

# Help protect your baby against MenB

**2015**



**New vaccine  
for babies –  
available from  
1 September 2015**



From 1 September 2015, all babies born on or after 1 July 2015 will be offered the MenB vaccine along with their other routine immunisations.

As part of a one-off catch-up this year, babies born from 1 May 2015 will also be offered a MenB vaccine along with their routine immunisations from 1 September.

This leaflet describes the infections MenB can cause, and the new vaccine that will help protect against MenB. It also contains information about giving your baby paracetamol after the vaccine (see page 9).

## What is MenB?

MenB stands for meningococcal B bacteria. These bacteria can cause two serious types of infection: meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning).

These infections are serious because they:

- come on suddenly
- progress very quickly
- can leave survivors with life-long disabilities
- can be fatal within hours.

**MenB infection is the cause of most cases of bacterial meningitis and septicaemia in babies and young children.**

## What is meningitis?

Meningitis is inflammation of the lining of the brain and spinal cord. This causes pressure on the brain resulting in symptoms such as severe headache, stiff neck, dislike of bright light, drowsiness and convulsions/fits.

Meningitis can progress very rapidly and can lead to deafness, blindness, epilepsy and learning difficulties. It can even lead to death.

## What is septicaemia?

Septicaemia (blood poisoning) is a serious, life-threatening infection that gets worse very quickly and the risk of death is higher compared with meningitis.



## What are the symptoms of meningitis and septicaemia in babies?

In babies, the main symptoms of **meningitis** and **septicaemia** may include:

- refusing feeds, vomiting
- feeling drowsy and not responding to you, or being difficult to wake
- being floppy and having no energy, or being stiff with jerky movements
- being irritable when picked up
- a high-pitched moaning cry
- grunting
- rapid or unusual patterns of breathing
- a fever
- cold hands and/or feet
- skin that is pale, blotchy or turning blue
- shivering
- spots or a rash that does not fade under pressure – do the 'glass test' by pressing a clear glass against the rash to see if it fades and loses colour – if it doesn't change, get medical help straight away
- convulsions/seizures
- a bulging fontanelle (the soft patch on the top of the newborn baby's head)
- a stiff neck
- disliking bright lights.



Symptoms can occur in any order and some may not appear at all – trust your instincts.

Some of the symptoms are very similar to the symptoms of flu, so, if you're in any doubt about your baby's health, trust your instincts and get advice urgently by contacting your GP or calling **NHS 24** free on **111**.

Meningitis can strike at any age, so it's important to know the symptoms of the disease for all age groups. To find out more, see **[www.immunisationscotland.org.uk/menb](http://www.immunisationscotland.org.uk/menb)** or contact one of the organisations listed on page 11.

### What are meningococcal B bacteria?

There are several types of meningococcal bacteria (A, B, C, W and Y). Most cases of meningitis and septicaemia in the UK are caused by type B (MenB), especially in babies and young children. But there's now a vaccine to help protect against MenB.

### How does MenB spread?

Meningococcal bacteria (including MenB) live in the throats of about 10% of the population without causing any problems at all. The bacteria can spread to other people through coughing, sneezing or kissing.

### How do the MenB bacteria cause serious illness?

Sometimes the bacteria in the throat get into the bloodstream, causing septicaemia, or they can get into the fluid around the brain, causing meningitis.

MenB bacteria can cause:

- septicaemia only, or
- meningitis only, or
- both septicaemia and meningitis at the same time.

## How common is MenB disease?

MenB is now the cause of most cases of meningococcal disease in Scotland. There were 73 cases in Scotland in 2014. For 61 of these, it was possible to tell which type of infection caused them. Of the 61 cases, 42 (69%) were caused by type B (MenB).

Although this infection is not common, it's very important to remember that MenB is extremely serious and can lead to permanent disability and death. The meningococcal bacteria can also cause local outbreaks in nurseries, schools and universities.

## Who is most likely to get MenB disease?

MenB infection is most common in babies and young children. This is because their immune systems aren't yet fully developed to fight off infection. The highest number of cases are in babies around 5 months of age. This is why the first immunisations are offered to babies younger than this and have to be given at 2 and 4 months of age.

Teenagers and young adults are the next group most affected by MenB because the high level of social activity at these ages (for example, at school) leads to an increase in the spread of bacteria.

## Can MenB disease be treated?

Bacterial meningitis and septicaemia need urgent, rapid treatment with antibiotics in a hospital. If the treatment starts quickly, then the illness is much less likely to be life-threatening or cause permanent disability.

## Can MenB disease be prevented?

Yes. There's now a vaccine that helps protect babies against MenB and there are other vaccines, like MenC, that protect against some other types of meningococcal infections.

Immunising babies helps protect them when they are most at risk of developing meningococcal disease.

