HSC Public Health Agency

Changes to the Childhood schedule 2025

Background

In order to optimise individual and community level protection, the UK vaccination schedule is kept under constant review. Changes to the epidemiology of infectious diseases and the availability of vaccines mean that from time to time, adjustments need to be made and it is because of both of these factors that significant changes will be made to the routine childhood vaccination schedule and the selective hepatitis B vaccination programme from 1 July 2025.

As a result of the discontinuation of the manufacture of the Menitorix (Hib/MenC) vaccine, the Joint Committee on Vaccination and Immunisation (JCVI) have undertaken a review of the national childhood immunisation schedule and have advised on a number of changes both to the infant schedule in the first year of life and also to vaccines given in the second year of life, including the introduction of a new routine vaccination appointment at 18 months of age.These changes are detailed below and in the HSS Policy letter doh-hss-md-15-2025.pdf.

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Changes to the immunisation schedule from 1 July 2025

Infant schedule changes

From 1 July 2025, changes are being made to the infant schedule at 12 and 16 weeks of age:

- the meningococcal B vaccine, previously offered at 8 and 16 weeks will now be offered at 8 and 12 weeks of age

Meningococcal serogroup B is responsible for the majority of invasive meningococcal disease (IMD) cases in the UK and following the introduction of the routine meningococcal B vaccination programme in 2015, the peak age of infection has shifted from 5 to 6 months to 1 to 3 months of age, with a substantial proportion of cases occurring before infants had gained protection from the second dose of vaccine (which was previously scheduled at 16 weeks). Because of the changing epidemiology of IMD, the JCVI agreed that it would be beneficial to move the second dose of MenB vaccine to 12 weeks of age to provide earlier protection. Recent evidence from the (as yet unpublished) LION MenB randomised control trial showed that a good response was made when 2 doses of MenB vaccine were given 4 weeks apart at 8 and 12 weeks of age.

- the pneumococcal conjugate vaccine (PCV13) previously offered at 12 weeks of age will be offered at 16 weeks of age

To avoid increasing the number of injections at the second vaccination appointment at 12 weeks, the first dose of PCV13 vaccine will be moved to the third vaccination appointment at 16 weeks. Although the first dose of PCV13 will be delayed by 4 weeks, the incidence of PCV disease due to the 13 serotypes in the vaccine is very low in young children because of the excellent herd protection provided by the 1+1 dose PCV13 vaccination programme.

When considering these changes to the infant schedule, the JCVI agreed that moving the first dose of PCV from 12 weeks to 16 weeks of age would not compromise longer term immunological protection and may provide better immunological protection against invasive pneumococcal disease during infancy.

Offering the MenB vaccine at 8 and 12 weeks and the PCV13 vaccine at 16 weeks is also associated with an improved safety profile over the previous schedule for these vaccines. In the LION MenB study, giving this schedule was associated with a lower rate of local and systemic adverse effects.

Changes to the vaccination appointment at 1 year and introduction of an 18 month appointment for children born on or after 1 July 2024

In 2006, following studies which showed that protection against Haemophilus influenzae type b (Hib) waned during the second year of life, a fourth (booster) dose of Hib antigen was introduced into the routine childhood schedule at 12 months of age. This was given with capsular group C meningococcal (MenC) antigen in a combined Hib/MenC vaccine with the brand name of Menitorix.

In recent years, GlaxoSmithKline UK (GSK), the marketing authorisation holder for Menitorix vaccine has notified the JCVI that it has made a commercial decision to discontinue the manufacture of Menitorix. The UKHSA has estimated that the central stock of this vaccine will be depleted by mid-2025. With no other Hib/MenC vaccine available on the UK market, the JCVI discussed options for the necessary changes to the schedule, publishing an interim statement in August 2022 and a full statement "Changes to the childhood immunisation schedule" in November 2022.

