



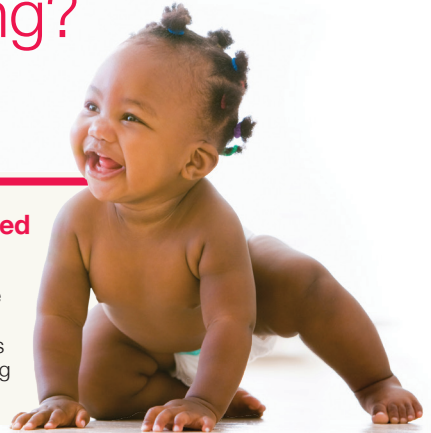
# Why is the childhood vaccination programme changing?

## **i**mmunisation

the safest way to protect yourself and your baby

### **Why are the infant vaccinations being offered at different times?**

The infant vaccination schedule is regularly reviewed to give infants the best protection when they need it. Successful vaccination programmes result in better control of infectious diseases and reduction in the numbers of children becoming unwell and needing hospital treatment.



### **Why is my child being offered their 8 and 12 week vaccines at different times?**

**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 causes the majority of invasive meningococcal disease (IMD) cases in the UK. Following the introduction of the routine meningococcal B vaccination programme in 2015, older infants are now well protected against MenB. However, recent data shows that a small number of cases are still occurring in those aged 3-4 months.

A recent study showed that when 2 doses of MenB vaccine were given 4 weeks apart at 8 and 12 weeks of age this provided good protection.

Because of this evidence, 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.

**The pneumococcal conjugate vaccine (PCV13) previously offered at 12 weeks of age is now offered at 16 weeks of age**

To avoid increasing the number of injections needed 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, cases of PCV disease due to the 13 serotypes in the vaccine are rare in young children because of the excellent herd protection provided by the PCV13 routine vaccination programme.

## Why is my child not being offered a Hib/MenC vaccine when they are one year old?

Meningococcal group C (MenC) disease is now uncommon because most young children and teenagers are routinely vaccinated against MenC. They are given a vaccine in secondary school at 14 years of age to protect them from types A, C W and Y.

Group B meningococcal bacteria (MenB) are currently responsible for most cases of meningococcal disease in the UK, which is why babies are offered their course of MenB vaccine at 8, 12 weeks and at one year of age, on or after their birthday.

## Vaccinations at 18 months of age help to protect children for longer

The JCVI advised that all babies born on or after 1 July 2024 will be offered an important dose of hexavalent vaccine to boost the protection they received in their first year of life. This is because infants need an additional dose of Hib to protect them and to prevent them passing on this infection and to maintain herd protection for babies too young to have their first vaccines.

They will also be offered the second dose of MMR vaccine to give them the best protection against measles, mumps and rubella. Any children who have missed a dose of MMR can have it at their pre-school vaccinations, at the same time as their 4 in 1 booster.

This change is expected to improve MMR vaccine uptake and provide earlier protection to reduce will reduce the likelihood of measles outbreaks.



### You can read the guide to vaccinations for children aged 18 months here:

[www.healthpublications.gov.uk/ViewProduct.html?sp=Saguidetovaccinationsforchildrenaged18months](http://www.healthpublications.gov.uk/ViewProduct.html?sp=Saguidetovaccinationsforchildrenaged18months)