Child Health System staff and Practice Manager training

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Public Health Agency

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Aims of this session

- To learn about vaccine preventable diseases
- Learn about the changes to the childhood vaccination schedule
- Eligibility and scheduling
- Operational management

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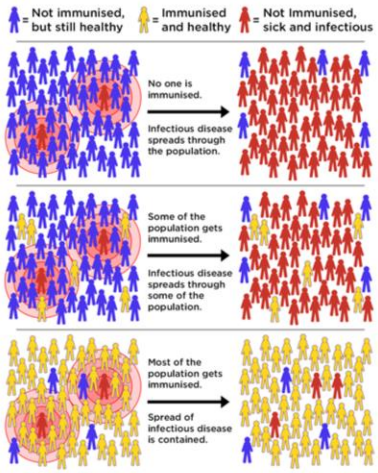
Mixed model of delivery

Why vaccinate?

- Protect against serious illness
- Prevent diseases spreading in the population
- Protect people who can't be vaccinated
- Early protection against infections is key
- It is the most successful public health intervention after clean water
- 4-5 million childhood deaths are prevented through childhood vaccination every year



When enough people in a community are vaccinated, the spread of disease is contained. *Image adapted from: Tkarcher; CC BY-SA 4.0*

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World Health Organization

95% of population should be vaccinated for adequate protection

In Northern Ireland, vaccination rates have dropped since 2017 for **all** childhood programmes

Northern Ireland is in the grip of the '100 day cough' epidemic - here's what you should know about whooping cough

By Claire Cartmill

Comment

Published 18th Apr 2024, 13:16 GMT | Updated 18th Apr 2024, 13:30 GMT

Measles: First case in seven years confirmed in Northern Ireland

20 February 2024

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Reminder of recent schedule changes

- The first changes began on **1 July 2025**
- The timing of two vaccines given in the current vaccination schedule swapped:
- The meningococcal B (MenB) given at 16 weeks moved forward to 12 weeks
- The pneumococcal (PCV) vaccine is given at 16 weeks
- Protection against meningococcal C (MenC) is no longer required at 12 months due to good uptake in the teenage vaccination programme
- The vaccine given at 12 months, which protects against Haemophilus influenzae b (Hib), will move to a new appointment at 18 months
- **From January 2026**, the 2nd dose of the measles, mumps and rubella (MMR) vaccine will move to a new appointment at 18 months, which will provide earlier protection and will now include varicella (MMRV)
- **Whether children are affected by the changes will depend on their date of birth**

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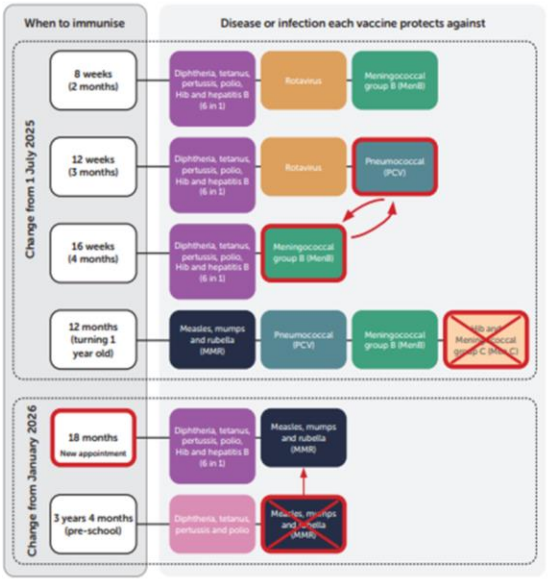
This diagram shows the current childhood immunisation schedule with 2025 and 2026 changes highlighted



Introduction of chickenpox vaccine in NI

- The chickenpox vaccine will now become part of the routine MMR vaccine- to become MMRV (measles, mumps, rubella and varicella)
- The rollout is based on expert scientific advice from the Joint Committee on Vaccination and Immunisation (JCVI), following research showing the significant impact of severe cases of chickenpox on children's health, hospital admissions and associated costs
- The MMRV vaccine will be available to eligible children from 1st January 2026
- Eligibility will be based on how old a child is when the programme starts in January 2026 and parents will be provided with more information at the time their child's vaccination is due.
- Research shows that chickenpox in childhood results in an estimated £24 million in lost income and productivity every year in the UK

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Department of Health | An Roinn Sláinte / Männystrie O Pouste

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Chickenpox vaccination to be offered to children in Northern Ireland from 2026

Date published: 29 August 2025

Children in Northern Ireland will be offered a free vaccination against chickenpox for the first time from 2026.

From January, eligible children will be offered a combined vaccine for measles, mumps, rubella and varicella (MMRV) – the clinical term for chickenpox - as part of the routine infant vaccination schedule.

The rollout of the MMRV vaccine is based on expert scientific advice from the Joint Committee on Vaccination and Immunisation (JCVI), following research showing the significant impact

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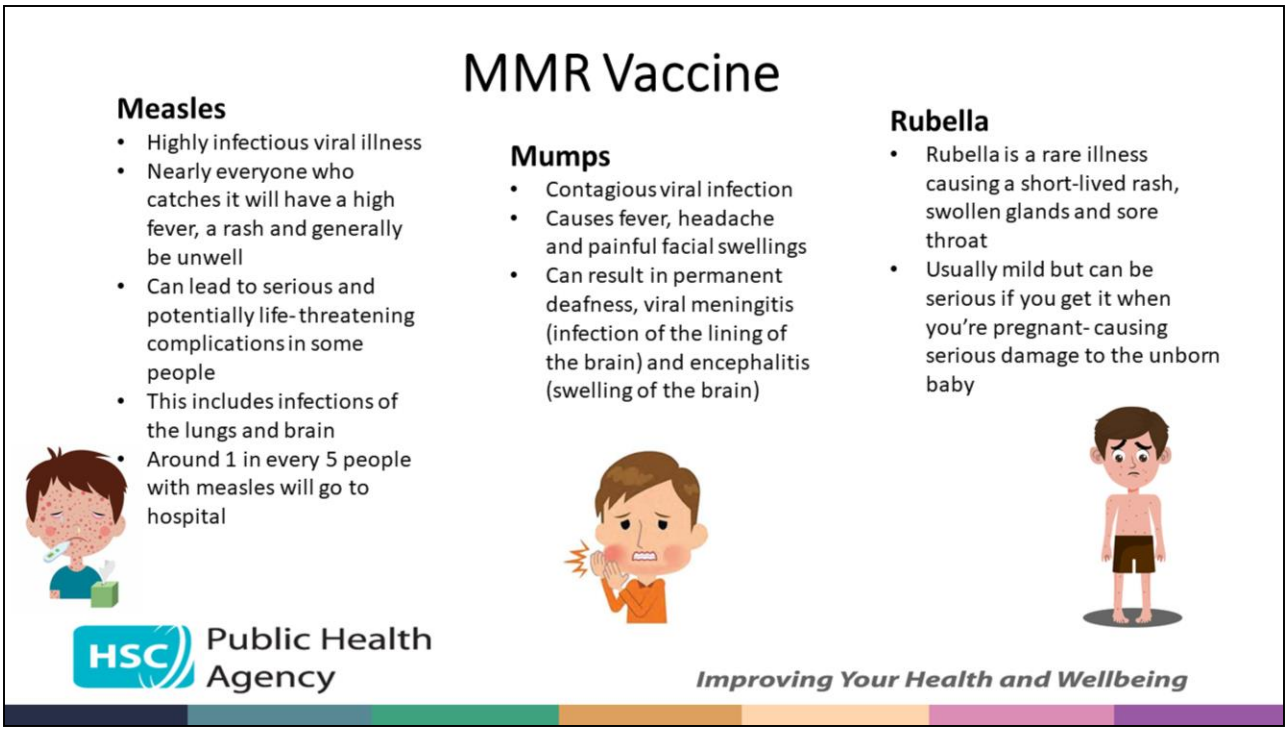


For any children who are unvaccinated or only partially vaccinated, it is crucial to ensure
Back in the late 1990's there were claims that the MMR vaccine caused Autism. Howev

Despite strong evidence of its safety, some parents are still hesitant to accept MMR vac

The MMR vaccine protects against measles, mumps and rubella.

Measles is a highly infectious viral illness that can be extremely unpleasant and typical

Measles is highly infectious (to compare Covid-19 had an infectious rate of 1-3. 1 perso

Mumps is a contagious viral infection, it's most recognisable by the painful swellings at

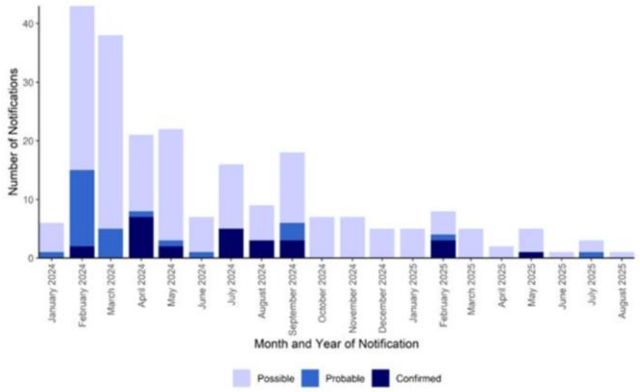
Rubella (german measles) is a rare illness that causes a spotty rash. It is usually a mild

Measles data

Table 3.1: Counts of measles notifications, 2024-2025.

	2024 (N=199)	2025 (N=30)
Case category		
Confirmed	22 (11.1%)	4 (13.3%)
Probable	25 (12.6%)	2 (6.7%)
Possible	152 (76.4%)	24 (80.0%)

Please note: in the table above data for 2025 is up to 31 August



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We have seen a significant decrease in the uptake of the MMR vaccine over the last 5 y

Measles notifications in Northern Ireland increased during February 2024 before decrea
To put this into context, prior to this the last measles case in Northern Ireland was in 20
There were 22 laboratory confirmed measles cases reported in 2024 with the last confir
There has been 4 confirmed measles cases reported in 2025 to date

Varicella (chickenpox)

- Varicella (commonly known as chickenpox), is a very common infectious disease caused by a virus
- It affects most children during childhood, although it can be caught for the first time at any age
- It's transmitted through direct contact between people, or indirectly through airborne droplets
- Most varicella cases in children are relatively mild and the illness resolves without any need for treatment, though most children are unwell for several days and will miss 5 or more days from school or nursery
- Parents may have to take time off work to care for them
- However, some children will go on to develop complications from varicella including bacterial infection of skin lesions and in rare cases, encephalitis (swelling of the brain), pneumonitis (lung infection) and stroke
- These complications can result in hospitalisation and very rarely may result in death

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Aim of the MMRV vaccination programme

- the aim of the MMRV vaccination programme is to continue to protect children from, and reduce the incidence and severity of, measles, mumps, rubella and varicella infections
- the programme adds varicella protection to existing protection against MMR
- as has been shown in other countries which include varicella in their routine vaccination schedule, the 2-dose schedule for younger children is predicted to rapidly and dramatically decrease the number of cases of varicella seen in childhood
- the programme will prevent severe cases of varicella, and other serious complications from the infection, which while rare, may result in hospitalisation or other serious outcomes

Experience of varicella vaccination in other countries

- varicella vaccination is included in the routine vaccine schedules of several countries, either as a 2-dose or single-dose strategy, including the USA, Canada, Australia and Germany.
- countries that have introduced varicella vaccine programmes have observed significant impact on cases of varicella and resulting hospitalisations
- in countries introducing a 2-dose schedule, younger cohorts not eligible for vaccination have also seen reduced incidence because of reduced community transmission
- there is no evidence of increased rates of infection among those ineligible for vaccination due to their age following introduction of a vaccination programme

Vaccine effectiveness

- protection is long-lasting:
- a review of studies found vaccine effectiveness against varicella after 2 doses of MMRV or MMR + V in children was 95% in a 10 year follow-up
- 25 years of surveillance in the US has shown no decrease in vaccine effectiveness over time when using a 2 dose schedule

Eligibility and Scheduling

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MMRV vaccination eligibility by date of birth

Any child with an incomplete immunisation history for their age should be managed according to the UKHSA Uncertain or Incomplete Immunisation Algorithm, which is being updated to reflect these changes

Date of Birth	Age on 01.01.2026	New Programme from 01 January 2026	Child's full schedule for MMR/MMRV
01/01/2025 or later	1 year or under	Two doses MMRV on new routine schedule (12m and 18m)	12m – MMRV 18m – MMRV 3y4m – no MMRV
01/07/2024 to 31/12/2024	> 1y to 18m	Two doses of MMRV at 18m and 3y4m (This cohort should have received dose 1 of MMR at 12m)	12m – MMR 18m – MMRV 3y4m – MMRV
01/09/2022 to 30/06/2024	> 18m to 3y4m	One dose of MMRV at 3y4m	12m – MMR 18m – not scheduled 3y4m – MMRV
01/01/2020 to 31/08/2022	> 3y4m to < 6y	Delayed selective catch-up from 01 Nov 2026 to 31 Mar 2028 for those who have **not** yet had chickenpox infection or a complete course (two doses) of varicella vaccination	12m – MMR 3y4m – MMR MMRV offered between 01/11/2026 and 31/03/2028 if no history of chickenpox or two varicella vaccines
31/12/2019 or before	6y and older	Not eligible	12m – MMR 3y4m – MMR

MMRV vaccination eligibility by date of birth

Date of Birth	Age on 01.01.2026	New Programme from 01 January 2026	Child's full schedule for MMR/MMRV
01/07/2024 to 31/12/2024	> 1y to 18m	Two doses of MMRV at 18m and 3y4m (This cohort should have received dose 1 of MMR at 12m)	12m – MMR 18m – MMRV 3y4m – MMRV

- If a child is late to the 12-month appointment (and presents on or after 1 January 2026), MMRV should be offered instead of first dose of MMR alongside other 12- month vaccinations.
- A second MMRV dose would be offered at the 18-month appointment. In this case the child does not need a third dose at 3 years and 4 months. There should be at least 1 month gap between the two MMRV vaccinations
- There is no clinical concern if the child receives a third MMRV vaccine at 3 years and 4-month appointment

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Summary

- from 1 January 2026, varicella vaccination will be introduced into the routine childhood immunisation schedule using the combined MMRV vaccine
- children due their first or second MMR vaccine from 1 January 2026 should be offered a combined MMRV vaccine instead of MMR – if eligible based on birth cohort
- older children (> 3y4m to < 6y) without a history of chickenpox or 2 doses of varicella-containing vaccine will be offered a dose of MMRV in a catch-up programme starting November 2026 to help accelerate control and further reduce transmission of chickenpox in the population
- children aged 6 years and above at the start of the programme (DOB on or before 31 December 2019) are not eligible for MMRV vaccination via the routine MMRV programme: if not fully vaccinated, they should be offered MMR vaccine

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Operational

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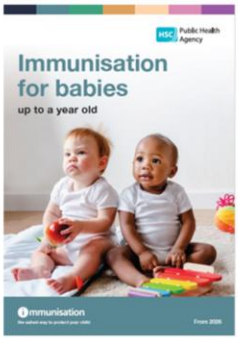
Publications



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Publications planning

- Child Health have received copies of all public facing leaflets
- Public facing publications will be translated into 14 languages including BSL and ISL
- Public facing leaflets and translations will be hosted on the PHA website
- A small supply of stickers are also being sent to GP practices to aid promotion of vaccination

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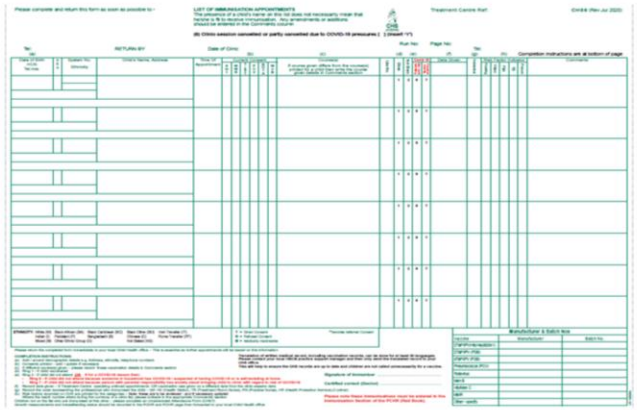
CHS6 and CHS7 recording forms

- CHS 6 clinic sheet and CHS 7 unscheduled form will be reviewed and amended in line with the 1st January changes.



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MMRV Vaccine Overview

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- Two MMRV vaccines available
- Both live attenuated vaccines – 'weakened' forms of the virus that cause measles, mumps, rubella and varicella
- The vaccines are considered clinically equivalent and interchangeable
- The MMRV vaccine offers the same level of protection against measles, mumps and rubella as the MMR vaccine but will also protect against varicella.

ProQuad (MSD)

Contains porcine gelatine

Priorix-Tetra (GSK)

The vaccine viruses are "weakened" and do not cause the disease itself but will cause a

Both vaccines have been licensed for a number of years and used in several countries i

A "varicella-only" vaccine will not be offered in the PHA routine or selective catch-up pro

MMRV Vaccines and Porcine Gelatine

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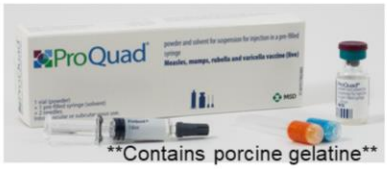
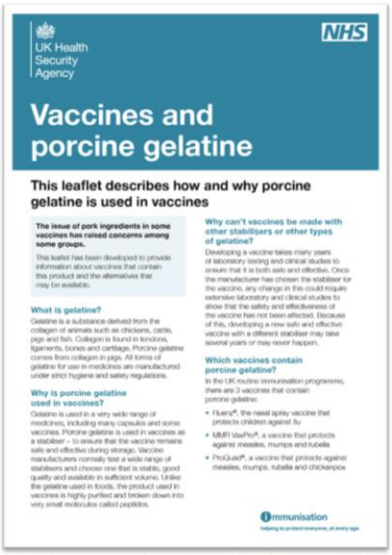
Priorix-Tetra should be offered to children whose parents/carers do not wish them to receive a vaccine containing porcine gelatine



Contains porcine gelatine



UK Health Security Agency

NHS

Vaccines and porcine gelatine

This leaflet describes how and why porcine gelatine is used in vaccines

The issue of pork ingredients in some vaccines has raised concerns among some groups.

This leaflet has been developed to provide information about vaccines that contain this product and the alternatives that may be available.

What is gelatine?

Gelatine is a substance derived from the collagen of animals such as chickens, cattle, pigs and fish. Collagen is found in tendons, ligaments, bones and cartilage. Porcine gelatine comes from collagen in pigs. All forms of gelatine for use in medicines are manufactured under strict hygiene and safety regulations.

Why is porcine gelatine used in vaccines?

Gelatine is used in a very wide range of medicines, including many capsules and some vaccines. Porcine gelatine is used in vaccines as a stabiliser – to ensure that the vaccine remains safe and effective during storage. Vaccine manufacturers normally test a wide range of stabilisers and choose one that is stable, good quality and available in sufficient volume. Unlike the gelatine used in foods, the product used in vaccines is highly purified and broken down into very small molecules called peptides.

Why can't vaccines be made with other stabilisers or other types of gelatine?

Developing a vaccine takes many years of laboratory testing and clinical studies to ensure that it is both safe and effective. Once the manufacturer has chosen the stabiliser for the vaccine, any change in this could require extensive laboratory and clinical studies to show that the safety and effectiveness of the vaccine has not been affected. Because of this, developing a new safe and effective vaccine with a different stabiliser may take several years or may never happen.

Which vaccines contain porcine gelatine?

In the UK routine immunisation programme, there are 3 vaccines that contain porcine gelatine:

- Fluenz®, the nasal spray vaccine that protects children against flu
- MMR VaxPro®, a vaccine that protects against measles, mumps and rubella
- ProQuad®, a vaccine that protects against measles, mumps, rubella and chickenpox

Immunisation

Helping to protect everyone, at every age

Link to gov.uk Leaflet Download

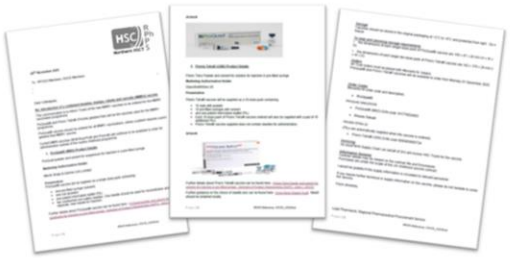
MMRV Vaccine Stock Ordering

ProQuad® vaccine should be ordered for all MMRV vaccinations, unless a patient requires a porcine gelatine-free MMRV vaccine (Priorix-Tetra®)

The usual vaccine stock ordering arrangements for childhood vaccines apply to the MMRV vaccines, please follow your standard process for ordering childhood vaccines.

All the usual vaccination distributors were notified of the new MMRV vaccines by RPhPS on 28 Nov 2025.

Please ensure that vaccine stock will be available at your vaccination site prior to scheduling vaccination clinics (keeping in mind of any upcoming bank holiday closure days, both on your site and with your distributor).



MMR vaccines remain available to order but must be used only for adults and those chi

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Reminder: Vaccine Stock Ordering Principles

REMEMBER!

- Do not order more than **TWO weeks** of vaccine stock in advance
- The more vaccines that are in the fridge, the bigger the risk of vaccine loss during a cold chain breach.
- There must be sufficient space in your fridge to allow adequate airflow (50% capacity) to maintain cold chain.
- Please see the *Guidance on vaccine handling and storage in GP practices* for further detail.
- Please consider contingency arrangements for planned and unplanned power outages

ProQuad® vaccine should be ordered for all MMRV vaccinations, unless a patient requires a por

Current MMR vaccines (M-M-RvaxPro® and Priorix®) will continue to be available to order for a

Remember to:

- Keep up to date with any new communications from your vaccine supplier.
- Be aware of any changes to vaccine brands/products or changes to vaccine stock or

Storage Requirements

Both ProQuad and Priorix-Tetra should be stored in a vaccine refrigerator between **+2°C and +8°C**

They should be stored in their original packaging to:

- protect them from light
- ensure that the component parts are kept together
- retain the batch number and expiry date for the entire product which is printed on the outer vaccine carton

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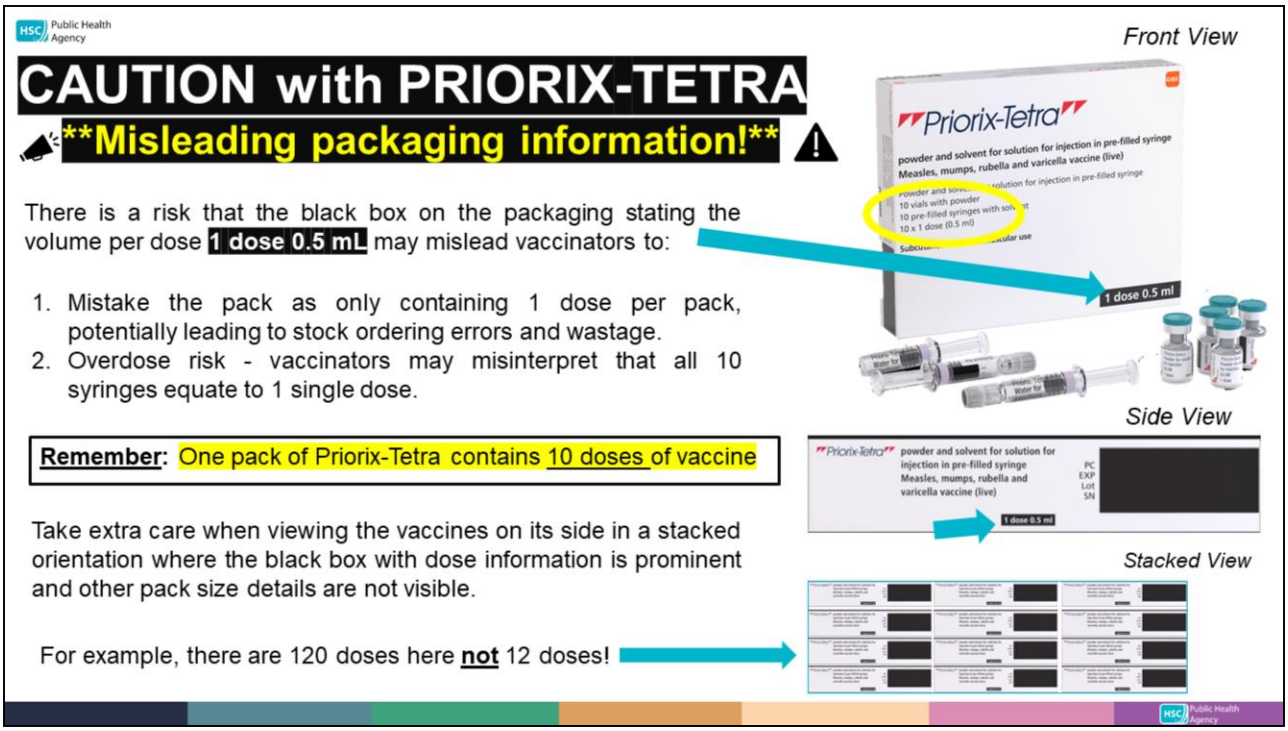

These risks were flagged by UKHSA and fed back to the manufacturer (GSK) for consid

Thank you

Any questions

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