The JCVI advised that:

- the UK has a successful adolescent MenACWY programme through which its excellent control of meningococcal C disease across the whole population can be maintained. A dose of meningococcal C containing vaccine is therefore no longer recommended in the childhood schedule at age 12 months
- there is still a continued need for a dose of Hib vaccine during the second year of life to prevent transmission in the community and maintain herd immunity

They recommended that the following changes should come into effect nationally once the remaining supply of Menitorix vaccine has been used:

- an additional dose of a Hib-containing multivalent vaccine (the hexavalent DTaP/IPV/Hib/HepB vaccine which is given in infancy) should be administered at age 18 months to replace the Hib component of the Hib/MenC (Menitorix) vaccine which was given at 12 months. This requires the introduction of a new appointment at 18 months of age
- the new 18 months of age appointment provides an opportunity for the second dose of MMR vaccine to be moved from 3 years 4 months to 18 months of age. This is expected to improve MMR vaccine uptake (as has been demonstrated in a number of London boroughs where this change has already been made) and reduce the likelihood of measles outbreaks

Infants eligible for the selective Hepatitis B vaccination programme

As a result of the introduction of a fourth hexavalent vaccine at 18 months from 1 January 2026, the JCVI have also recommended a change to the selective hepatitis B vaccination programme for children born to hepatitis B positive mothers.

Children born on/after 01/07/24 who are on the selective hepatitis B vaccination programme will no longer be offered a monovalent vaccine at 12 months of age as they will now receive a further dose of hepatitis B vaccine as part of the hexavalent vaccine being offered at 18 months from 01 January 2026. These children should continue to receive their MenB, PCV13 and first MMR vaccines at 1 year of age however.

It is important that these children are tested for infection via venous sample. Testing will continue to be performed by paediatrics at 12 months.

Children born on/before 30 June 2024 who are on the selective hepatitis B vaccination programme should continue to be offered a dose of monovalent hepatitis B vaccine in addition to their other 1 year vaccinations (Hib/MenC, MenB, MMR and PCV13) as per the previous schedule.
If Hib/MenC vaccine is no longer available, they should be given the hexavalent DTaP/IPV/Hib/HepB vaccine at 1 year and a monovalent HepB vaccine would not be necessary. They should be tested for infection at 12 months of age.

Further information is available in the JCVI October 2024 meeting minutes, in the Hexavalent (6 in 1) combination vaccine (routine immunisation programme) | HSC Public Health Agency and the Hepatitis B: antenatal screening and selective neonatal immunisation pathway.

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Summary table of changes from 1 July 2025

From date	Change to be implemented
1 July 2025	First PCV13 dose moved from 12 weeks of age to 16 weeks of age. Second MenB dose brought forward from 16 weeks of age to 12 weeks of age Cessation of routine Hib/MenC (Menitorix) offer to those turning 12 months for those born on or after 1 July 2024 Removal of monovalent HepB dose at 1 year for infants on the selective HepB pathway schedule born on or after 1 July 2024
1 January 2026	Introduction of an additional (4) dose of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months for those born on or after 1 July 2024 Second MMR dose moved from 3 years 4 months to the new routine 18 month appointment for those born on or after 1 July 2024

Summary of the revised immunisation schedule from 1 July 2025

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Age	Old routine schedule (prior to 1 July 2025)	New routine schedule (from 1 July 2025)	Changes made
8 weeks	First DTaP/IPV/Hib/HepB First MenB First Rotavirus	First DTaP/IPV/Hib/HepB First MenB First Rotavirus	None
12 weeks	Second DTap/IPV/Hib/HepB Second Rotavirus First PCV13	Second DTap/IPV/Hib/HepB Second Rotavirus Second MenB	From 01 July 2025 Moved First PCV13 to 16 weeks Moved Second MenB to 12 weeks
16 weeks	Third DTap/IPV/Hib/HepB Second MenB	Third DTap/IPV/Hib/HepB First PCV13	From 01 July 2025 Moved Second MenB to 12 weeks Moved First PCV13 to 16 weeks
1 year	Hib/MenC Third Men B Second PCV13 First MMR	Third Men B Second PCV13 First MMR	From 1 July 2025 Removed offer of Hib/MenC for children

