



Pregnancy

How to help protect mums and their babies

Happy new year for 2025. January is a busy month in all maternity settings and clinics and the days are lengthening. Although fewer babies were born in England and Wales in 2023 ([weblink 66](#)) than in any year since 1977 and in Scotland the lowest ever recorded number of babies were born (45,935 ([weblink 67](#))) this reflects falling global rates ([weblink 68](#)). There were 27,374 live births in Wales in 2023 and 563,561 in England. Birth rates peak in September just before winter, with 28 September being the most common birthday.

The new RSV vaccination programme has now been running since September 2024 and both flu and pertussis disease rates have been high. Vaccinating women against, flu, RSV and pertussis if eligible, is more important than ever. In this issue we really focus on, the maternal programmes. Building confidence in your knowledge and keeping up to date with maternal vaccination programmes will help you to have important conversations with pregnant women, to be able to share the accessible information and make sure that they are vaccinated at the right time for the best protection. Read on to find out more about the maternal vaccination programmes and help us to improve uptake of maternal vaccinations in your area.

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Routine vaccinations in pregnancy

In the UK, all pregnant women are routinely eligible for vaccination against three different diseases:

Disease	Eligibility
RSV	In week 28 of every pregnancy or soon after.
Pertussis	Vaccination should be offered in every pregnancy on or after the fetal anomaly scan at around 20 weeks but it can be given as early as 16 weeks.
Influenza	At any stage of each pregnancy during flu vaccination seasons (from September and through the winter up until 31 March each year, ideally at the beginning of the season before flu starts to circulate).

RSV vaccination of pregnant women for infant protection

What is RSV?

Respiratory syncytial virus (RSV) ([weblink 1](#)) is a common cause of acute respiratory tract infections. Symptoms usually include runny nose, cough and fever. RSV is highly infectious and is transmitted via respiratory droplets (coughing, sneezing), through close contact with an infected person or contact with contaminated surfaces. Most RSV infections usually cause mild illness but infants aged less than 6 months frequently develop the most severe disease such as bronchiolitis (inflammation and narrowing of the small airways in the lungs), and pneumonia, which can lead to significant breathing difficulties, difficulties feeding and result in hospitalisation.

A typical RSV season in the UK starts in October, peaks in December and declines by March.

Prior to the introduction of the vaccination programme, RSV accounted for approximately 33,500 hospitalisations annually in children aged under 5 years old. RSV infects up to 90% of children within the first 2 years of life and frequently re-infects older children and adults.

Pregnant women and RSV vaccination

In September 2024 the RSV vaccination programme was launched in the UK. Pregnant individuals (including young people below 18 years of age) should routinely be offered vaccination as they reach week 28 of pregnancy or soon afterwards and remain eligible up until delivery.

The aim of the maternal RSV vaccination programme is to reduce the incidence and severity of RSV disease, and hospitalisation as a result of RSV disease in infants. The vaccine should be given to pregnant women and must not be given directly to young children. There are no vaccines suitable for direct protection of young children against RSV. Giving the vaccine in week 28 of pregnancy or soon after means there is sufficient time for the mother to make high levels of antibodies and for these to transfer across the placenta to provide passive immunity to the unborn child to give them the best protection during early infancy. Giving the vaccine around week 28 also increases the potential for babies who are born prematurely to benefit. A single dose of RSV vaccine should be offered in each pregnancy.

Which vaccine is used in the maternal RSV vaccination programme?

Abrysvo® Pre-F vaccine (Pfizer Limited) is the vaccine to be used for the routine RSV vaccination of pregnant women for infant protection programme and is the only vaccine currently available for use within the national programme.

What resources are available?



UKHSA guidance relating to the RSV vaccination programme ([weblink 2](#)) is available on the UKHSA immunisation collection ([weblink 3](#)) page in the Vaccine programmes section. This includes Chapter 27A of the green book ([weblink 4](#)), the RSV vaccination of pregnant women: information for healthcare practitioners guidance ([weblink 5](#)), the RSV PGD ([weblink 6](#)) and the RSV vaccination of pregnant women for infant protection training slide set ([weblink 7](#)). The collection page also contains links to the RSV maternal vaccination poster and leaflet ([weblink 8](#)) which are available to download or order for free.

Pertussis vaccination in pregnancy

What is pertussis?

Pertussis, also known as whooping cough, is a bacterial respiratory infection. It usually begins with mild, cold-like symptoms that develop over 1 to 2 weeks into coughing fits which can be severe. The cough often can last for 2 to 3 months and because of this, is sometimes known as the '100-day cough'.

Pertussis does occur in older children, adolescents and adults but most commonly affects infants, with very young infants at highest risk of serious complications or of dying.

Since the introduction of pertussis vaccination in pregnancy, from 2013 to the end of November 2024, there have been 31 deaths in babies with confirmed pertussis who were all too young to be fully protected by infant vaccination. Sadly, this includes 10 deaths in infants who had contracted pertussis between January and November 2024. Of the 31 infants that died, 25 had mothers who were not vaccinated in pregnancy. Maternal vaccination is very effective against pertussis disease and hospitalisation. Vaccinating in pregnancy offers the best protection against severe pertussis disease in young babies, with a maternal vaccine providing an estimated 91% effectiveness against death from pertussis in her infant.

Pregnant women and pertussis vaccination

Pregnant women should be offered a single 0.5ml dose of pertussis containing vaccine in every pregnancy. Women should normally receive pertussis vaccine around the time of the mid-pregnancy scan (usually 20 weeks) but can receive it from 16 weeks gestation. Although most women will have been vaccinated or exposed to whooping cough in childhood, maternal pertussis vaccination protects infants by boosting pertussis immunity in pregnant women, enabling transfer of a high level of pertussis antibodies across the placenta to the fetus. This has been shown to passively protect infants against pertussis from birth until they are due their first dose of primary immunisations at 8 weeks of age. The maternal antibodies will be naturally broken down by the infant in their first months of life. A single dose of pertussis-containing vaccine should be offered in each pregnancy.

Which vaccine is used in the maternal pertussis vaccination programme?

ADACEL® ([weblink 9](#)) (Tdap) is the vaccine that has been supplied for the maternal pertussis vaccination programme since July 2024. ADACEL® has been licensed for use in the UK since 2016 and is widely used. It contains low dose diphtheria, tetanus and pertussis antigens.

ADACEL® vaccine is supplied as a 0.5ml suspension in a pre-filled syringe with a plunger stopper. The tip caps of the pre-filled syringes contain a natural rubber latex derivative which may cause allergic reactions in latex sensitive individuals.

Except for individuals with a documented history of severe allergy to latex, ADACEL® is the preferred vaccine to offer in the maternal pertussis programme, in line with JCVI advice to offer a non IPV-containing pertussis vaccine. Otherwise, if ADACEL® is not locally available to offer at the time of the appointment, Boostrix-IPV® or REPEVAX® may be given.

What resources are available?



UKHSA guidance relating to the pertussis (whooping cough) vaccination programme ([weblink 10](#)) is available on the UKHSA immunisation collection ([weblink 3](#)) page in the Vaccine programmes section. This includes the pertussis vaccination programme for pregnant women: information for healthcare practitioners ([weblink 11](#)) guidance and the vaccination against pertussis for pregnant women training slide set ([weblink 12](#)). The collection page also contains links to the which pertussis vaccine should you use poster ([weblink 13](#)) and the pertussis vaccination in pregnancy poster and leaflet ([weblink 14](#)) which are available to download or order for free. The Green Book chapter 24: pertussis ([weblink 15](#)) also contains information about the maternal vaccination programme as well as the pertussis vaccination for pregnant women PGD ([weblink 16](#)).

