

Dr John Oakley

Independent Medical Practitioner

M.B., Ch.B., D.C.H., M.R.C.P., M.R.C.P.C.H.

Information regarding Vaccines

THESE INFORMATION SHEETS ARE FOR YOUR REFERENCE.

PLEASE ENSURE THAT YOU READ THEM CAREFULLY.

NB. The spacing between administrations of different vaccines should be at least four weeks.

This is especially important to remember when your child is also receiving routine vaccinations from your NHS GP Practice.

Dr John Oakley

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Tel: 0121 308 8876 Fax: 0121 308 9551

It is not possible to answer lengthy questions about unrelated matters during the appointment time allocated for administering a particular vaccine.

Please telephone the surgery before the date of your appointment and we will be happy to answer questions not covered by our information sheets.

Dr Oakley has been treating children and their illnesses for over thirty years.

We do care, and we are committed to the health and wellbeing of all children and their parents.

If you have any concerns about your child after we have given a vaccine PLEASE telephone the surgery.

Furthermore, if you have any questions at a later stage or are troubled by issues raised in the media, we will do our best to help and advise you.

We do not charge a fee for this service.

The present fees for vaccines are as follows:

Measles £110

Rubella £110

Chicken Pox £125

Mumps (Not currently available in Europe – see below)

Pneumovax £85

1

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Although we do our utmost to keep fees to a minimum, we regret they are subject to increases in vaccine supply costs, which may change at short notice. You will always be made aware of the fee payable before you attend a consultation.

Fees for other vaccines are available upon request.

WHEN YOU ARRIVE FOR YOUR CHILD'S APPOINTMENT, IF YOU SUSPECT THAT THEY MAY BE UNWELL &/OR RUNNING A TEMPERATURE, PLEASE NOTIFY THE RECEPTIONIST AS SOON AS YOU ARRIVE. WE CAN THEN ARRANGE FOR THEIR TEMPERATURE TO BE CHECKED WITHOUT YOU HAVING TO WAIT.

Updated June 2010

Replies to Frequently asked Questions (FAQ's)

The minimum time we allocate to administer a vaccine is ten minutes. The time taken for each appointment depends entirely on the amount of time it takes us to answer parents' questions. This can lead to surgeries over running, but we do not want to discourage parents from asking relevant questions. If possible PLEASE ask any questions you have BEFORE your appointment, by telephone or by e mail. We will always respond.

We understand that most of you have not met us previously and that you are entrusting us with the care of your child. We take great care to justify and maintain your trust.

Consent

Vaccinations in the UK are NOT compulsory. In law, nobody can give your child ANY vaccination without your consent. Consent **must** be given before each vaccine is administered. You should not be "forced" or "persuaded" into accepting any vaccine for your child against your wishes, as in law this invalidates consent.

The fact that you may have signed your child's "Red Book" does **NOT** mean you have given your consent to all the vaccines detailed in it. Your consent needs to be "informed". This means that you must be given as much information about the vaccine as you wish, all your questions should be answered to your satisfaction, and you are given time to discuss any issues arising. You should also be properly informed about the advantages and potential disadvantages of the vaccine, together with any possible side effects and how to treat them, and whether or not an alternative vaccine is available.

I strongly recommend that childhood vaccines are administered into the child's thigh (not arm) using a paediatric needle (orange) which is far finer than a standard needle (green). Paediatric (orange) needles are available in 1" lengths. Parents have an absolute right to request this.

2

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We are still receiving adverse reports from parents who have attended their NHS Practice for their child to receive **only** the pre-school DPT/Polio booster. **PLEASE** be very careful to check with the Practice Nurse **before** any vaccines are given that **only** the DPT/Polio vaccine is being given. Many parents are reporting that they have had to stop the MMR booster vaccine being given against their wishes and without consent.

More recently we have been informed by parents that this situation is also occurring at the NHS 13 months of age recall, when parents attend their NHS Practice for their child to receive **ONLY** the PCV (Pneumococcal Meningitis vaccine booster – Prevenar).

PLEASE be careful to check before ANY vaccine is given to your child that the vaccine is the one that you wish and have consented for your child to receive. Again, parents are reporting the need to stop NHS Nurses giving the combined MMR vaccine to their children without their consent.

Department of Health circulars are regularly sent to all GPs and Practice Nurses to remind them about the consent procedure. Administering a vaccine to a child without valid and informed consent is a serious offence.

Vaccine Licences

The single antigen vaccines for Measles, Mumps and Rubella do not have a licence for general use in the UK. However each vaccine has a Manufacturer's licence for the purpose of vaccinating children. Each vaccine is imported under permit from the Medicines and Healthcare products Regulatory Agency (MHRA) on a "meet the special needs of a patient on an individual need basis".

Permission is obtained to import a vaccine for a named patient, to meet the special needs of that patient when an equivalent vaccine is not available within the UK.