Age	Old routine schedule (prior to 1 July 2025)	New routine schedule (from 1 July 2025)	Changes made
			born on or after 1 July 2024
18 months (new appointment)	Not applicable	Fourth DTap/IPV/Hib/HepB Second MMR	From 1 January 2026 Introduced new 18 month appointment for Fourth DTap/IPV/Hib/HepB dose and Second MMR for children born on for after 1 July 2024
3 years 4 months	Second MMR dTap/IPV	dTaP/IPV Check 2 doses of MMR have been given	From 1 January 2026 Moved Second MMR for children born on for after 1 July 2024 to 18 months Children aged 18 months to 3 years 4 months on 01 January 2026 (DOB on or before 30 June 2024) will remain on the current MMR schedule and be offered their

Age	Old routine schedule (prior to 1 July 2025)	New routine schedule (from 1 July 2025)	Changes made
			second MMR at 3 years 4 months

Further detail and rationale is provided in the JCVI statement on changes to the childhood immunisation schedule (30 November 2022) and in the UKHSA/NHSE letter HSSMD-15-2025-CHANGES-TO-ROUTINE-CHILDHOOD-VACCINATION-SCHEDULE-FROM-1-JULY-2025.pdf.

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Timelines and eligibility

Vaccinations in the first year of life

Children who have already received their 12-week PCV13 vaccination prior to 1 July 2025 should remain on the previous schedule and be invited for their second MenB vaccine at 16 weeks of age

Children who have not yet received their 12-week vaccinations by 1 July 2025, should be vaccinated as per the new schedule timings (second MenB at 12 weeks and PCV13 at 16 weeks)

Vaccinations in the second year of life

All children who have their first birthday on or after 1 July 2025 (DOB on or after 1 July 2024) will not be offered Hib/MenC (Menitorix) when they attend for their 1-year vaccination appointment. Instead, they should be offered a hexavalent (DTaP/IPV/Hib/HepB) booster dose at a new 18 month routine vaccination appointment (starting from 1 January 2026) to replace the Hib component of Menitorix. These children will be offered their second dose of MMR at the 18 month appointment and should then attend at 3 years 4 months of age for their dTaP/IPV booster vaccine.

Other than the removal of the dose of Hib/MenC (Menitorix) vaccine, there are no other changes to the vaccines which should still be offered to these children at 1 year of age (PCV13, MenB and first dose of MMR).

Children who turned 1 year of age on or before 30 June 2025 (DOB on or before 30/06/24) should continue to be offered Hib/MenC (Menitorix) as per the previous schedule along with their MenB, PCV13 and MMR vaccines due at this age. If the national supply of Menitorix is exhausted before children in this birth cohort receive it (for children who are late coming for their 1-year vaccines), these children should be offered a hexavalent vaccine instead of Menitorix (alongside their PCV13, MenB and first MMR). This should be given when they present for these vaccines – they should not wait until 18 months of age as they will not be invited for an appointment at that age.

Children in this date of birth cohort should then be offered their booster dose of dTaP/IPV vaccine and second dose of MMR vaccine at 3 years 4 months.

3 year 4 month vaccines

For children in both of the above age cohorts, the dose of dTaP/IPV vaccine should continue to be administered at age 3 years and 4 months to provide longer lasting protection until the time of the adolescent booster. This appointment will also provide a further opportunity to administer a second dose of MMR if this dose has not yet been given. Children who have missed out on either dose of MMR vaccine remain eligible for life.

Children with an incomplete vaccination history for their age

Vaccinators are advised to follow the guidance set out in 'vaccination of individuals with uncertain or incomplete immunisation' for children who present with an incomplete vaccination history for their age.

Suitable site for vaccine administration

The preferred sites for intramuscular (IM) vaccinations are the anterolateral aspect of the thigh or the deltoid area of the upper arm.

The anterolateral aspect of the thigh is the preferred site for infants under one year old, because it provides a large muscle mass into which vaccines can be safely injected.

For individuals from one year of age, this means that both the deltoid area of the upper arm and the anterolateral aspect of the thigh are likely to be suitable and either can be used. As children get older, the deltoid area of the upper arm is likely to be easier to access, but there is no clinical preference for one of these sites over the other for any of the vaccines used in the routine childhood programme.

The recommended vaccines

There are no new vaccine products in the amended schedule. The hexavalent vaccine administered at age 18 months is the same vaccine that is given at 8, 12 and 16 weeks of age and was introduced into the UK childhood schedule in autumn 2017.