Flu vaccination in pregnancy

What is flu?

Influenza (flu) is a highly infectious, acute viral respiratory tract infection. Patients can experience sudden onset of symptoms such as dry cough, headache, fever and extreme fatigue.

For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, more serious illness may occur in children under 5 years, pregnant women, those aged over 65 years and those with certain underlying health conditions. These groups are at higher risk of developing severe complications such as bronchitis, secondary bacterial pneumonia, or otitis media in children.

Pregnant women are at higher risk of complications from flu than non-pregnant women and have a higher risk of admission to intensive care. Influenza infection during pregnancy may be associated with perinatal mortality, prematurity, lower birth weight and smaller neonatal size in the infant. Babies under 6 months of age are at risk of serious illness and complications from flu.

A seasonal vaccination programme

Unlike the other maternal vaccination programmes that are offered year-round, flu is a seasonal programme that is primarily delivered over a 3 month period. This is because flu viruses can change from one winter to the next, so flu vaccines are updated ahead of each season to give protection against the strains of flu that are most likely to be circulating. For pregnant women vaccination starts from 1 September with the majority of vaccinations taking place by the end of November, so that protection from the vaccination programme is in place before flu begins to circulate, (typically this happens from December onwards, but this can vary).

Vaccination can take place any time up until 31 March the following year, but it is expected that vaccination after autumn is mainly opportunistic vaccination of women who have recently become pregnant. This is important if there is another flu peak caused by a different strain circulating later in the season, or a late flu season (the 2015 to 2016 season peaked at Easter). Historical data on when flu seasons occurred is available at [weblink 69](#).

Pregnant women and flu vaccination

One of the purposes of the influenza vaccination programme is to protect those most at risk of developing severe disease or complications, or from dying if they develop the infection.

Eligibility for the annual flu vaccination programme is reviewed and published each year in the annual flu letter ([weblink 70](#)).

There are 3 reasons to vaccinate pregnant women against flu; to protect the pregnant woman herself, to protect the baby during pregnancy; and to help protect the baby in the first few months of life. For babies under 6 months of age passive immunity passed from the expectant mother to her unborn child gives them the best protection during early infancy.

Pregnant women should be offered the flu vaccine as soon as the vaccine becomes available, regardless of their stage of pregnancy.

Which vaccine is used in the maternal flu vaccination programme?

All pregnant women, including those who become pregnant during the flu season, should be offered an inactivated quadrivalent influenza vaccine, regardless of their stage of pregnancy.

Every year the JCVI reviews the latest evidence on influenza vaccines and recommends the type of vaccine to be offered to individuals. In the 2024 to 2025 season, the vaccine recommended for use in pregnancy is the inactivated cell-based vaccine (QIVc). If this vaccine is not available, the inactivated egg-based vaccine (QIVe) can be used when every attempt to use QIVc has been exhausted.



What resources are available?

The UKHSA annual flu programme ([weblink 17](#)) guidance collection contains a variety of resources relating to the flu vaccination programme for each season. This includes the annual flu letters ([weblink 18](#)), the flu vaccination programme 2024 to 2025: information for healthcare practitioners guidance ([weblink 19](#)) and the national flu immunisation programme for 2024 to 2025 training slide set ([weblink 20](#)). The collection page also contains links to the flu vaccines: 2024 to 2025 season poster ([weblink 21](#)) and flu vaccination patient leaflets and posters ([weblink 22](#)) for different eligible groups which are available to download or order for free. The Green Book chapter 19: influenza ([weblink 23](#)) also contains information about the maternal vaccination programme as does the seasonal influenza PGD ([weblink 24](#)).

Co-administration of vaccines in pregnancy

Pregnant women should be offered the flu vaccine as soon as the vaccine becomes available, regardless of their stage of pregnancy. The flu vaccine can be co-administered with the RSV or pertussis-containing vaccines, but it should not be deferred in order to give it at the same appointment because to do so would leave the women and their unborn baby at risk of potentially severe illness if they develop flu.

Some evidence suggests that co-administration of RSV and pertussis containing-vaccines may reduce the response made to pertussis components. The clinical significance of this is unclear and any impact on protection is likely to be small because the key pertussis toxoid component is least affected. Pregnant women should be vaccinated when they become eligible (i.e. for pertussis vaccination should be given after the fetal anomaly scan at around 20 weeks but it can be given as early as 16 weeks, and for RSV, in week 28 of pregnancy or soon after). If a woman has not received a pertussis containing vaccine by the time she presents for an RSV vaccine, they can and should both be given at the same appointment to provide timely protection against both infections to the infant and to avoid the risk of the woman not returning for a later appointment.

Further information is available in the relevant Green Book ([weblink 71](#)) chapters and the information for healthcare practitioner guidance for each programme.

Selective neonatal hepatitis B pathway for infants born to mothers living with hepatitis B

What is hepatitis B?

Hepatitis B virus (HBV) is a viral infection carried in the blood causing inflammation of the liver. This can lead to liver disease such as scarring of the liver (cirrhosis) and liver cancer, which stops the liver from working properly.

Each year in the UK, around 3,000 babies are born to women who have hepatitis B infection. During childbirth, the baby is in contact with the mother's blood so there is a chance that the virus is passed on to the baby. If this happens, the baby could become infected, 9 out of 10 exposed babies will develop chronic (long-lasting) infection.

Hepatitis B infection can be prevented by vaccination.

Selective neonatal hepatitis B immunisation pathway for babies born to mothers living with hepatitis B virus (HBV)

Babies born to mothers who have screened positive for HBV in pregnancy, or whose mothers have acute hepatitis B infection in pregnancy, are offered an accelerated course of hepatitis B immunisation starting at birth and continuing as part of the routine childhood immunisation programme with hexavalent vaccine.

The aim of the selective hepatitis B immunisation programme ([weblink 25](#)) is to prevent babies acquiring HBV following exposure to their mothers' blood and body fluids, especially around the time of birth. As this is a post-exposure vaccination programme, timely administration of all doses of vaccine (\pm HBIG at birth) is vital in preventing the baby becoming persistently infected with HBV.

Which vaccine is used in the hepatitis B vaccination programme

High risk infants should receive monovalent hepatitis B vaccine at birth and 4 weeks of age and then 3 doses of the hexavalent vaccine at 8, 12 and 16 weeks of age. They should receive a booster dose of monovalent hepatitis B vaccine at 12 months of age, at which time they should also have a blood test, preferably a dried bloodspot (DBS) test to check for chronic infection, that is, hepatitis B surface antigen (HBsAg).

Hepatitis B immunisation schedule for routine childhood and selective neonatal immunisation programmes taken from: Green Book Chapter 18 ([weblink 26](#))

Age	Routine childhood programme	Babies born to women with hepatitis B infection
Birth	✗ *	✔ Monovalent HepB**
4 weeks	✗	✔ Monovalent HepB
8 weeks	✔ DTaP/IPV/Hib/HepB	✔ DTaP/IPV/Hib/HepB
12 weeks	✔ DTaP/IPV/Hib/HepB	✔ DTaP/IPV/Hib/HepB
16 weeks	✔ DTaP/IPV/Hib/HepB	✔ DTaP/IPV/Hib/HepB
1 year of age	✗	✔ Monovalent HepB ✔ Test for HBsAg
3 years and 4 months	✗	✗

* Newborn infants born to a woman without hepatitis B infection but known to be going home to a household where there is a person living with hepatitis B infection may be at risk of hepatitis B exposure. In these situations, a dose of monovalent hepatitis B vaccine should be offered to the newborn before discharge from hospital if there are concerns about immediate risk of exposure and/or risk of delay in receiving the hexavalent doses of the routine childhood schedule commencing at 8 weeks old.

