The facts

How common are meningitis and septicaemia?

- Meningitis and septicaemia are not very common, but they are very serious.
- They are the commonest cause of death among children aged one to five and the most common infectious disease causing death in children and young people.
- Last year there were around 1530 cases of group C meningitis and septicaemia in the UK. Around 150 of these people died.

Who is at greatest risk?

- Meningitis C is most common in babies.
- Young people aged 15 to 17 are the next highest risk group. The risk of dying or having complications is highest in this older group.

How is it spread?

- Meningococcal bacteria can be spread by coughing, sneezing or direct contact such as kissing.
- The bacteria live naturally in the throats or noses of about 1 in 10 people without causing any illness. The figure can be even higher among young people – nearly 25%.

What is meningitis?

- Meningitis is an inflammation of the lining of the brain and spinal cord. Meningitis can develop very rapidly. In young children the earliest symptoms are often hard to recognise, with flu-like illness leading to vomiting, fever, irritability, a high-pitched cry and refusing feeds. Most people recover from the disease, but some are left deaf or blind and it can kill.

- Red or purple bruise-like spots that do not fade under pressure may mean that septicaemia (blood poisoning) is also present. This blood infection often accompanies meningitis and can progress quickly to coma and death.

- Meningitis can be caused by a number of different types of viruses or bacteria. Meningococcal group B and C are two types of bacteria that cause a high number of cases of meningitis in the UK. Group B is the commonest, but group C causes more deaths. These bacteria can cause meningitis or septicaemia or both at once.

The new vaccine protects against group C meningitis and septicaemia. No one has yet been able to develop a vaccine against group B that would protect against the disease in the UK.
The new vaccine

What does it protect against?

- The new vaccine protects against group C meningitis and septicaemia. The new vaccine will **not** protect against other causes of meningitis and septicaemia.

How is the vaccine made?

- The new vaccine is made from a small part of the meningococcal bacteria. It is made in the same way as the Hib meningitis vaccine, that has been given routinely to babies since 1992. Hib vaccine is very safe and has nearly wiped out Hib meningitis in this country.

How does it work?

- The vaccine causes the immune system to produce antibodies to protect against group C meningococcal disease. If an immunised person comes into contact with the real bacteria, the antibodies will provide protection.

Can you get meningitis or septicaemia from the vaccine?

- No, the new vaccine is not live and cannot give anyone meningitis or septicaemia.

How many doses will be needed for complete protection?

- Babies aged two, three and four months will have doses with each of their DTP-Hib and polio immunisations.
- Babies aged over four months up to one year will have two doses at least one month apart.
- Children over one year and adults need only one dose.

Is the new vaccine safe and effective?

- Although this is a new vaccine, it contains ingredients that are very similar to the Hib vaccine. It has been thoroughly tested in children of all ages and provides good protection with very few side effects (for side effects see page 6).
- 60,000 doses of the vaccine have already been given around the world.
- The new vaccine has been tested carefully and has proved to be safe.

Can the vaccine be given at the same time as other vaccines?

- Yes, the new vaccine has been thoroughly tested and babies’ and children’s immune systems respond very well to this and other routine immunisations.
### What are the side effects?

The following side effects sometimes happen one to three days after immunisation in the age groups shown below.

#### Babies
- Some redness and swelling where the injection was given.
- One in two babies may become irritable.
- One in 20 babies may have a mild fever.

#### Toddlers (over 12 months)
- Some redness and swelling where the injection was given.
- One in five toddlers may become irritable.
- One in 20 toddlers may have a mild fever.

#### Pre-school children
- One in 10 children may have redness or swelling where the injection was given.
- About one in 100 children may have a mild fever.
- One in 25 children may become irritable.

#### Children and young people
- About one in three may have redness or swelling where the injection was given and one in 100 may have a very sore arm from the injection which may last a day or so.
- About one in 50 may have a mild fever.
- About one in 20 primary school children and one in seven secondary school children may have a headache.

These side effects also occur at similar levels after other routine immunisations given to babies, children and young people.

### Are there any reasons why the new vaccine should not be given?

There are very few medical reasons why the immunisation shouldn’t be given. They include:

- A high fever on the day of the injection;
- A severe allergic reaction to a previous immunisation. Please check with your doctor or nurse;
- Young women who think they may be pregnant, please check with your doctor or nurse.

The vaccine may not be fully effective in someone with a serious condition of their immune system. If you have a bleeding disorder, discuss this with your doctor or nurse.

**Ask your doctor or nurse if you are not sure whether you should have the immunisation.**
Who will get the new vaccine and when?

Starting in Autumn 1999, the new immunisation will be given to children aged 2, 3 and 4 months and around 13 months with their routine immunisations. Extra appointments will be organised where necessary. Depending on their age, all other children will be invited through their GP, school or college to have the vaccine in a special catch-up programme. (See the table below.)

<table>
<thead>
<tr>
<th>When will the vaccine be available?</th>
<th>Where will the vaccine be given?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given to babies at 2, 3 and 4 months</td>
<td>At the surgery or health clinic at the time of the DTP-Hib, polio appointment.</td>
</tr>
<tr>
<td>Given to toddlers at 13-15 months</td>
<td>At the surgery or health clinic, at the MMR appointment.</td>
</tr>
<tr>
<td>Given to young people aged 15, 16 and 17 years</td>
<td>At school or college, please wait to be called.</td>
</tr>
<tr>
<td>Given to babies over 4 months and under 12 months</td>
<td>At the surgery or health clinic – special appointments will be arranged. Please wait to be called.</td>
</tr>
<tr>
<td>Given to children aged 1 to 4 years</td>
<td>At the surgery or health clinic, special appointments will be arranged. Please wait to be called.</td>
</tr>
<tr>
<td>Given to children aged 5 to 14 years</td>
<td>At school (probably summer term onwards). Please wait to be called.</td>
</tr>
</tbody>
</table>

How will I know when to get the new vaccine?

- You will be sent an appointment by post. If you cannot make the appointment time shown, please ring and make a new appointment.
- School-aged children will be immunised at school or college. The school or college will contact you before the immunisation is due.

Please wait until you are contacted.

Why will people get the new immunisation at different times?

- The immunisation will be given first to those at greatest risk – babies and young people, as shown in the timetable opposite.
- Because this is a new vaccine stocks cannot be built up in advance. The NHS wants to protect people as soon as possible, so doses will be given as soon as they are available.