However, the MenB vaccine does not protect against **all** the causes of meningitis and septicaemia, so you need to know the signs and symptoms (see page 4). To find out more, see [www.immunisationscotland.org.uk/menb](http://www.immunisationscotland.org.uk/menb) or contact one of the organisations listed on page 11.

### When will my baby be offered the MenB vaccine?

The MenB vaccine will be offered to babies from 1 September 2015. You will be sent an appointment to bring your child in for their routine childhood immunisations.

#### **Babies born on or after 1 July 2015:**

will be offered the MenB vaccine when they come in for their other routine immunisations at 2, 4 and 12 months.

The MenB vaccine will be given at the same time as the other routine immunisations your baby will be due at these times (see the back cover of this leaflet for details).

### When will babies in the one-off catch-up programme be offered the MenB vaccine?

There will be a one-off catch-up for babies born on or after 1 May 2015, who will be 3 or 4 months old in September, and will be coming in for their routine immunisations at that time.

#### **Babies born between 1 May and 31 May 2015:**

will be offered the MenB vaccine at 4 and 12 months.

#### **Babies born between 1 June and 30 June 2015:**

will be offered the MenB vaccine at 3, 4 and 12 months.

Babies born before 1 May 2015 will **not** be offered the MenB vaccine.

## Is it OK for my baby to have four vaccines at once?

Yes, it is safe to have these four vaccines at the same time (at the 2-month and 12-month appointments) and they will protect your baby from some very serious infections.

## If this is a brand new vaccine, how do we know it's safe?

Before they are allowed to be used, all vaccines are carefully tested for safety and effectiveness. They have been through up to 10 years of trials in the laboratory and among volunteers.

The UK is the first country to introduce the MenB vaccine into its routine immunisation schedule for children. The vaccine is already offered to children in the UK with certain medical conditions and has also been used to contain outbreaks of MenB disease, where it proved to be both safe and effective. Over 1 million doses have already been given in 19 countries worldwide.

## What if I miss the appointment?

If your baby misses their routine childhood immunisation appointment, contact your GP practice, health visitor or practice nurse to rearrange another one as soon as possible.

## Does the MenB vaccine have any side effects?

As with all medicines, vaccines can cause side effects. After the MenB vaccine, side effects may include:

- redness, swelling or tenderness where they had the injection (this will slowly disappear on its own within a few days)
- being a bit irritable and feeding poorly
- sleepiness
- a temperature (fever).



Fever (a temperature over 37.5°C) shows that a baby's body is responding to the vaccine – although not getting a fever doesn't mean it hasn't worked. The level of fever will depend on the individual child and does not indicate how well the vaccine will protect your baby. **Fever can be expected after any immunisation, but is more common when the MenB vaccine is given with the other routine vaccines at 2 and 4 months of age. This is why it is recommended that your baby gets infant paracetamol when getting these immunisations to prevent and treat fever (see box below).**

### Important information: infant paracetamol

Giving paracetamol will reduce the risk of fever, irritability and discomfort for your baby after immunisation (such as pain at the site of the injection). Ask your pharmacist for infant paracetamol for the MenB vaccine before your baby's immunisations are due. Please bring your baby's 'red book'.

Your baby should have **a total of three doses of infant paracetamol around the time of each of their first two MenB immunisations** to reduce the chances of fever. The doses must be spaced out as follows:

- Your baby should get the first dose of infant paracetamol just before or just after the routine immunisations.
- You should give your baby the second dose 4–6 hours after the first dose.
- You should give your baby the third dose another 4–6 hours after the second dose.

Age of baby	Dose 1	Dose 2	Dose 3
2 to 4 months	one 2.5 ml (60 mg) dose to be given just before or just after their immunisations	one 2.5 ml (60 mg) dose 4–6 hours after dose 1	one 2.5 ml (60 mg) dose 4–6 hours after dose 2

The first dose of infant paracetamol should be given just before or just after the routine immunisations. You may already have infant paracetamol at home. If you don't, you can get the paracetamol from your pharmacist before your baby's immunisations are due.

Fever is much less common when the MenB booster is given at 12 months of age so paracetamol is not always needed then. However, if your baby does develop a fever, is irritable, or unwell, then you can give them infant paracetamol if you wish.

Babies getting the MenB vaccine as part of the one-off catch-up this year (babies at 3 and 4 months of age who were born between 1 May and 30 June) will also need three doses of infant paracetamol to help reduce the chance of a fever developing.

### Is it safe to give babies paracetamol?

Yes, it is safe to give paracetamol to babies as young as 2 months old. Giving your baby three doses of paracetamol after getting the MenB vaccine will greatly reduce the risk of your baby having a high fever and will also help with any pain or discomfort caused by the immunisations.

### Are there any babies who shouldn't have the immunisation?

The vaccine should not be given to babies who have had:

- a severe reaction to a previous dose of the vaccine or any of the ingredients of the vaccine.