** Infants of highly infectious mothers should also receive HBIG.

Ordering monovalent hepatitis B vaccine for use in the selective neonatal pathway

The monovalent vaccine is not available to order on ImmForm and needs to be procured from the manufacturer, if you order before 4pm the vaccine should arrive the next day. The 2 licensed monovalent preparations are:



Engerix B 10 micrograms/0.5ml (GSK)

Available from AAH Pharmaceuticals
([weblink 29](#))

Telephone: 0344 561 8899

To place an order and live online chat function visit [weblink 27](#).



HBVaxPRO Paediatric® 5 micrograms/0.5ml (MSD)

Available from Alliance Healthcare
([weblink 28](#))

Customer Services Telephone:
0330 100 0448

Hepatitis B dried blood spot (DBS) testing for infants

A free national dried blood spot (DBS) testing service for babies at 12 months of age is offered by UKHSA to improve ease and uptake of testing, particularly in primary care. The DBS test has been validated for detecting hepatitis B surface antigen (HBsAg) which is the marker for infection.

The DBS test uses a single-use safety lancet to prick the heel of the infant allowing healthcare professionals to obtain several drops of blood, which is then applied to a filter paper with speed and little discomfort. Simple standard infection control precautions prevent any risk of cross-infection and allowing the blood to air dry onto the filter paper renders it safe for posting to the laboratory at UKHSA Colindale.

What resources are available?

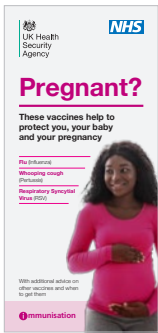
UKHSA guidance relating to the Hepatitis B vaccination programme ([weblink 30](#)) is available on the UKHSA immunisation collection ([weblink 3](#)) page in the Vaccine programmes section. This includes the hepatitis B antenatal screening and selective neonatal immunisation pathway guidance ([weblink 31](#)) which has more information on the pathway, including sections on missed or delayed doses of vaccine and the importance of handover of care, the Hexavalent combination vaccine: information for healthcare practitioners guidance ([weblink 32](#)).

The collection page also contains links to the protecting your baby against hepatitis B guide ([weblink 33](#)) and leaflet ([weblink 34](#)) and Hepatitis B: screening care in pregnancy and protecting your baby ([weblink 35](#)) guide and leaflet. The Green Book Chapter 18: hepatitis B ([weblink 36](#)), also contains information about the selective neonatal vaccination programme as well as the Hepatitis B vaccine PGD ([weblink 37](#)).

Leaflets are available to download or order for free on UKHSA's Health Publications page ([weblink 38](#)). Translated versions of all the leaflets are available. Further information about the service and resources to support health professionals in carrying out DBS testing can be found on UKHSA's dedicated website pages on Hepatitis B dried blood spot (DBS) testing for infants ([weblink 39](#)). There is also an excellent video ([weblink 40](#)) (courtesy of North East and North Cumbria ICS) explaining how to take a good quality blood spot.

How well do the different maternal vaccination campaigns perform?

Each year there are around 570,000 live births in England. In order to formally evaluate the maternal vaccination programmes the UKHSA immunisation programmes division publishes vaccine uptake data periodically for each programme. This data is used by the World Health Organization to evaluate these public health programmes year after year.



Pregnancy: how to protect you and your baby

The leaflet Pregnancy: how to protect you and your baby, contains details of the flu, pertussis and RSV vaccines and is available to download and order in the following languages:

English, Albanian, Arabic, Bengali, Bulgarian, Chinese (simplified), Chinese (traditional, Cantonese), Estonian, Farsi, French, Greek, Gujarati, Hindi, Latvian, Lithuanian, Panjabi, Pashto, Polish, Portuguese, Romanian, Romany, Russian, Somali, Spanish, Tagalog, Turkish, Twi, Ukrainian, Urdu and Yiddish.

Seasonal flu – what data is available when?

Provisional national level flu vaccine uptake percentages are published weekly and monthly by UKHSA throughout the flu season. After each season UKHSA also publishes a definitive annual report as a government official statistic by the end of May.

This Flu vaccine data is extracted automatically each week and month from GP IT systems in aggregate form. Weekly national level data is published in the 'National Influenza and COVID-19 Report' ([weblink 58](#)) (disease surveillance report) from October through to the end of January each year and monthly data is published as an official statistic from November through to March of the following year capturing cumulative vaccination from 1 September through to the end of February. Monthly data is published by commissioning region, integrated care board (ICB), sub-integrated care board (sub-ICB) and local authority. Monthly ethnicity breakdowns are published at regional and national levels. Data for pregnant women are published as part of this monthly data. All data is available here at [weblink 59](#). NHS England (NHSE) does not publish operational management data for flu vaccination in pregnant women.



Seasonal flu – historic and current data

Maternal vaccinations programmes began in England with the introduction of the maternal flu programme in 2010 to 2011 season. Although the maternal flu programme began in 2010 to 2011, the data in that first season was collected differently to how it is now, but the end of season report for GP patients ([weblink 60](#)) captures end of season data for all seasons since 2011 to 2012 season, to the most recent end of season data (2023 to 2024), see Figure 1 below.

Data in the annual reports captures all vaccination events up to the end of February. The highest end of season uptake on record in all pregnant women (healthy and at-risk groups combined) was during the 2017/18 season (47.2%) (Figure 1). In the 2023 to 2024 season ([weblink 60](#)), vaccine uptake was 32.1%, a decrease of almost 3 percentage points from 35.0% in 2022 to 2023. This was the lowest end of season uptake on record since 2011 to 2012 (27.3%).

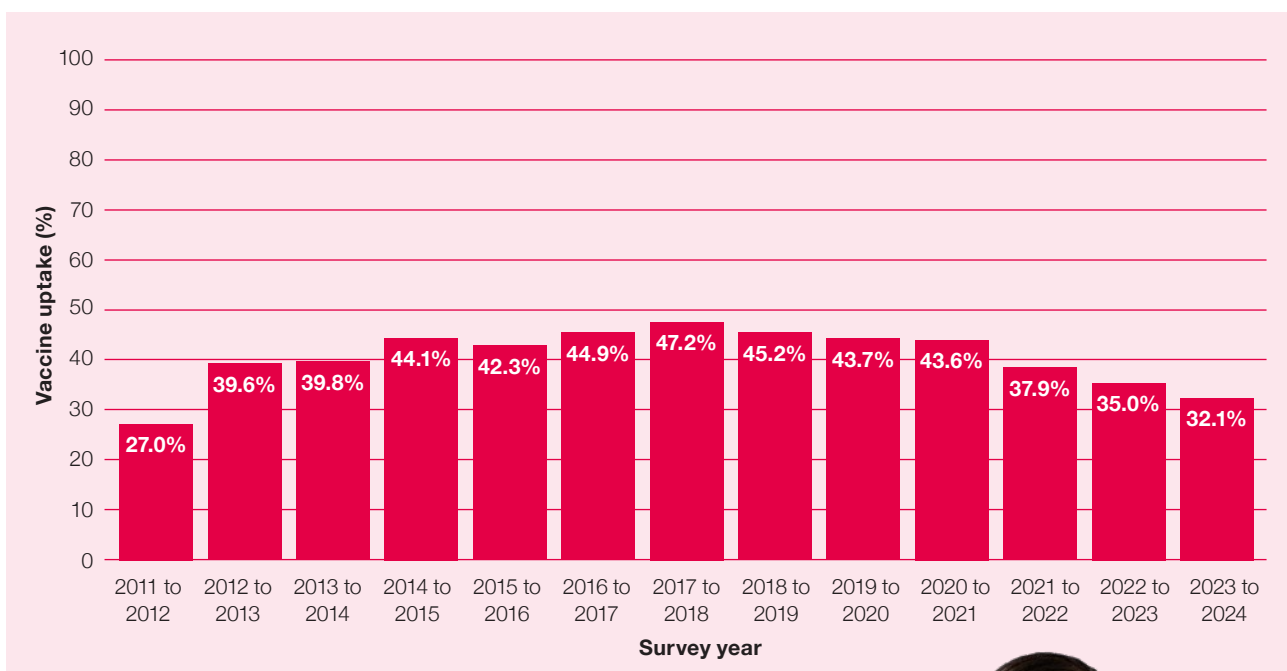


Figure 1. Seasonal flu vaccine uptake (%) in pregnant women from 2011-2012 to 2023-2024