Spacing of Vaccines

We administer the Measles vaccine first as this is by far the most important of the three vaccines. This is followed **4 - 12 weeks** later by Rubella. Mumps is administered **10 - 12 weeks** following Rubella. (It is the combination of Mumps and Measles together that is implicated in the alleged association of MMR with autism and bowel disorder).

These are minimum periods; the vaccines can be more widely spaced if you wish. We will not administer the Mumps vaccine sooner than **twenty weeks** after the administration of the initial Measles vaccine.

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Measles Vaccines

The fact sheet we give you on the day a vaccine is administered is **your** record & is **very** important. Please keep it in your “Red Book” as evidence that your child has been vaccinated. Your GP or Health Visitor should want to copy the details. Many schools and nurseries now require proof that a child has been immunised against Measles as a condition of school/nursery entry.

The Measles vaccine is currently the **most important** of all childhood vaccines. Worldwide, almost one million children die each year as a result of Measles infections, which can also cause devastating, untreatable and irreversible brain damage, blindness and deafness. Despite this, many parents in this Country are now choosing not to immunise their children against Measles.

The number of children in this Country who are unimmunised against Measles has now reached the level that makes a Measles epidemic very likely within the next 2 – 3 years.

Although I have never administered the combined MMR vaccine, if I **had** to choose between MMR or “no vaccine”, I would choose MMR. I know how serious Measles can be. It is **NOT** a trivial childhood illness.

The single Measles vaccine Rouvax (Schwartz strain) is imported from France, where it is manufactured by Sanofi Pasteur MSD, who also manufacture combined MMR vaccines for the UK.

Rubella Vaccines

The single Rubella vaccine (Rudivax) is imported from France and also manufactured by Sanofi Pasteur MSD.

In this Country women are routinely tested for Rubella immunity during their first pregnancy. Each year, up to 40,000 of these women are found to be non-immune against Rubella. Following delivery, they are offered the combined MMR vaccine, as single Rubella vaccines are no longer available from the NHS.

In my opinion, women should be tested for Rubella immunity **BEFORE** their first pregnancy, and then immunised if necessary, rather than testing **DURING** their first pregnancy and then immunising **AFTER** their first child is born.

Mumps Vaccines

Other Mumps vaccines do exist but are not recommended for use in this Country, as they may contain either “Urabe” strain, which is known to cause brain damage, or “Rubini” strain which provides very poor immunity.

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Since Merck ceased exporting Mumps vaccine to Europe in 2008, we have been researching on a world wide basis for a Mumps vaccine equal to or better than Mumps vaccine. We believe we have located that vaccine, which has been administered to over 200 million children world wide, in over 65 Countries during the last 20 years. We have so far been refused permission to import this vaccine on what appear to be “political” grounds. We are continuing to negotiate to change this position.

The only long term consequence of Mumps is that it may cause male infertility, but only if the infection occurs in a male with fully developed testicles. Mumps infection before puberty does not cause infertility.

Since 2004 there has been an increase each year in the number of confirmed cases of Mumps infections. In 2005 the Dept of Health advised that **TWO** doses of combined MMR vaccine are needed to provide lasting protection against Mumps, whereas only one dose of the single Mumps vaccine is necessary. Children vaccinated with combined MMR between 1988 and 1996 received only one dose of Mumps vaccine.

Manufacturer’s data from Merck confirm that a higher level of protection is achieved by ONE dose of the single Mumps vaccine than 2 dose of combined MMR vaccine. It would be contrary to Manufacturer’s Instructions to give 2 doses of Mumps vaccine.

Further information is available at:

<http://www.drugs.com/mmx/mumps vaccine.html/printable=1>

Chickenpox Vaccine

Since 1996, USA Government Policy has made Chickenpox vaccinations a requirement for all children entering school, together with Measles and Hepatitis B vaccines. It is manufactured by Merck Sharp & Dohme (MSD) and distributed by Sanofi Pasteur as “Varivax”.

Chickenpox is a serious and potentially lethal disease in adults, particularly when it occurs in pregnant women. It is highly contagious, and most people contract the disease during childhood.

The vaccine is **not** new, but has only been available via the NHS since 2002, and then only for Healthcare Workers who have not previously had Chickenpox.

Varivax is licensed for immunisation of children aged 12 months and over. It is licensed for mass immunisation, and also for preventing infection in a person who hasn’t had Chickenpox, if given within 72 hours of contact with the disease. It is a very effective vaccine. It does not contain Thiomersal (mercury) or egg protein. Side effects are very uncommon. A local reaction at the site of the vaccine occurs very rarely.

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The vaccine prevents an unpleasant illness, which can cause permanent facial scarring as a result of scratching itchy Chickenpox blisters, and protects against Shingles in later life. It has recently been shown that **TWO doses** are needed in children, separated by an interval of at least three months, to provide LONG TERM immunity.