Further information about the hexavalent vaccine is available in the Hexavalent (6 in 1) combination vaccine (routine immunisation programme) | HSC Public Health Agency

Vaccine ordering

Vaccines for the national vaccination programmes in Northern Ireland should be ordered via the agreed process for each vaccination programme. This is normally through the local HSC Trust Pharmacy Department, or directly through the PHA's vaccine distribution partner.

Healthcare practitioners should refer to the latest HSS policy letter or PHA website for current information on the vaccine product available for each vaccination programme. Any changes or updates to vaccine products are communicated from the Regional Pharmaceutical Procurement Service (RPhPS) to HSC Trust Pharmacy Departments and SPPG for onward communication to vaccination service providers.

As childhood programmes involve a year-round offer, vaccines should be ordered regularly throughout the year. To minimise wastage due to fridge failures or expiry, healthcare practitioners are reminded to order no more than 2 weeks' worth of stock rather than over-ordering or stockpiling vaccines. Vaccines should be ordered, stored and monitored as described in the Green Book Chapter 3 Storage, distribution and disposal of vaccines and the HSC Vaccine Handling and Storage Guidance for GP Practices.

Monovalent Hepatitis B vaccine for children on the selective HepB pathway should continue to be ordered via the standard vaccine ordering process for the doses given at birth and 4 weeks and, for those born on or before 30 June 2024, for the 12-month dose.

Prescription only medicines

All vaccines are classified as prescription only medicines (POMs). This means that they are subject to legal restrictions and there needs to be an appropriate legal framework in place before they can be supplied and or administered. Any person who supplies and administers a vaccine must have a legal authority to do so. This legal authority may be in the form of a written patient specific prescription, a Patient Specific Direction (PSD) or a Patient Group Direction (PGD).

PHA and SPPG have developed and published PGD templates to support the national immunisation programmes. These have been updated in line with the changes to the childhood schedule and are available to download from the PGDs/National Protocols – Primary Care Intranet webpage. The PHA and SPPG immunisation PGD templates require further authorisation in Section 2 of the PGD document before they can be used. **The PGD is not legal or valid without signed authorisation.**

Potential issues or inadvertent errors

Please note, if you cannot find the answer you require here, it may be available in the following guidance:

- Hexavalent DTaP/IPV/Hib/HepB combination vaccine: information for healthcare practitioners
- Pneumococcal vaccination: guidance for health professionals
- Meningococcal B: vaccine information for healthcare professionals
- MenACWY programme: information for healthcare professionals

Interval between doses of MenB vaccine

Although previously an 8-week minimum interval between doses of MenB vaccine was recommended, a recent study (LION MenB) has shown that a 4-week interval

between doses provides a similar immune response to an 8-week interval. For children who fall behind with the routine schedule therefore, a minimum 4-week rather than 8-week interval between doses of MenB vaccine can now be observed.

What to do if a child receives MenB vaccine at 16 weeks in error having already received it at 8 and 12 weeks

Although studies have shown that infants make a good response to 2 doses of MenB vaccine, one of the licensed schedules for the Bexsero MenB vaccine is for 3 doses given 1 month apart. This means that the vaccine has been trialled this way and receiving 3 doses is not harmful. It is important to check that the MenB vaccine was not given instead of the PCV13 vaccine. If the PCV13 vaccine has not been given, it should be given as soon as possible after the error is realised.

Child inadvertently given PCV at 12 weeks instead of 16 weeks

If the dose of PCV13 is inadvertently given at 12 weeks instead of the new schedule of 16 weeks, this will still count as a valid dose and does not need to be repeated.

If the child is still in the GP surgery and they have not been offered their second dose of MenB vaccine, this should be offered now as MenB vaccine can be given at the same time as PCV13 vaccine where necessary.

If they have already left the surgery before the error is realised the vaccinator should ensure that the child is offered their second dose of MenB vaccine at their 16-week appointment.

Child inadvertently scheduled for the new schedule before July 2025

Hib/MenC should continue to be administered to children born on or before 30th June 2024.

If a child is given their second MenB vaccine at 12 weeks instead of at 16 weeks, before 1st July 2025, they should continue on the new schedule. The Child Health System will call for a third DTaP/IPV/Hib/HepB dose and PCV13 at their next appointment.