Seasonal flu – the current season (2024 to 2025)

The latest weekly data (vaccinations up to 12 January 2025) was 34.2%, which indicates that uptake in the current season may be on track to be higher than last season when uptake was 31.3% at the same point (although there were issues with the denominator last season).

Seasonal flu – ethnicity data

There has been little change in the trends over time for vaccine uptake seen in different ethnic groups. Consistently Chinese women have the highest uptake and black Caribbean women have the lowest. Below is the latest data on ethnicity taken from the second monthly vaccine uptake data of the 2024 to 2025 season ([weblink 60](#)).

For pregnant women, when grouped by ethnicity, 6 groups had vaccine uptake higher than the national average of 31.9% (noted in bold). The highest uptake (Chinese) was over 13 percentage points higher than average. The other groups reaching above average uptake were some White (British and Irish) and some Asian (Indian; Any other Asian background and Mixed White and Asian) groups.

The group with the lowest uptake (Black – Caribbean) was over 19 percentage points lower than the national average. The groups with the lowest uptake (below 22%) were Black groups (Caribbean, Mixed White and Black Caribbean; Any Other Black background) the Pakistani groups.

Percentage vaccine uptake	
Ethnicity	England
Other ethnic groups – Chinese	45.2
White – British	36.6
White – Irish	34.5
Asian or Asian British – Indian	34.0
Asian or Asian British – Any other Asian background	33.5
Mixed – White and Asian	32.7
Asian or Asian British – Bangladeshi	28.6
Mixed – Any other mixed background	27.9
Ethnicity not stated	27.8
Mixed – White and Black African	27.2
Black or Black British – African	26.0
Other ethnic groups – Any other ethnic group	24.5
White – Other	23.6
Asian or Asian British – Pakistani	21.7
Black or Black British – Any other Black background	19.6
Mixed – White and Black Caribbean	17.3
Black or Black British – Caribbean	12.7
All pregnant women	31.9

Pertussis

The pertussis vaccine has been offered to pregnant women since 1 October 2012 following a period of increased pertussis activity in all age groups, including infants under 3 months of age, and the declaration of a national pertussis outbreak in April 2012.

Pertussis vaccine coverage data is automatically uploaded via participating GP IT suppliers to the ImmForm website each month. This data is then validated and reported by UKHSA each quarter.

Prenatal pertussis vaccine coverage was 59.4% when the programme began in January 2013 and gradually increased to 76.2% in December 2016 (Figure 2). Since then, coverage has gradually fallen and had dropped to 57.4% by July 2023. Coverage has increased slightly in recent months and reached 65.9% in September 2024. This increase may be partially due to improved data flows and additional communications following the 2024 outbreak.

The 2023 to 2024 annual coverage report can be found at [weblink 62](#) and the 2024 to 2025 Quarter 2 (July to September) report can be found at [weblink 63](#).

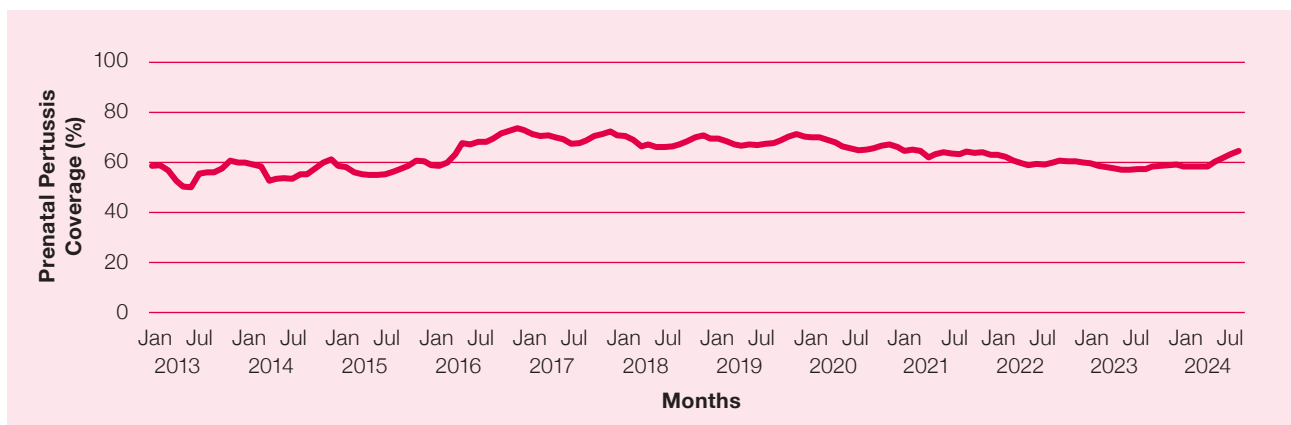


Figure 2. Prenatal pertussis vaccine coverage from January 2013 to September 2024

RSV

The maternal RSV coverage data is published with a 3-month lag. This lag allows time for GP records to be updated on births in their pregnant population and receive vaccine records required to calculate the uptake figures. All monthly reports will be published with a 3-month lag. Data for September 2024 was received in December 2024. As a result, the September 2024 report is currently being finalised and is scheduled for publication on 30 January 2025. This will include all vaccinations that have been administered between 1 September 2024 and 30 September 2024 and will be published at national level and will include ethnicity data.

Subsequent monthly reports are tentatively scheduled for the last Thursday of each month and will include additional data on regional and hospital level trust details. Please note that UKHSA RSV statistics are categorised as 'Research and Analysis' rather than 'official statistics'.

Proposed monthly maternal reports (along with previous RSV reports for older adults (75 to 79 years of age)), can be found at [weblink 64](#). An annual report will be published later in the year.

Additionally, you can find the NHSE operational management data, including weekly vaccination doses administered by cohort, at [weblink 65](#).

Record a Vaccination Service (RAVS)

From September 2024 the Record a Vaccination Service (RAVS) system was introduced by NHS England for use in maternity units. Vaccinations given by maternity service providers must be recorded on the RAVS system. This allows maternity services to record pertussis, RSV, and flu vaccinations, making it easier and quicker for maternity services to record the vaccine and send the information through to general practice.

Maternity units recording vaccinations in RAVS, should no longer send additional notification of these records to GPs, as this may create duplicate entries in the patient's GP record.

Vaccinations recorded in RAVS are visible in the GP record which means that GPs no longer need to manually input all the vaccinations into their system. Maternal vaccinations given by general practice must be recorded directly onto GP IT systems.

Further information and details on how to join a training webinar can be found on the Service guidance – NHS Record a vaccination website ([weblink 61](#)). For additional information, please contact the helpdesk on the details below.



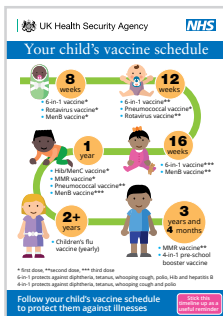
Helpdesk

Telephone: 0333 038 4268 (select option 3)

Email: ravs.support@england.nhs.uk

Monday to Friday: 8am to 6pm.

Childhood immunisations campaign



The UKHSA has scaled up the Childhood Immunisation Marketing Campaign across England, with campaign activity running from 26 August until 4 October 2024.

This will build on learnings from the successful national pilot in March to April 2024, delivering wider national reach with increased investment in broadcast media, complemented by low/no-cost national, regional and local activity. You might have seen the campaign already on broadcast TV, video on demand, Spotify, online video and social media. Channels such as community TV and radio are also being used, with translated audio and subtitles, to reach specific audiences.

The campaign, delivered by UKHSA in partnership with the Department for Health and Social Care and NHS England, will remind parents and carers of the risk of their children missing out on protection against serious diseases, including measles, whooping cough, meningitis, diphtheria and polio.

It's aimed at all parents and carers/guardians of children aged 0 to 4 whose child has missed, or will miss, a childhood vaccination by age 5, and we need support from everyone to help us communicate the importance of parents getting their children vaccinated.

You can help us by:

- sharing information about the campaign with your networks – we have a wide variety of resources to share with your audiences including posters, postcards, social media and digital screen graphics, skyscraper banners, videos, suggested copy and translated materials
- helping us find case studies – we are looking for case studies of people (or their children) hospitalised as a result of not being vaccinated who are willing to share their experiences in the press or on social media to encourage others to take up the vaccine offer
- getting in touch if you're holding an event – if you are planning a webinar, briefing or other event please get in touch with externalaffairs@ukhsa.gov.uk so we can see how best to support you

An updated communications toolkit ([weblink 41](#)) is available with more information on how to promote the campaign, and this can also be found on the Childhood Immunisations section of the Campaign Resource Centre ([weblink 42](#)). Printed materials can be ordered from the Health Publications website ([weblink 38](#)).

Immunisation schedules

Text has been added to the Complete immunisation schedule ([weblink 43](#)) to clarify when pneumococcal vaccination is indicated for individuals with an underlying chronic neurological condition. The left thigh is no longer specified for MenB vaccination in either the Complete immunisation schedule or the Routine childhood immunisation schedule ([weblink 44](#)) (the Men B training and healthcare professional resources are currently being updated and will include the same information).



Shingles vaccination guide accessible and translated versions

Translated and accessible versions of the updated shingles leaflet are now available. This includes translations of the leaflet into 34 community languages. Accessible versions are available in Braille, BSL, large print and audio. This leaflet reflects the latest guidance on the shingles vaccination with the removal of Zostavax from the schedule and the use of Shingrix only. This leaflet contains information on shingles, effectiveness of the vaccine, eligibility and side effects. This is available to order and download for free ([weblink 45](#)).



Easy Read guide to the shingles vaccine

An easy read guide for the shingles vaccine is available to order and download from the health publications website ([weblink 46](#)). This is also available in an audio format to download from the health publication website ([weblink 47](#)). This leaflet provides information on shingles and the vaccine in a clear and accessible format especially useful for people with learning disabilities.



Save the date: Fundamentals of Immunisation

- 🕒 **Tuesday 6 May and Wednesday 7 May 2025**
- 📍 **UCL Great Ormond Street Institute of Child Health,
30 Guilford Street, London WC1N 1EH**

- Attendance at this event is in person only
- Course fee: £250 for two days (£125 for one day)

The UK Health Security Agency and UCL Great Ormond Street Institute of Child Health are running their annual Fundamentals of Immunisation course in May 2025. This two-day intense theoretical course is designed for those new to a role in immunisation and is most suited to those who give or advise on a range of different vaccines.

The course comprises of a series of lectures from national immunisation experts and will provide delegates with the latest information on the range of topics included in the 'Core Curriculum for Immunisation Training' ([weblink 48](#)). A basic level of prior immunisation knowledge and familiarity with the Green Book (Immunisation against infectious disease) will be assumed.

The programme includes the following topics:

- why immunisation matters
- vaccine manufacture and vaccine trials
- the scientific basis of national vaccine policy: designing, informing and monitoring immunisation programmes
- immunology of immunisation
- monitoring vaccine safety
- vaccine coverage data collections
- current issues in vaccine preventable diseases
- talking with parents about immunisation
- maximising immunisation uptake
- practical issues: storage and administration
- legal issues including consent

More details and booking details to be published shortly

If you have any queries, please contact Helen Bedford (h.bedford@ucl.ac.uk) or Laura Craig (laura.craig@ukhsa.gov.uk)

How we did it!

Community engagement in Buckinghamshire for the COVID-19 vaccine team



2 years ago, the COVID-19 vaccine team commenced a community engagement project. The proposal was for a nurse/vaccinator to engage with local communities, religious groups and anyone experiencing access inequalities to healthcare to increase the uptake and education of COVID-19 vaccines. Health education and information regarding other vaccines and health concerns, such as prostate cancer was also offered to make every contact count.



Within the first autumn/winter season we had engaged with and offered 'pop-up' vaccine clinics and question-and-answer sessions to many multi-cultural groups including Mosques and Churches, shelters and drop-in clinics for the homeless and the local cancer and haematology unit. A regular clinic was established at a local project 'Health on the Highstreet' and we now run weekly clinics there, offering 162 pre-bookable appointments for COVID-19 vaccines as well as walk-ins and pregnancy vaccines.



Our service has also set up a maternity vaccine team and were the **first team to role out the RSV vaccine.**

This autumn/winter we were lucky enough to secure funding for a Health on the Move mobile unit. Using this we held 'roving' clinics in a local market town public hall car park, on market day in another town, in religious locations and at community events such as Christmas light switch on. We selected towns that had very limited provision of COVID-19 vaccines. We held 3 roving clinics in the market town and gave 360 vaccines. We were very fortunate to have an enthusiastic member of the community who helped with the promotion of these clinics, we are very grateful for this help. Due to the nature of pop-up clinics, wait times can be quite long. Despite this there were no complaints, which demonstrates the gratitude for this service.

The market that we attended had less footfall. We have identified possible reasons for this and will make changes for next season.



Ad-hoc 'pop-up' clinics have been held at community centres, community hospitals, the cancer and haematology unit and a university. Later this month we are due to visit a night shelter for the homeless, a new church and 3 family centres. New locations continue to be identified and relationships with other services are still being established. Community engagement is not one sided, as well as us reaching out, word of our work spreads and we are invited to other groups, sessions and faiths. Community engagement is based on trusting relationships and commitment. These relationships take time to build, and therefore the true value of this work will not have immediate results. We collect qualitative, quantitative and verbal feedback to assess the effectiveness and growth of the service. So far, this feedback has been very positive, which is demonstrated by the continuing engagement. Feedback has also demonstrated that there is a need for other vaccines to be given in the community. We have many people asking for shingles and RSV vaccines. We would love the opportunity to be able to offer these vaccines during our outreach work. Reaching out to underserved communities reducing health inequalities, in line with the vaccine strategy (2023).



Community participation in the planning and advertising of our events is beneficial.



This season the community engagement work has achieved delivery of approximately **1300 COVID-19 vaccines.**

2025

We look forward to seeing where the spring 2025 season takes us.

Many thanks to Louisa Pearson and team for this article, if you would like to be featured in the 'How We Did it!' segment of vaccine update please get in touch at immunisation.website@ukhsa.gov.uk.



Subscribe to Vaccine update [here](#). Order immunisation publications [here](#).
For centrally-supplied vaccine enquiries, email: vaccinesupply@ukhsa.gov.uk

Vaccine supply

Routine vaccination programme

Change of vaccine brand for the pre-school booster diphtheria, tetanus, acellular pertussis and polio (dTaP/IPV) vaccination



The vaccine brand used for the pre-school booster diphtheria, tetanus, acellular pertussis and polio (dTaP/IPV) vaccination is changing from Boostrix-IPV® to REPEVAX®. The vaccines are clinically equivalent, and continue to be offered at 3 years 4 months of age, and to children up to 10 years of age who have not yet received it. Please continue to order and administer Boostrix-IPV® until ImmForm and local stockholdings deplete.

REPEVAX® vaccine is expected to be available to order via ImmForm from spring

2025. High-level ordering controls will be in place to reduce the risk of ordering errors only. These are not intended to restrict activity.

REPEVAX® vaccine ordered via ImmForm will be supplied as a single dose pack, containing one pre-filled syringe of vaccine and a patient information leaflet (PIL). The pack does not contain a needle for administration. Guidance on the choice of needle size can be found at [weblink 49](#). Needles should be obtained locally.

Please add REPEVAX® to your routine ImmForm order where possible, rather than creating additional orders.

To minimise wastage due to fridge failures, please order no more than 2 weeks' worth of stock.

Details about the pre-school booster dTaP/IPV vaccination programme is published in the Green Book ([weblink 50](#)).

Further details about REPEVAX® vaccine can be found at [weblink 51](#).

Contact the helpdesk@immform.org.uk for ordering queries.

Supply of vaccines with reduced shelf life

Vaccines supplied via ImmForm for the routine immunisation programme will usually have at least 3 months of shelf-life remaining at the time of delivery. To help reduce wastage, vaccines with reduced shelf-life will occasionally be supplied. This will typically only apply to small volumes of stock. However, where vaccines may be supplied with reduced shelf-life for an extended period, ImmForm customers will be informed via ImmForm news articles, updates on the ImmForm product page, or a click-through pop-up message at the time of ordering.

ImmForm customers should order no more than 2 weeks' worth of stock to minimise wastage due to fridge failures or failure to use stock before expiry. See Chapter 3 of the 'Green Book' (Immunisation against infectious disease) for further details on the storage and supply of vaccines.

Change of vaccine brand for meningococcal groups A, C, W and Y (MenACWY) vaccination



The vaccine brand used for meningococcal groups A, C, W and Y (MenACWY) vaccination is changing from Nimenrix® to MenQuadfi®. The vaccines are clinically equivalent. Please continue to order and administer Nimenrix® until ImmForm and local stockholdings deplete.

MenQuadfi® vaccine is now available to order via ImmForm. High-level ordering controls are in place to reduce the risk of ordering errors only. These are not intended to restrict activity.

MenQuadfi® vaccine ordered via ImmForm is supplied as a single dose pack, containing one vial of vaccine and a patient information leaflet (PIL). The pack does not contain a needle or a syringe for administration. Guidance on the choice of needle size can be found at [weblink 49](#). Needles and syringes should be obtained locally.

MenQuadfi® and Nimenrix® vaccines are packed in different sized cartons. Please ensure you have enough fridge capacity before placing any orders. To help with planning storage requirements, the dimensions are:

- MenQuadfi® is 58mm x 32mm x 45mm (H x W x D)
- Nimenrix® was 57mm x 27mm x 135mm (H x W x D)

Please add MenQuadfi® to your routine ImmForm order where possible, rather than creating additional orders.

To minimise wastage due to fridge failures, please order no more than 2 weeks' worth of stock.

Details about the meningococcal vaccination programme is published in the Green Book ([weblink 52](#)).

Further details about MenQuadfi® vaccine can be found at [weblink 53](#).

Contact the helpdesk@immform.org.uk for ordering queries.

Introduction of Abrysvo® RSV vaccine for older adults and during pregnancy for infant protection



From 1 September 2024, RSV (respiratory syncytial virus) programmes were introduced for older adults and during pregnancy for infant protection. Please refer to this publication for full details. ([weblink 54](#)).

The same RSV vaccine, Abrysvo®, is used for both programmes.

Abrysvo® vaccine is now available to order via ImmForm. Scottish customers should refer to local ordering guidance. High-level ordering controls are in place to reduce the

risk of ordering errors only. These are not intended to restrict activity. Any further updates to ordering information will be published online as an ImmForm news article.

Abrysvo® vaccine ordered via ImmForm is supplied as a single dose pack, containing one vial of vaccine, diluent for reconstitution and patient information leaflet (PIL).

Each pack also contains one 25G x 25mm (1") needle. Guidance on the choice of needle size can be found at [weblink 49](#). If required, other sizes of needles should be obtained locally.

The pack of Abrysvo® vaccine is physically larger than most other vaccines supplied via ImmForm. The vaccine must be stored between 2-8°C. Please ensure you have enough fridge capacity before placing any orders. To help with planning storage requirements, each single dose pack measures 73mm x 35mm x 116mm (H x W x D).

When ordering Abrysvo® vaccine, orders should be placed for the ImmForm product that is specific to each RSV protection programme.

Product ordered for the infant RSV protection programme (offered to pregnant women) should not be used for the older adult RSV protection programme and vice versa. Account holders will see 2 different product lines and should order accordingly (as shown below).

Packs	Brand	↑	Total Items/Doses	Total Pack Price	Action
1	Abrysvo maternal vaccine for infant protection		1	£158.00	Edit Delete
1	Abrysvo vaccine for older adult protection		1	£158.00	Edit Delete

To minimise wastage due to fridge failures, please order no more than 2 weeks' worth of stock.

Details about the RSV vaccination programmes is published in the Green Book ([weblink 4](#)).

Further details about Abrysvo® vaccine can be found in the PIL ([weblink 55](#)).

Contact the helpdesk@immform.org.uk for ordering queries.

Vaccines for the 2024 to 2025 children's flu programme supplied by UKHSA

The latest and most accurate information on availability of centrally supplied vaccines for the children's flu programme is available on the ImmForm news ([weblink 56](#)) page at all times. It is strongly advised that all parties involved in the provision of influenza vaccines to children ensure they remain up to date with this.

Ordering for Fluenz® (LAIV), for the 2024 to 2025 children's flu programme will close on Thursday 13 February. Final deliveries will take place on Monday 17 February. Any orders placed on or before Thursday 13 February but scheduled for delivery after Monday 17 February will not be delivered and will be cancelled.

UKHSA does not supply any flu vaccines for patients aged 18 years and over.

Please refer to guidance from your respective health departments for arrangements in Scotland, Wales and Northern Ireland.

Expiry dates for all batches of Fluenz® issued for the 2024 to 2025 children's flu programme

Batch numbers and associated expiry dates of all batches of Fluenz® issued this season are set out in the table below. Some batches are now past or approaching the end of their shelf life so please remember to check expiry dates before administering.

Ensure that expired stock is disposed of in line with local policies. Any disposed stock should be recorded through the ImmForm stock incident page.