Boosters

The only one of the three single “MMR” vaccines which requires a booster is Measles. This is best given 2 years following the first dose.

We will write to you to remind you when the Measles booster is due.

We are receiving ever increasing numbers of reports that many parents have had to stop the MMR booster being given, against their wishes and without their consent, when attending their NHS practices for their child to receive **only** the pre-school DPT/Polio booster.

PLEASE be very careful to check with the Practice Nurse that **only one injection** (the DPT/Polio booster) is given.

Side Effects and Fact Sheets

Single vaccines are far better tolerated than MMR. Side effects are uncommon and generally mild if they do occur. On the day of the vaccine you will be given a fact sheet which outlines possible side effects, the date the vaccine was administered, the name of the manufacturer, country of origin, batch number and expiry date of the vaccine. Please read the information carefully **before** your child is seen. It is important that you keep this information safely as it may be required as evidence of immunisation when your child attends nursery/school. We also recommend that a copy be given to your NHS GP Surgery for information, so that your child’s records there can be kept up to date.

How effective are Single Vaccines?

Government sources are constantly stating that the combined MMR is the most “effective” method of vaccinating children against Measles, Mumps and Rubella. The key word is “effective”. Looking at the issue from the Department of Health (DoH) point of view, it is true that when considering the population as a whole, it is more (cost) effective to use MMR. This is because more children are vaccinated more quickly and at less cost than if single vaccines were used. However, when considering a child as an individual, from a parental point of view, single dose vaccines provide better protection for each child against the infections.

Scientific research has repeatedly shown that the greater the time between vaccines being administered, the better the immunity provided. Combining several different vaccines into the

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same syringe, and administered by one injection defeats this principle. It has been clearly demonstrated that the degree of immunity achieved against Measles by a single dose vaccine is greater than that achieved by MMR. This could be of great importance in the event of a Measles epidemic.

The DoH also objects to single vaccines on the grounds that children are left at risk from infection during the time gap left between single vaccines. Providing the Measles vaccine is given first (as is our policy), the DoH objections are groundless as the other two vaccines can safely be left until the child is older.

Care Quality Commission (CQC) (previously Healthcare Commission) verifies that vaccines are delivered to our Practice in accordance with all Manufacturers' instructions and Government regulations. The vaccines are immediately placed into one of three LEC pharmaceutical fridges. Each of these fridges has an internal sensor which records the temperature inside on an external gauge, and also shows the highest and lowest temperatures occurring inside the fridge. The readings are recorded daily in a book. Recommended storage temperature is between 2^o- 8^oC. Domestic fridges are not of a high enough standard for storage of vaccines.

During each surgery we remove two vaccines from a fridge at a time and prepare them for administration. Every vaccine is administered within a maximum 30 minutes. After preparation each vaccine remains safe and effective for at least one hour. Please see our "Immunisation and Vaccination" Policy/Procedure if you require further details.

Vaccine Administration

We are experiencing an ever increasing number of requests for childhood vaccines, which I could **not** cope with alone. I am very lucky and proud to have such a caring and hardworking team:

Lynn (my wife and practice administrator who has "put up with me" for 40 years)

Jennie (receptionist, practice secretary and practice coordinator)

Sue (receptionist)

Carolyn (receptionist)

All vaccines are administered either by me or by Heather Bratt – Rose (Midwife Practitioner, RM. BSc. (Hons) Midwifery). Heather is very professional, caring, and knowledgeable about vaccines. She is as skilful at administering vaccines as I am.

It is very uncommon for children to cry when we administer a vaccine. The only exception to this is Mumpsvox, where the vaccine solution itself can occasionally cause temporary "stinging".

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Other Information available for parents

Our Healthcare Commission (now Care Quality Commission) Inspection reports have stated that the information we provide for parents is “factual and without bias”.

This is a brief summary of the information we have available for parents. Please see our website for more general information plus information about vaccines against:

- Chickenpox (Varivax)
- Pneumococcal meningitis (Prevenar & Pneumovax)
- Combined HiB meningitis + Meningitis C booster (Menitorix)
- Cervical cancer / HPV (Gardasil & Cervarix)
- TB (BCG)

We also provide information about the changes in Childhood Vaccination Schedules which came into effect in Sept 2004, July 2005, Sept 2006, Sept 2007 and Sept 2008.

These changes have resulted in this country having the most complicated & confusing Schedule in the World.

Different vaccines have been offered to children of different age groups, which has resulted in older children in the same family frequently having NO protection against the 3 different types of meningitis infections (HiB, Men C & Pneumococcal) for which there are vaccines, while their younger siblings have protection against all three.

In my opinion this is unfair, discriminatory, and possibly a result of financial restrictions. Most parents wish all of their children to be equally protected, and I believe that they have a right to this

Please see our website (<http://www.drjohnoakley.co.uk>) for further information about this important issue.

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Care Quality Commission registered. Registration no: 40328

Certificate No: PO30002014

8

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