Parent/carer concerned about removal of MenC vaccination from the infant schedule

Parents and carers should be reassured that the removal of the MenC vaccine has been carefully considered by the JCVI. The introduction of the teenage MenACWY vaccination programme in 2015 has been highly successful in reducing the incidence of meningococcal disease.

Modelling work found that indirect protection against MenC in infants is sustained as a result of the teenage MenACWY programme. It is therefore predicted the meningococcal disease cases caused by meningococcus groups A, C, W and Y will decline and stay at very low levels in the long term.

Further information is available in the JCVI statement on changes to the childhood immunisation schedule (30 November 2022). Information for parents and carers is available in a range of information leaflets from the Public Health Agency website and NIDirect.

What to offer a child born on or before 30 June 2024 who presents late for their Hib/MenC vaccine

If Menitorix is still available, it can be administered to any child born on/before 30 June 2024 who is aged 1 year or older but less than 10 years of age who has not received a dose of a Hib-containing vaccine since their first birthday. Use the uncertain/incomplete algorithm to check whether they are up to date with all other vaccines that they should have already received and offer any doses that they have missed and for which they remain eligible. If they are missing any primary doses of diphtheria, tetanus, pertussis, polio or HepB vaccine, they should be offered the hexavalent DTaP/IPV/Hib/HepB vaccine rather than Menitorix.

MenC-containing vaccine is no longer recommended for young children who have missed a dose or have an unknown immunisation status. They will be protected by the herd immunity provided by the adolescent MenACWY programme which they will be offered at around 14 years of age. Those who are older than 14 years and missed this MenACWY vaccine dose remain eligible for it up to their 25th birthday.

Inadvertent administration of Hib/MenC vaccine to a child in the birth cohort who should have received hexavalent vaccine at 18 months

If a child who should have received the hexavalent vaccine at 18 months is given the Hib/MenC vaccine in error, then they can receive the missed dose of hexavalent vaccine around 4 weeks later (or when they are 18 months if it has been given earlier than this). This is particularly important if they are following the selective hepatitis B vaccine pathway.

It is also important to ensure that the child is offered their second MMR at 18 months.

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Inadvertent administration of DTaP/IPV/Hib/HepB at 1 year of age

If the hexavalent vaccine is inadvertently given to a 1 year old child who is eligible for the 18 month appointment, this will count as a valid dose of Hib-containing vaccine and does not need to be repeated at 18 months of age. However, the child should still attend their 18 month appointment in order to receive their second dose of MMR vaccine.

What to do if a child born on or after 1 July 2024 receives their 1-year vaccines late

If a child receives their 1-year vaccines of PCV13, MenB and first MMR late (i.e. between 12 and 18 months), they should still receive their 18 month dose of hexavalent vaccine and second MMR. There needs to be a minimum of 4 weeks between their first and second dose of MMR. If they have not received their 1-year vaccines when they attend their 18 month appointment, they should be offered these vaccines with their hexavalent vaccine and they should be invited back to receive their second MMR 4 weeks later.

What to do if a child, born on or after 1 July 24, receives any of their primary DTaP/IPV/Hib/HepB vaccines over the age of 12 months

Children need to receive at least one dose of Hib-containing vaccine over the age of one year when they make a better and longer lasting response. If they have received this Hib dose through receiving one or more of their primary doses of hexavalent vaccine over 1 year of age (for example because they are behind with the schedule or have received vaccines overseas), an additional fourth dose of hexavalent vaccine at 18 months is not needed (as long as the vaccine given overseas over 1 year contained a Hib component).

They should still receive their second dose of MMR from 18 months of age however (provided there have been at least 4 weeks since the previous MMR dose was given). They should also still receive the dTaP/IPV pre-school booster vaccine from 3 years 4 months of age (a minimum of 1 year should be left between completing the primary immunisation course and the first booster).

If a fourth dose of hexavalent vaccine has been given to a child who has received at least one of their 3 primary doses of hexavalent vaccine over 1 year of age however, it does not matter, this will provide additional boosting to their primary course. If the child is under 3 years of age, they should still receive their dTaP/IPV booster vaccine at 3 years 4 months (or once there has been a minimum interval of 1 year between the last dose of hexavalent vaccine and the dTaP/IPV booster). If they were over 3

years of age when it was given, this hexavalent vaccine dose can count as their pre-school booster vaccine.

