

Following concerns around the polio virus outbreak in London and given the downward trend in take-up of childhood immunisations in Wales, shown by the latest Public Health Wales (PHW) surveillance figures, the Chief Medical Officer wrote to all health boards on 24 October (World Polio Day) asking them to take forward a polio catch-up programme in under 5s, in an effort to increase uptake in those unvaccinated/ partially vaccinated children.

For consistency with messaging, these are some lines Welsh Government/ PHW have used in comms around the catch-up, which you may find useful to use in your conversations with parents/ guardians.

## **Q & A**

- **Why are you doing a polio catch-up?**

Parents/ guardians of children under-5 are urged to make sure their children are up to date with their polio vaccinations.

This is because poliovirus has been found in wastewater in London and there is evidence that the virus is spreading from person to person.

The Chief Medical Officer for Wales is worried that the virus may spread to Wales and that not enough children under 5 in Wales are protected, so has asked health boards to take forward a catch-up programme across the country.

- **Is polio dangerous?**

Polio was once common in the UK and worldwide, but it is now very rare because it can be prevented by vaccination.

Polio is a serious disease that mainly affects children under five. In some cases polio can be disabling and even life-threatening.

Polio is a virus that can attack the nervous system and can cause permanent paralysis of the muscles. If it affects the chest muscles or the brain, polio can kill.

- **How do I know if my child is up to date?**

You will be able to tell from your child's personal child health record (red book) to make sure they are up to date. Children under 5 should have received a dose of polio vaccine at:

8, 12 and 16 weeks of age as part of the 6-in-1 vaccine

3 years and 4 months of age as part of the 4-in-1 (DTaP/IPV) pre-school booster

- **How can I go about getting my child vaccinated?**

If your child is not up to date with their polio vaccination or any of the other routine vaccinations (see appendix), please contact their GP to book a catch-up appointment. I can help you arrange this if necessary.

- **Does my child have to be vaccinated?**

Vaccinations are not compulsory. Parents/ guardians are asked to decide whether you want your child vaccinated. However, we do recommend you vaccinate your child because it gives them protection against serious diseases, many of which can kill.

- **If my child has the vaccine will it mean they won't get polio?**

Yes, Polio was once common in the UK and throughout the world and is now rare because it can be prevented with vaccination.

- **Can my child get polio from the polio vaccine?**

No. The polio vaccinations given as part of the NHS routine vaccination schedule contain dead (inactivated) poliovirus, which cannot cause polio.

- **Is the vaccine safe?**

Millions of doses of the vaccine have been used and it has a very good safety record.

- **Do polio vaccinations have any side effects?**

The most common side effects are at the place where the injection was given. These usually only last a couple of days and you don't need to do anything about them.

These include:

- swelling;
- redness; and
- a small hard lump.

- **How is the vaccination given?**

With babies, the vaccine is given by injection into the thigh

In children over the age of 12 months, injections are usually given into the upper arm.

- **What can I expect after the vaccination?**

After vaccination, young children may sometimes become unsettled for a day or two and may develop a fever. Older children may also have a fever, tiredness, muscle aches, headache or loss of appetite for a day or two.

- **My child is unwell, can they still have the vaccination today?**

If your child has a minor illness without a fever, such as a cold, they can have the vaccination as normal. If your child has a fever we will delay the vaccination until they have recovered.

- **Are there any reasons why the vaccine should not be given?**

There are very few reasons why children cannot be vaccinated. In majority of cases, the reasons for not vaccinating are much less than the reasons for vaccinating.

We won't give vaccines to children who have had a severe (life-threatening) reaction to a previous dose of the vaccine or any ingredient in the vaccine.

- **I think my child will be anxious during the vaccination, what can I do?**

Getting vaccinated can be daunting for children, who may be anxious or scared of needles. It's a good idea to keep your child distracted, perhaps use their favourite toy or sing to them.

There is no right or wrong way, you can choose how best to sooth your child whilst I'm given the vaccination.

Vaccinators are trained to make the environment as calm and the experience as free from anxiety as possible.

## Appendix – Routine Immunisations for children under 5



Mae Brechu yn achub bywydau  
Vaccination saves lives



### The routine childhood immunisation schedule for Wales from May 2022

When	Diseases protected against	Vaccine given and name		Usual site <sup>1</sup>
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
12 -13 months old	Hib / Meningococcal group C	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm/thigh
	Meningococcal group B	MenB booster	Bexsero	Left thigh
2 and 3 years old and all school aged children	Influenza (annually from September)	Live attenuated influenza vaccine	Fluenz Tetra <sup>3</sup>	Both nostrils
3 years 4 months old	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm