

MMRV catch-up programme

**Is your child eligible for an MMRV vaccine?
If your child was born between 1 January 2020
and 31 August 2022, they can now have
a single dose of MMRV vaccine,
to protect them against
chickenpox.**



MMRV catch-up programme

Who is this programme for?

This programme is for children born on or after 1 January 2020 to 31 August 2022. The programme starts on 1 November 2026 and runs until 31 March 2028.

Why is vaccination important?

Measles, mumps, rubella and varicella (chickenpox) are highly infectious illnesses. While many children recover, these diseases can sometimes lead to serious complications, including hospitalisation.

Vaccination is the safest and most effective way to protect your child after clean water (World Health Organization, WHO).



The MMRV vaccine

MMRV vaccine protects your child against measles (M), mumps (M), rubella (R; German measles) and varicella (V; chickenpox).

MMR-containing vaccines were introduced here in 1988. Since then, the number of children catching these diseases has fallen to an all-time low.

Why does my child now need the new MMRV vaccine?

Since January 2026, the MMRV (measles, mumps, rubella and varicella) vaccine has been added to the routine childhood immunisation programme. Two doses are offered to eligible children at 12 months and 18 months of age.

Before January 2026, children routinely received two doses of MMR vaccine at 12 months and 3 years and 4 months of age, without protection against varicella (chickenpox). As part of a selective catch-up programme, eligible children will be offered a single dose of MMRV vaccine to provide protection against varicella.

The selective catch-up programme will run from 1 November 2026 to 31 March 2028 and is available to children aged 3 years and 4 months to under 6 years, born between 1 January 2020 and 31 August 2022. Eligible children who have previously received MMR vaccine will be offered MMRV vaccine at their 3-year-and-4-month immunisation appointment to offer additional protection against varicella.

Only eligible children can receive the MMRV vaccine through the selective catch-up programme. Vaccination is recommended for children who have not previously had chickenpox and have not been vaccinated against varicella.

If your child already had chickenpox, or been fully vaccinated (two doses of chickenpox vaccine), they will not benefit from this MMRV catch-up dose. That's because they are already immune to chickenpox.

However, it is still safe for your child to receive the MMRV, so if you are unsure of whether they have had chickenpox before, it is better to have the vaccine.

The aim of the programme is to provide protection against varicella for children who would otherwise remain susceptible to infection. Although chickenpox is often mild, it can occasionally lead to serious complications, hospitalisation and, in some cases, severe illness, particularly in those who are vulnerable or individuals with a weakened immune system. There are no safety concerns associated with receiving three doses of a vaccine containing measles, mumps and rubella components.

The introduction of the varicella vaccine into the routine childhood immunisation programme is expected to significantly reduce the number of chickenpox cases in

children and to reduce the number of children who become seriously unwell with complications. The vaccine is also expected to prevent many children from having to be admitted to hospital.

If you are concerned that your child may have missed any of the routine childhood immunisations – contact your GP practice to check if a catch-up appointment is required.

What is varicella (chickenpox)?

Varicella (chickenpox) is a very infectious disease caused by a virus. Varicella is very common and affects most children during childhood, although it can be caught for the first time at any age. Most varicella cases in children are relatively mild and the illness resolves without any need for treatment from a medical professional, though most children are unwell for several days and will miss five 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 (spots) 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. Later in life, the chickenpox virus can re-activate and cause a painful rash called shingles. It is worse in older people and in people with weakened immune systems.

Will one dose of MMRV protect my child against chickenpox?

One dose of MMRV gives very good protection against chickenpox. It is more than 90% effective at protecting against any chickenpox infection, and around 99% effective at protecting against severe chickenpox infection.

All children need to have two doses of an MMR-containing vaccine (MMR or MMRV) to be fully protected against measles, mumps, and rubella.

Is it safe to have MMRV if my child has already had two MMRs?

Yes. It is safe to give three vaccines containing MMR.

How can I arrange an appointment?

The catch-up programme will run from 1 November 2026 to 31 March 2028. You should be contacted by your GP practice to have your child vaccinated in that time. This could be via a letter, text, phone call, or email depending on your GP practice's arrangements. If you think you should have been invited but haven't, speak to your GP practice to book the appointment.

Does MMRV have any side effects?

MMRV contains 4 separate vaccines in one injection. The measles part of the vaccine starts to work 6 to 10 days after the immunisation. About 1 in 10 children may develop a fever and may be off their food. Some develop a measles-like rash which is not infectious.

2-3 weeks after the injection, a small number of children might get mumps like and rubella like symptoms (swelling of the face or pain in their joints, these are not infectious).

A mild chickenpox-like rash may appear from 3-4 weeks after vaccination near the injection site but can show up elsewhere. This rash does not need treatment and clears up on its own.

If your child does get a rash, as a precaution avoid close contact with people who are more vulnerable to chickenpox infection, such as those with weakened immune systems, pregnant women who have never had chickenpox and newborns whose mothers haven't had chickenpox. However, the chance of passing chickenpox from this rash after getting the MMRV vaccine is extremely low.

Around 1 in 1000 children may have a fit caused by a fever after having their first dose of MMRV. This is usually in the second week after the vaccine (see below for how to treat a fever). There is no evidence that this causes long-term problems. A child who has measles is five times more likely to have a fit as a result of the illness (5 in 1,000).

Vaccines can also cause allergic reactions. These are very rare, less than 1 in a million immunisations. Although severe allergic (anaphylactic) reactions are worrying when they happen, the people who give immunisations are trained to deal with anaphylactic reactions, and treatment will lead to a rapid and full recovery.

Comparisons between the side effects of MMRV and the side effects of measles, mumps, rubella or varicella show that the vaccine is far safer than the diseases.



Should anyone not have the MMRV?

There are very few reasons why children cannot be immunised. However, your child should not have the MMRV if:

- they have a weakened immune system. This is because the MMRV contains weakened, living viruses;
- they have had a serious allergic reaction to a previous dose of the vaccine or one of its ingredients.

If you think this applies to your child, speak to your GP or practice nurse.



Facts about the MMRV vaccine

- MMRV protects children against measles, mumps, rubella and varicella.
- In over 40 years, more than 500 million doses of MMR have been given in around 100 countries. It has an excellent safety record.
- There is no evidence of any link between MMR and autism. See advice from the National Autistic Society at www.autism.org.uk
- Giving the vaccines separately may be harmful. It leaves children open to the risk of catching measles, mumps, rubella or varicella.
- While one MMRV vaccine contains porcine gelatine, an alternative is available. Speak to your doctor, nurse or health visitor for information.
- In the year before MMR was introduced in the UK, 86,000 children caught measles and 16 died. Due to low vaccine uptake, there have been recent outbreaks in the UK, Ireland and Europe and some children have died.

What happens if my child gets a high temperature after immunisation?

Side effects from vaccines are uncommon, usually mild and disappear quickly. Some children may get a raised temperature or fever (over 37.5°C). If your child's face feels hot to the touch and they look red or flushed, they probably have a fever. You could check their temperature with a thermometer.

Fevers are fairly common in babies and children. They often get these with infections. Occasionally, a fever can cause a child to have a fit. Any fever can cause this, whether the fever is due to an infection or a vaccine. So, it's important to know what to do if your child has a fever. Remember, fevers are more likely to be caused by the diseases than by the vaccines.

How to treat a fever

1. Keep your child cool by making sure:
 - they don't have too many layers of clothes or blankets on;
 - the room they are in isn't too hot (it shouldn't be cold either, just pleasantly cool).
2. Give them plenty of cool drinks.
3. Give them liquid paracetamol (ask for sugar-free). Read the instructions on the bottle carefully and give your child the correct dose for their age. You may need to give a second dose four to six hours later.

Call the doctor immediately if your child:

- has a very high temperature (39°C or above);
- has a fit.

If your child has a fit, lay them on their side in a safe place because their body may twitch or jerk.

i Remember: never give medicines that contain aspirin to children under 16.

Vaccine safety

Before vaccines are introduced, they have to be licensed by the Medical and Healthcare products Regulatory Agency which assesses their safety and efficacy. Once they have been introduced into the programme, their safety continues to be constantly monitored so that any new side effects are quickly noticed and investigated.

If you would like more information on the safety of vaccines visit www.mhra.gov.uk

Reporting suspected adverse reactions

Like any medicine, vaccines may cause a side effect or an adverse reaction. It is important that all suspected serious adverse reactions are reported to the MHRA using the Yellow Card scheme.

You can report even if uncertain about whether the vaccine caused the condition.

Anyone (doctors, nurses, and members of the public) can report on the Yellow Card website <https://yellowcard.mhra.gov.uk/> or phone 0800 731 6789 (9am to 5pm Monday to Friday).



If you would like further information about immunisation, visit



pha.site/vaccinations

or



[www.nidirect.gov.uk/
childhood-immunisation](http://www.nidirect.gov.uk/childhood-immunisation)



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