies in high-risk groups get a BCG vaccine for protection against tuberculosis (TB) when they are born. Higher risk infants might also get extra vaccinations against hepatitis B.

Your doctor or health visitor will give you more information if your child needs protection.

Getting your child immunised.

Before your child starts school, they usually get their vaccinations at your doctor's surgery or local health clinic. The Child Health system or the doctor's surgery usually sends you the invitation to make a vaccination appointment

Your child can get some vaccinations in school. The school will contact you before they give your child a vaccine.

Non-urgent advice: Speak to your GP surgery if:

- you think you or your child have missed any vaccinations
- you or your child have a vaccination appointment – but you've missed it or cannot attend
- They can book or rearrange the next available appointment.

If you have any questions, please ask your health visitor, doctor, school nurse or a practice nurse in the doctor's surgery.

Young People – Important.

If you're starting college or university you should make sure you've already had:

- the [MenACWY vaccine](#) – which protects against serious infections like **meningitis**. You can still ask your GP for this vaccine until your 25th birthday.
- 2 doses of the [MMR vaccine](#) – as there are outbreaks of mumps and measles at universities. If you have not previously had 2 doses of MMR you can still ask your GP for the vaccine. It's best to have vaccines on time, but you can still catch up on most vaccines if you miss them.

Source www.nhs.uk/conditions/vaccinations

The Eradication of Polio in the UK – a Vaccine Success Story

Polio is a serious viral infection that used to be common in the UK and worldwide. It's rare nowadays because it can be prevented with vaccination.

Most people with polio don't have any symptoms and won't know they're infected.

But for some people, the polio virus causes temporary or permanent **paralysis**, which can be life threatening.

Cases of polio in the UK fell dramatically when routine vaccination was introduced in the mid-1950s.

There hasn't been a case of polio caught in the UK since the mid-80s. But the infection is still found in some parts of the world, and there remains a very small risk it could be brought back to the UK.

There's no cure for polio, so it's important to make sure that you and your children are fully vaccinated against it.

Most people with polio won't have any symptoms and will fight off the infection without even realising they were infected.

A small number of people will experience a flu-like illness 3 to 21 days after they're infected.

Symptoms can include:

- a high temperature (fever) of 38C (100.4F) or above
- a sore throat
- a headache
- abdominal (tummy) pain

- aching muscles
- feeling and being sick

These symptoms will usually pass within about a week.

In a small number of cases, the polio virus attacks the nerves in the spine and base of the brain. This can cause paralysis, usually in the legs, that develops over hours or days.

The paralysis isn't usually permanent, and movement will often slowly return over the next few weeks and months. But some people are left with persistent problems. If the breathing muscles are affected, it can be life threatening.

Finally, is it flu, a cold, or Covid-19? A chart from BBC News:

Symptoms	Coronavirus	Flu	Cold
 Fever	Common	Common	Rare
 Cough	Common	Common	Mild
 Loss of taste and smell	Sudden	Rare	Sometimes
 Fatigue	Sometimes	Common	Sometimes
 Headaches	Sometimes	Common	Rare
 Aches and pains	Sometimes	Common	Common
 Runny/stuffy nose	Rare	Sometimes	Common
 Sore throat	Sometimes	Sometimes	Common
 Sneezing	No	No	Common
 Shortness of breath	Sometimes	No	No
 Diarrhoea	Sometimes for children	Sometimes, especially for children	No

Source: WHO, CDC

BBC