Birmingham and Solihull Integrated Care System
Caring about healthier lives

NHS
Birmingham and Solihull

Dear Parent/Guardian,

Covid 19 immunisation during this Autumn/Winter campaign 2024

The Autumn/Winter immunisation campaign 2024 concludes in the next few weeks. If your child is eligible due to their medical history (see below), they may have an increased risk of complications if they acquire Covid 19 disease.

Immunisation offers your child the greatest protection against Covid 19 as we move into winter. Risk groups include those with neurodisability and severe/profound learning disabilities.

Over the next few weeks, we are holding immunisation clinics for Covid 19 at Birmingham Children's Hospital.

To book an appointment please contact the bookings team either via email at BSOLVaccinationBooking@uhb.nhs.uk or via telephone on 0121 371 8445

If you have any questions or require more information, please contact the bookings team who will be happy to assist.

Kindest regards,

Fiona Etheridge RGN RSCN
Senior Nurse
BSOL vaccination programme

Table 4: Clinical risk groups for individuals aged under 16 years

Chronic respiratory disease	Including those with poorly controlled asthma[1] that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, cystic fibrosis, ciliary dyskinesias and bronchopulmonary dysplasia
Chronic heart conditions	Haemodynamically significant congenital and acquired heart disease, or less severe heart disease with other co-morbidity. This includes: • single ventricle patients or those palliated with a Fontan (Total Cavopulmonary Connection) circulation • those with chronic cyanosis (oxygen saturations <85% persistently) • patients with cardiomyopathy requiring medication • patients with congenital heart disease on medication to improve heart function • patients with pulmonary hypertension (high blood pressure in the lungs) requiring medication
Chronic conditions of the kidney, liver or digestive system	Including those associated with congenital malformations of the organs, metabolic disorders and neoplasms, and conditions such as severe gastro-oesophageal reflux that may predispose to respiratory infection
Chronic neurological disease	Conditions in which respiratory function may be compromised; this includes those with: • neuro-disability and/or neuromuscular disease that may occur as a result of conditions such as cerebral palsy, autism, epilepsy and muscular dystrophy • hereditary and degenerative disease of the nervous system or muscles, other conditions associated with hypoventilation • severe or profound and multiple learning disabilities (PMLD), Down's syndrome, including all those on the learning disability register • neoplasm of the brain
Endocrine disorders	Including diabetes mellitus, Addison's and hypopituitary syndrome
Immunosuppression	Immunosuppression due to disease or treatment, including: • those undergoing chemotherapy or radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients • genetic disorders affecting the immune system (e.g. deficiencies of IRAK-4 or NEMO, complement disorder, SCID) • those with haematological malignancy, including leukaemia and lymphoma • those receiving immunosuppressive or immunomodulating biological therapy • those treated with or likely to be treated with high or moderate dose corticosteroids • those receiving any dose of non-biological oral immune modulating drugs e.g. methotrexate, azathioprine, 6-mercaptopurine or mycophenolate • those with auto-immune diseases who may require long term immunosuppressive treatments Children who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy.
Asplenia or dysfunction of the spleen	Including hereditary spherocytosis, homozygous sickle cell disease and thalassemia major
Serious genetic abnormalities that affect a number of systems	Including mitochondrial disease and chromosomal abnormalities
Pregnancy	All stages (first, second and third trimesters)

1 Poorly controlled asthma is defined as:
- ≥2 courses of oral corticosteroids in the preceding 24 months OR
- on maintenance oral corticosteroids OR
- ≥1 hospital admission for asthma in the preceding 24 months
https://www.brit-thoracic.org.uk/covid-19/covid-19-information-for-the-respiratory-community/#jcvi-advice-on-covid-19-vaccination-for-children-aged-12-15-years-in-clinical-at-risk-groups)

Cough/cold in children 1 year and over - Advice Sheet

Advice for parents and carers

Cough is extremely common in children and usually gets better by itself with no specific treatment, although the cough often takes 2 to 3 weeks to disappear. Occasionally, children with cough can sometimes develop a chest infection.

When should you worry?

RED

If your child has any of the following:

- Is going blue around the lips
- Has pauses in their breathing (apnoeas) or has an irregular breathing pattern or starts grunting
- Severe difficulty in breathing - too breathless to talk or eat/drink
- A harsh noise as they breath in (stridor) present all of the time (even when they are not upset)
- Becomes pale, mottled and feels abnormally cold to touch
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the 'Glass Test')

You need urgent help.
Go to the nearest Hospital Emergency (A&E) Department or phone 999

AMBER

If your child has any of the following:

- Has laboured/rapid breathing or they are working hard to breath - drawing in of the muscles below their lower ribs, at their neck or between their ribs
- A harsh breath noise as they breath in (stridor) present only when they are upset
- Seems dehydrated (sunken eyes, drowsy or not passed urine for 12 hours)
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up - especially if they remain drowsy or irritable despite their fever coming down
- Has extreme shivering or complains of muscle pain
- Continues to have a fever of 38.0°C or above for more than 5 days
- Is getting worse or if you are worried

You need to contact a doctor or nurse today.
Please ring your GP surgery or contact NHS 111 - dial 111 or for children aged 5 years and above visit 111.nhs.uk

GREEN

- If none of the above features are present

Self Care
Continue providing your child's care at home. If you are still concerned about your child, contact NHS 111 – dial 111 or for children aged 5 years and above visit 111.nhs.uk

Cough/cold in children 1 year and over - Advice Sheet

Advice for parents and carers

Symptoms of a chest infection

Symptoms of a chest infection can come on over 24-48 hours or more slowly over several days. A child with a chest infection is usually very tired and looks unwell.