Batch number	Expiry date	Batch number	Expiry date
WH2527	Tuesday 10 December 2024	WK2077	Monday 06 January 2025
WH2527B	Tuesday 10 December 2024	WK3406	Monday 13 January 2025
WH2544	Wednesday 11 December 2024	WK3410	Monday 13 January 2025
WH2544B	Wednesday 11 December 2024	WL2038	Monday 20 January 2025
WH2545B	Monday 16 December 2024	WL2038B	Monday 20 January 2025
WH2546B	Tuesday 17 December 2024	WL2039	Monday 27 January 2025
WH2547	Wednesday 18 December 2024	WL2039B	Monday 27 January 2025
WH2547B	Monday 23 December 2024	WL2041	Tuesday 28 January 2025
WJ2622B	Monday 23 December 2024	WL2040	Monday 03 February 2025
WJ2150	Tuesday 24 December 2024	WL2040B	Monday 03 February 2025
WJ2622	Tuesday 24 December 2024	WL2522	Monday 10 February 2025
WJ2623	Monday 30 December 2024	WL2522B	Monday 10 February 2025
WK2074	Monday 30 December 2024	WL2688	Monday 17 February 2025
WK2074B	Tuesday 31 December 2024	WL2688B	Monday 17 February 2025
		WM2017	Monday 03 March 2025

Providing a second dose of flu vaccine after all Fluenz® (LAIV) has expired

If you still need to give a second dose of flu vaccine four weeks after the first dose (for example, for children in clinical risk groups aged two to under nine years who have not received influenza vaccine before), then it is safe and effective to give inactivated vaccine as a second dose where LAIV is no longer available.

Vaccines and availability

The 2 vaccines that are available and the groups that these vaccines should be ordered for are set out in the table below.

Vaccine	Manufacturer	Available to order for
Fluenz® (LAIV)	AstraZeneca	All children from 2 years of age to school year 11; and Children in clinical risk groups aged 2 to <18 years*
Cell Based Quadrivalent Influenza Vaccine (Surface Antigen, Inactivated) (QIVc)	Seqirus	Children in clinical risk groups aged 6 months to <2 years All other eligible** children aged 2 to <18 years for whom LAIV is unsuitable

*Unless LAIV clinically contraindicated or otherwise unsuitable

** Children from 2 years of age to school year 11, and children in clinical risk groups aged 2 to <18 years

LAIV ordering information for General Practice

GPs are able to place one order and receive one delivery of LAIV per week. All GP practices are able to order 2 packs (20 doses) per week.

Requests for extra vaccine will be considered on a case-by-case basis throughout the ordering period. Requests for additional vaccine should be sent to the helpdesk (helpdesk@immform.org.uk) and should be sent in good time before your order cut-off. Out of schedule deliveries will be by exception only.



Subscribe to Vaccine update [here](#). Order immunisation publications [here](#).
For centrally-supplied vaccine enquiries, email: vaccinesupply@ukhsa.gov.uk

LAIV ordering information for school-age providers

School providers are able to place 2 orders and receive 2 deliveries of LAIV per week, to assist in the management of vaccine volumes required across limited storage space at delivery points.

This operates on a 48-hour delivery schedule requiring the order to be placed before the 11.55am cut off 2 working days before the required delivery day. The table below illustrates the respective delivery days versus ordering days.

Order day (before 11:55am cut-off)	Delivery day
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

Customers must ensure that the point of delivery will be open and staffed between 9am and 5pm on the delivery day when placing orders.

Please note that this 48-hour delivery schedule does not affect the routine ordering and delivery schedule of any other vaccines (including inactivated flu vaccines) ordered from ImmForm and is applicable to Fluenz[®] (LAIV) only.

Inactivated flu vaccine ordering

The Cell Based Quadrivalent Influenza Vaccine (Surface Antigen, Inactivated) (QIVc) is available to order, in a single dose pack, for:

- children in clinical risk groups aged from 6 months to less than 2 years old
- children aged from 2 to <18 years old in clinical risk groups for whom LAIV is clinically contraindicated or otherwise unsuitable
- healthy children from 2 years old to those in school year 11, for whom LAIV is unsuitable (for example, due to objection to LAIV on the grounds of its porcine gelatine content)

All influenza vaccines for the 2024 to 2025 season

Information on all influenza vaccines that have been marketed in the UK for the 2024 to 2025 season are available at [weblink 57](#).



The impact of changes to opening hours on routine vaccine deliveries

Please consider temporary changes to opening times when placing ImmForm orders. If you are aware of a scheduled site closure, please refrain from placing an order for that date. In case of a one-off closure, consider rescheduling your order for the week before or after. This approach will contribute to improved overall efficiencies and enhance delivery performance for the benefit of all customers.

It is not possible to accommodate one-off changes to delivery days. Customers should report long-term changes to the days and times when they can accept deliveries, such as routine training days and closures, by contacting Movianto UK Customer Care (moviantouk.nhscc@movianto.com; 01234 587207). This should not be used to report short-term changes due to absence or holidays.

DTaP/IPV/Hib/HepB vaccine ordering

Supplies of DTaP/IPV/Hib/HepB vaccines Infanrix hexa[®] and Vaxelis[®] are available for the routine infant primary immunisations programme.

Orders for Infanrix hexa[®] remain unrestricted. Customers in England and Wales may order up to 20 packs of Vaxelis[®] per ImmForm account per week. Customers in Scotland should refer to their local ordering restrictions. Providers should not order more than 2 weeks' worth of stock to minimise wastage due to fridge failures. For assistance, please contact the ImmForm Helpdesk at helpdesk@immform.org.uk.

The European Union (EU) Falsified Medicines Directive (FMD) no longer applies in Northern Ireland

From 1 January 2025, the European Union (EU) Falsified Medicines Directive (FMD) no longer applies in Northern Ireland. The Windsor Framework agreement removes any EU FMD packaging, labelling and barcode requirements for medicines distributed in Northern Ireland.

Customers in Northern Ireland are not required, nor will they have the capability, to verify medicines using the European Medicines Verification System (EMVS/SecurMed).

Customers across the UK no longer have access to the EU database to verify or decommission unique identifier (UI) codes and will be unable to scan FMD barcodes in at any stage of the supply chain.

MMR vaccine ordering

M-M-RvaxPro vaccine should be ordered for all MMR vaccinations, unless a patient requires a porcine gelatine-free MMR vaccine. ImmForm customers in England and Wales may order M-M-RvaxPro vaccine without restriction.

In addition, ImmForm customers in England and Wales may order up to ten porcine gelatine-free Priorix vaccines per account per week.

ImmForm customers in Scotland should refer to their local ordering restrictions.

Both MMR vaccines may only be ordered for outbreak purposes when this is part of a national catch-up campaign.

Vaccine supply

Non-routine vaccine supply

HEPATITIS A VACCINE

Adult

- GSK: supply of Havrix Adult PFS singles and packs of 10 are currently available
- Sanofi Pasteur: Avaxim PFS singles are currently available. Avaxim packs of 10 is currently available
- MSD: VAQTA Adult is available

Paediatric

- GSK: supply of Havrix Paediatric singles and packs of 10 are currently available
- MSD: VAQTA Paediatric is available
- Sanofi Pasteur: Avaxim Junior singles are currently available

HEPATITIS B VACCINE

Adult

- GSK: Engerix B PFS singles and packs of 10 are currently available
- GSK: supply of Fendrix is currently available
- MSD: HBVAXPRO 10 µg is available
- MSD: HBVAXPRO 40 µg is available
- Valneva: PreHevbri is no longer marketed in the UK

Paediatric

- GSK: supplies of Engerix B Paediatric singles is currently available
- MSD: HBVAXPRO 5µg is available

COMBINED HEPATITIS A AND B VACCINE

- GSK: Twinrix Adult singles and packs of 10 are available
- GSK: Twinrix Paediatric is currently available
- GSK: Ambirix is available