Inadvertent administration of dTaP/IPV at 18 months

If the dTaP/IPV vaccine usually given at 3 years 4 months is inadvertently given at 18 months instead of the hexavalent DTaP/IPV/Hib/HepB that should have been given, a dose of hexavalent vaccine should be offered as soon as the error is realised. The dTaP/IPV vaccine will not provide protection against Hib.

The dTaP/IPV vaccine should still be given as per the national schedule once the child is aged 3 years 4 months.

What to do if DTaP/IPV/Hib/HepB is not given at 18 months

Children who are eligible for the 18 month hexavalent dose but do not receive it at the recommended age (because they do not attend their appointment) remain eligible for it until their 10th birthday (Hib-containing vaccines and hexavalent vaccine are not routinely offered after the 10th birthday). It should be given when they do present for it because it is important that they receive a dose of Hib-containing vaccine over 1 year of age.

For children who are still under 3 years when they present, a minimum interval of one year should then be left between this late 18 month hexavalent vaccine dose and the pre-school booster dTaP/IPV vaccine.

If they have not received it by 3 years of age, they should be offered the hexavalent vaccine for their pre-school booster vaccine instead of the dTaP/IPV vaccine. The other components of the hexavalent vaccine will boost the protection they made to their primary vaccinations so giving the dTaP/IPV vaccine as a pre-school booster at a later date is not necessary. If they are over 3 years of age when they present for this missed 18 month dose, it can be given – they do not need to wait until they are 3 years 4 months.

If the child has missed their 18 month vaccination appointment, it is also important that they are offered their second MMR vaccine when they attend for the hexavalent vaccine.

If the child is on the selective neonatal hepatitis B vaccination pathway and in the eligible age cohort, it is particularly important that they are offered the 18 month hexavalent booster vaccine as soon as possible and parents/carers are informed of the importance of this dose. It is also very important to check when they do attend for this dose that they have undergone Hepatitis B testing.

What to do if MMR is not given at 18 months

If a child in the eligible cohort is not offered their second MMR at 18 months, they should be invited to receive it as soon as possible. Vaccinators should check, when giving the dTaP/IPV vaccine at 3 years 4 months, that children have been offered 2 doses of MMR vaccine.

Child on selective neonatal HepB pathway given monovalent hepatitis B vaccine at 12 months in error

If a child (born on or after 1 July 2024) on the selective hepatitis B vaccination pathway is given a monovalent hepatitis B vaccine in error at 12 months of age, they should still be offered a hexavalent vaccine at 18 months as they need to receive the Hib antigen contained in this vaccine. There are no safety concerns with giving additional doses of Hepatitis B vaccine.

It is important that testing for Hepatitis B infection is carried out at 12 months of age. This will usually be done by paediatric services. If it has not been done when the child attends for their 18 month hexavalent and second MMR vaccinations, it is important that testing is arranged at this point as this appointment provides a crucial opportunity as the last routine appointment before the 3 year 4 month vaccination appointment to do it. Although testing can be carried out after 18 months (and should be if it has not been done before then), leaving it beyond the 18 month appointment risks it being missed altogether.

See Hepatitis B: antenatal screening and selective neonatal immunisation pathway for more information about testing.

What to do if a third MMR is given at 3 years and 4 months

If a third dose of MMR vaccine is given in error at 3 years and 4 months with the dTaP/IPV vaccine, reassure the parents/carers that this will not be harmful. The pre-existing antibodies the child made to their previous doses of MMR will be boosted and will neutralise the vaccine viruses in the inadvertent third dose of MMR.

Resources

Healthcare practitioner resources to support the changes to the childhood schedule programme including updated Green Book chapters and training are available at Professional resources | HSC Public Health Agency and NHSE elfh Hub. Updated PGDs are also available through Trusts.

Updated patient leaflets will be delivered to all vaccination providers. Online versions are available on the PHA website.

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The Public Health Agency would like to acknowledge the UK Health Security Agency for kind permission to use their materials