Also, speak to your nurse or GP about the vaccine if your baby:

- has a bleeding disorder (for example, haemophilia, where the blood doesn't clot properly), or
- has had a fit that was not associated with fever.

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

If your baby has a minor illness without a fever, such as a cold, the immunisations can be given as normal. If your baby is ill with a fever, put off the immunisation until your baby has recovered. This is to prevent your baby feeling worse than he or she already feels and gives them a chance to recover from their illness.

## Where can I get more information?

You can talk to your GP, practice nurse or health visitor, or call the NHS inform helpline free on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline is open every day from 8 am to 10 pm and provides an interpreting service.

Or you can go to:

**[www.immunisationscotland.org.uk/menb](http://www.immunisationscotland.org.uk/menb)**

The following charities provide information, advice and support about meningitis:

### **Meningitis Research Foundation**

Free helpline **080 8800 3344**

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

### **Meningitis Now**

Freephone 24-hour helpline **0808 80 10 388**

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

This resource is available in Urdu, Chinese and Polish, and in an Easy Read format. NHS Health Scotland is happy to consider requests for other languages and formats. Please contact **0131 314 5300** or email **[nhs.healthscotland-alternativeformats@nhs.net](mailto:nhs.healthscotland-alternativeformats@nhs.net)**

When to immunise	Diseases protected against	Vaccine given
2 months old	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)</li> </ul>	<ul style="list-style-type: none"> <li>DTaP/IPV/Hib</li> </ul>
	<ul style="list-style-type: none"> <li>Pneumococcal disease</li> </ul>	<ul style="list-style-type: none"> <li>PCV</li> </ul>
	<ul style="list-style-type: none"> <li>Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>Rotavirus vaccine</li> </ul>
	<ul style="list-style-type: none"> <li>Meningococcal type B (MenB)</li> </ul>	<ul style="list-style-type: none"> <li>MenB</li> </ul>
3 months old	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, polio and Hib</li> </ul>	<ul style="list-style-type: none"> <li>DTaP/IPV/Hib</li> </ul>
	<ul style="list-style-type: none"> <li>Meningococcal type C (MenC)</li> </ul>	<ul style="list-style-type: none"> <li>MenC</li> </ul>
	<ul style="list-style-type: none"> <li>Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>Rotavirus vaccine</li> </ul>
4 months old	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis, polio and Hib</li> </ul>	<ul style="list-style-type: none"> <li>DTaP/IPV/Hib</li> </ul>
	<ul style="list-style-type: none"> <li>Pneumococcal disease</li> </ul>	<ul style="list-style-type: none"> <li>PCV</li> </ul>
	<ul style="list-style-type: none"> <li>Meningococcal type B (MenB)</li> </ul>	<ul style="list-style-type: none"> <li>MenB</li> </ul>
Between 12 and 13 months old – within a month of the first birthday	<ul style="list-style-type: none"> <li>Hib and meningococcal type C</li> </ul>	<ul style="list-style-type: none"> <li>Hib/MenC</li> </ul>
	<ul style="list-style-type: none"> <li>Pneumococcal disease</li> </ul>	<ul style="list-style-type: none"> <li>PCV</li> </ul>
	<ul style="list-style-type: none"> <li>Measles, mumps and rubella (German measles)</li> </ul>	<ul style="list-style-type: none"> <li>MMR</li> </ul>
	<ul style="list-style-type: none"> <li>Meningococcal type B (MenB)</li> </ul>	<ul style="list-style-type: none"> <li>MenB</li> </ul>
2 to 11 years – annually	<ul style="list-style-type: none"> <li>Influenza (flu)</li> </ul>	<ul style="list-style-type: none"> <li>flu vaccine</li> </ul>
3 years 4 months old or soon after	<ul style="list-style-type: none"> <li>Diphtheria, tetanus, pertussis and polio</li> </ul>	<ul style="list-style-type: none"> <li>dTaP/IPV or DTaP/IPV</li> </ul>
	<ul style="list-style-type: none"> <li>Measles, mumps and rubella</li> </ul>	<ul style="list-style-type: none"> <li>MMR (check first dose has been given)</li> </ul>
Girls aged 11 to 13 years old	<ul style="list-style-type: none"> <li>Cervical cancer caused by human papillomavirus (HPV) types 16 and 18</li> </ul>	<ul style="list-style-type: none"> <li>HPV vaccine</li> </ul>
Around 14 years old	<ul style="list-style-type: none"> <li>Tetanus, diphtheria and polio</li> </ul>	<ul style="list-style-type: none"> <li>Td/IPV, and check MMR status</li> </ul>
	<ul style="list-style-type: none"> <li>Meningococcal types ACWY</li> </ul>	<ul style="list-style-type: none"> <li>MenACWY</li> </ul>