COMBINED HEPATITIS A AND TYPHOID VACCINE

- Sanofi Pasteur: Viatim is now a discontinued product and no longer available for sale

TYPHOID VACCINE

- Sanofi Pasteur: Typhim singles and packs of 10 are available
- Bavarian Nordic: Vivotif is available

RABIES VACCINE

- Bavarian Nordic: Rabipur is currently available
- Sanofi Pasteur: Verorab is currently available

PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPV)

- MSD: supply of Pneumovax 23 (PPV23) PFS is available

PNEUMOCOCCAL POLYSACCHARIDE CONJUGATE VACCINE (PCV)

- Pfizer: Prevenar 13 is currently available
- MSD: Vaxneuvance is currently available

VARICELLA ZOSTER VACCINE

- GSK: VARILRIX is currently available
- MSD: VARIVAX is available
- MSD: ZOSTAVAX is a discontinued product

DIPHTHERIA, TETANUS AND POLIOMYELITIS (INACTIVATED) VACCINE

- Sanofi Pasteur: Revaxis is available

DIPHTHERIA, TETANUS, PERTUSSIS (ACELLULAR) AND POLIOMYELITIS (INACTIVATED) VACCINE

- GSK: supply of Boostrix-IPV is currently available
- Sanofi Pasteur: Repevax is currently available

MMR

- MSD: MMR Vaxpro is currently available
- GSK: Priorix is currently available

MENINGITIS ACWY VACCINE

- GSK: Menveo is currently available
- Pfizer: Nimenrix is currently available
- Sanofi Pasteur: MenQuadfi is available

YELLOW FEVER

- Sanofi Pasteur: Stamaril is available

HUMAN PAPILLOMAVIRUS VACCINE

- MSD: GARDASIL has been discontinued
- MSD: Gardasil 9 is currently available
- GSK: Cervarix has been discontinued

CHOLERA VACCINE

- Bavarian Nordic: Dukoral is available
- Patientric: Vaxchora is available

JAPANESE ENCEPHALYTIS VACCINE

- Valneva: Ixiaro is available

MENINGOCOCCAL GROUP B VACCINE

- GSK: Bexsero is currently available

DIPHTHERIA, TETANUS, PERTUSSIS, HIB VACCINE AND POLIOMYELITIS

- GSK: Infanrix IPV+Hib is currently available

HIB + MENINGOCOCCAL GROUP C COMBINED VACCINE

- GSK: Menitorix is currently available

LIVE ATTENUATED ROTAVIRUS VACCINE

- GSK: Rotarix is currently available

HERPES ZOSTER VACCINE

- GSK: Shingrix is currently available

DIPHTHERIA, TETANUS AND PERTUSSIS

- Sanofi Pasteur: Adacel is available to order without restrictions

DENGUE TETRAVALENT VACCINE

- Takeda: Qdenga is currently available

RESPIRATORY SYNCYTIAL VIRUS VACCINE

- Pfizer: Abrysvo is currently available

Weblinks

- Weblink 1 <https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment>
- Weblink 2 <https://www.gov.uk/government/collections/respiratory-syncytial-virus-rsv-vaccination-programme>
- Weblink 3 <https://www.gov.uk/government/collections/immunisation>
- Weblink 4 <https://www.gov.uk/government/publications/respiratory-syncytial-virus-the-green-book-chapter-27a>
- Weblink 5 <https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-programme-information-for-healthcare-professionals>
- Weblink 6 <https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-vaccine-pgd-template>
- Weblink 7 <https://khub.net/documents/135939561/1052259885/Respiratory+syncytial+virus+%28RSV%29+vaccination+of+pregnant+women+for+infant+protection.pptx/d9847a8c-a2d3-cad2-6d62-5763fed5de9d>
- Weblink 8 <https://www.gov.uk/government/collections/respiratory-syncytial-virus-rsv-vaccination-programme#leaflets-and-posters>
- Weblink 9 <https://www.medicines.org.uk/emc/product/15553/smpc>
- Weblink 10 [https://www.gov.uk/government/collections/immunisation#pertussis-\(whooping-cough\)](https://www.gov.uk/government/collections/immunisation#pertussis-(whooping-cough))
- Weblink 11 <https://www.gov.uk/government/publications/vaccination-against-pertussis-whooping-cough-for-pregnant-women/pertussis-whooping-cough-vaccination-programme-for-pregnant-women>
- Weblink 12 <https://khub.net/documents/135939561/174090192/Maternal+pertussis+vaccination+programme.pptx/7fc3ea39-3eb1-171b-21fa-26177e7ce0b2>
- Weblink 13 https://assets.publishing.service.gov.uk/media/667d82d54ae39c5e45fe4d6b/UKHSA_12994_Which_pertussis_vaccine_poster_05A_WEB.pdf
- Weblink 14 <https://www.gov.uk/government/publications/resources-to-support-whooping-cough-vaccination>

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- Weblink 15 <https://www.gov.uk/government/publications/pertussis-the-green-book-chapter-24>
- Weblink 16 <https://www.gov.uk/government/publications/pertussis-vaccination-in-pregnancy-dtapipv-boosterix-or-repevax-pgd-template>
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- Weblink 20 <https://khub.net/documents/135939561/350113940/National+flu+immunisation+programme+2024+to+2025+training+slideset.pptx/cf399137-7e19-8a2f-9f6d-c637df4ed69b>
- Weblink 21 <https://www.gov.uk/government/publications/flu-vaccines-for-the-current-season>
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- Weblink 25 <https://www.gov.uk/government/collections/hepatitis-b-guidance-data-and-analysis>
- Weblink 26 https://assets.publishing.service.gov.uk/media/66bb6f4749b9c0597fdb0eed/Hepatitis-B-green-book-chapter_18_20240813.pdf
- Weblink 27 www.vaccines.co.uk
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- Weblink 31 <https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway/guidance-on-the-hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway--2#special-situations-and-scenarios>
- Weblink 32 <https://www.gov.uk/government/publications/hexavalent-combination-vaccine-programme-guidance/hexavalent-dtapipvhibhepb-combination-vaccine-information-for-healthcare-practitioners>
- Weblink 33 <https://www.gov.uk/government/publications/protecting-your-baby-against-hepatitis-b-leaflet/protecting-your-baby-against-hepatitis-b-with-the-hepatitis-b-vaccine>
- Weblink 34 https://assets.publishing.service.gov.uk/media/655f824a1fd90c0013ac3b01/UKHSA_12817_HepB_babies_leaflet_08_WEB.pdf
- Weblink 35 <https://www.gov.uk/government/publications/protecting-your-baby-against-hepatitis-b-leaflet>
- Weblink 36 <https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>
- Weblink 37 https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia%2F65240aca244f8e00138e7296%2F20230510_Hep_B_v5_Final.docx&wdOrigin=BROWSELINK
- Weblink 38 <https://www.healthpublications.gov.uk/Home.html>
- Weblink 39 <https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants>
- Weblink 40 <https://www.youtube.com/watch?v=FeXhCeUXkUo>
- Weblink 41 https://drive.google.com/drive/folders/1HM64c4AudB_ExAvIldGi9LI0QqK9yAsx
- Weblink 42 <https://campaignresources.dhsc.gov.uk/campaigns/childhood-immunisations/>
- Weblink 43 <https://www.gov.uk/government/collections/immunisation#childhood-immunisation-schedules>

Weblinks

- Weblink 44 <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
- Weblink 45 <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>
- Weblink 46 <https://www.healthpublications.gov.uk/ViewProduct.html?sp=Sshingleseasyreadleaflet>
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