Common symptoms include:

- Prolonged fever
- Breathing faster than usual
- Using extra effort when breathing
- Being too breathless to feed (young children) or complete sentences (older children)
- Chest pain when breathing or coughing

Causes of cough

Most cases of cough in children (under 5 years of age) are caused by viral infections; your child may also have a runny nose, cough or earache.

Treatment

Most children with cough do not need antibiotics. That's because research has shown that antibiotics make very little difference to how quickly your child gets better.

Antibiotics are usually only considered if your child has a high fever for more than 24 hours and is breathing faster than normal plus using extra effort when breathing. If your child has a wheeze and difficulty breathing, they are very unlikely to benefit from antibiotics but may benefit from inhalers.

In addition, if your child has any amber or red features above, they will need to be urgently seen by a healthcare professional who may decide that your child may benefit from additional treatment.

You can help relieve symptoms by;

- Giving your child paracetamol or ibuprofen if they have a fever
- Encourage your child to drink plenty of fluids

It can take a few weeks for a child to fully recover from a cough. Children rarely cough up phlegm, but they are still clearing their chest. If you are worried that after an initial improvement, their cough is getting significantly worse, or not getting better after 4 weeks, you should take your child to see their GP. Most children make a full recovery from a chest infection with no lasting effects.

Prevention

It is not always easy to avoid catching these infections. However, good hygiene practices can prevent infections spreading.

- Wash your hands regularly and thoroughly
- Use a tissue when coughing or sneezing and put it in the bin
- Avoid sharing glasses or utensils with people who are unwell

Cough/cold in children 1 year and over - Advice Sheet

Advice for parents and carers

Antibiotics should only be used if their benefits are likely to outweigh their harms

YOU SHOULD CHECK NHS 111 ONLINE / CALL 111 IF

- Pink / red eyes / cough / runny nose
- Ear pain less than 2 days
- Mild tummy pain that comes and goes

For up to date advice on COVID-19 and childhood illnesses/injuries visit: www.nhs.uk OR https://bwc.nhs.uk/ https:/www.birminghamandsolihullccg.nhs.uk/your-health/children-s-young-people-and-maternity-services-during-covid-19

YOU SHOULD CALL YOUR GP/111 IF

APPEARANCE
- Mild allergic reaction (known or suspected)
- New rash that fades when you press it

BEHAVIOUR
- Mild irritability/sleepier than normal
- Moderate tummy pain
- Vomiting and diarrhoea
- Ear pain for more than 2 days

BREATHING
- Wheezing
- Fast Breathing

OTHER
- Temperature
  - More than 39 in child aged 3-12 months
  - More than 38 in a child for 5 days or more
- Not passed urine for 12 hours

YOU SHOULD GO TO A&E IF

APPEARANCE
- Dizziness/feeling faint
- Rash that doesn't fade when you press it

BEHAVIOUR
- Severe tummy pain

OTHER
- Burn
- Possible broken bone

OTHER
- Swallowed foreign objects
  - Especially magnets/batteries
- Temperature higher than 38 in a baby younger than 3 months old
- Your child has a specific health care plan that tells you to go to A&E
- Head injury

YOU SHOULD CALL 999 / GO TO A&E IMMEDIATLEY IF

APPEARANCE
- Pale/Ashen/Mottled/Blue Colour
- Collapsed/unresponsive/loss of consciousness
- No obvious pulse or heartbeat
- Severe allergic reaction

BEHAVIOUR
- Extreme
- Irritability
- Pain
- Sleepiness (can be woken but falls asleep immediately)
- Seizure/jerking movements/fit

BEHAVIOUR
- Sucking in and out between ribs
- Flaring nostrils
- Extremely fast breathing
- Noisy breathing

OTHER
- Bleeding from an injury, that doesn't stop after 10 minutes of pressure
- Overdose of medication or other substances

MENTAL HEALTH SUPPORT 24/7 FOR ALL AGES IN BIRMINGHAM & SOLIHULL
Call 0800 915 9292 / 0121 262 3555

In Birmingham (FTB) - age 0-18 Years
- 7 Days a Week 10am-6pm
- 0207 841 4470
- Email: askbeam@childrenssociety.org.uk

In Solihull (SOLAR) - age 0-18 Years
- Mon-Fri 8am-8pm 0121 301 2750
- Weekends and Evenings 8pm-8am 0121 301 5500

Kooth – For 11-25 year olds in Birmingham and Solihull

Peer to peer support through moderated discussion forums, self-care tools and resources and online mental health counselling and chat services from 12pm-10pm during the week, and 6pm-10pm at weekends: www.kooth.com