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NHS Immunisations FAQs

Why are you continuing to offer routine immunisations?

While preventing the spread of COVID-19 and caring for those infected is a public health priority, it remains very important to maintain good coverage of immunisations, particularly in the childhood programme. In addition to protecting the individual, this will avoid outbreaks of vaccine-preventable diseases that could harm individuals and increase further the numbers of patients requiring health services.

Should people/babies still go and be immunised at their GP surgery?

Yes, your GP surgery or health clinic will take all possible precautions to protect you and your baby from COVID-19. People should still attend for routine vaccinations unless they are unwell (check with your GP whether you should still attend) or self-isolating because they have been in contact with someone with COVID-19. In these circumstances, please rearrange your appointment. Vaccines are the most effective way to prevent other infectious diseases. Babies, toddlers and pre-school children in particular need vaccinations to protect them from measles, mumps, rubella (MMR), rotavirus, diphtheria, whooping cough, meningitis, polio, tetanus, hepatitis B, and more.

What are 'routine' childhood immunisations?

Different vaccines are given at different ages to protect you and your child. They form part of the national immunisation programme and are offered free of charge by the NHS. The national immunisation programme is highly successful in reducing the incidence of serious and sometimes life-threatening diseases such as pneumococcal and meningococcal infections, whooping cough, diphtheria and measles. It remains important to maintain the best possible vaccine uptake to prevent a resurgence of these infections.

Some children will also need to be protected with neonatal BCG and hepatitis B vaccination. Both BCG and all doses of targeted hepatitis B vaccines should be offered in a timely manner.

When will young people get their school-age vaccinations?

School-age vaccination providers are working to restore vaccination programmes, in line with local needs and arrangements. Young people will receive their vaccinations either in school premises or community clinics. Plans are being developed to use the summer breaks to catch up on the backlog from the 2019/20 school year, and any outstanding immunisations will be delivered during the 2020/21 school year.

Do GP surgeries really still have the time to do immunisations?

GP practices will continue to ensure vaccinations are offered to all eligible individuals. Despite COVID-19, the routine childhood immunisation programme will continue to play an important role in preventing ill-health through causes other than coronavirus infection.

How important is it that my child is immunised at the time they are called?

Is there a risk in delaying for a few months? If there isn't, why not stop immunisations for now and reduce the risk of contracting COVID-19 by visiting the general practice?

It is very important that routine childhood immunisations are started and completed on time despite the COVID-19 pandemic. This will help protect the infant or child from a range of serious and sometimes life-threatening infections. The much-reduced incidence of infections such as invasive pneumococcal and meningococcal disease has only come about because of high levels of vaccination. To prevent resurgence, infants need protecting through vaccination. Pertussis still circulates at elevated levels and pregnant women must continue to be offered the pertussis vaccine, and their babies vaccinated against this and other infections from 8 weeks of age. Diseases such as pertussis, Hib, MenB, pneumococcal are more common or more serious in infants and so it is important not to delay vaccines.

Measles can be a very serious disease and is still circulating so timely immunisation is important.

How will parents and carers know when their babies have a temperature after their regular immunisations whether it is an expected reaction or COVID-19?

The vaccines given may cause a fever which usually resolves within 48 hours (or 6 to 11 days following MMR). This is a common, expected reaction and isolation is not required, unless COVID-19 is suspected.

Fever is more common when the MenB vaccine (Bexsero) is given with other vaccines at 8 and 16 weeks of age. Where parents are able to obtain liquid infant paracetamol, they should follow existing PHE guidance on its prophylactic use following MenB vaccination:

<https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol>

As has always been recommended, any infant with fever after vaccination should be monitored and, if parents or carers are concerned about the infant's health at any time, they should seek advice from their GP or NHS 111.

This advice applies to recently vaccinated people of all ages