



UK Health
Security
Agency



A guide to immunisations **at one year of age**

Large print version



Features the immunisations schedule
from September 2024



the safest way to protect your child

A guide to immunisations at one year of age

Features the immunisation schedule from September 2024

A leaflet from the NHS and UK Health Security Agency.

Immunisation – the safest way to protect your child

The childhood immunisation programme

Remember to bring your Red book of immunisation with you to each appointment.

This leaflet features the immunisation schedule from September 2024.

You can also find out more at www.nhs.uk/vaccinations

Summary

Which immunisations will my baby have at one year of age?

Your baby will have 4 injections at their one year vaccination visit including:

- their **MenB** booster vaccination

- a **Hib/MenC** vaccination against:
 - Hib (Haemophilus influenzae type b), and
 - meningococcal group C disease (MenC)
- a **PCV13** booster vaccination against:
 - pneumococcal disease caused by some types of pneumococcal bacteria
- their first **MMR** vaccination against:
 - measles
 - mumps
 - rubella

Immunisations at one year of age

Protecting against Hib, meningococcal groups B and C disease, pneumococcal disease, measles, mumps and rubella.

What is Hib?

Hib is an infection that can lead to a number of major illnesses such as meningitis (inflammation of the lining of the brain), septicaemia (blood poisoning) and pneumonia, especially in young children.

The Hib/MenC vaccine is called Menitorix, you can view the Patient Information Leaflet at www.medicines.org.uk/emc/product/167/pil

What is meningococcal disease?

Meningococcal disease is a serious infection that can also cause meningitis and septicaemia in children and young people.

Group B meningococcal bacteria (MenB) are currently responsible for most cases of meningococcal disease in the UK, while meningococcal group C (MenC) disease is now uncommon because most young children and teenagers are routinely vaccinated against MenC.

The MenB vaccine is called Bexsero, you can view the Patient Information Leaflet at www.medicines.org.uk/emc/product/5168/pil

Which vaccines will be used?

Your child will have a dose of a combined Hib/MenC vaccine as well as a booster dose of a MenB vaccine. These vaccines will be given in the muscle of the thigh or upper arm.

Why does my child need booster vaccines?

Booster vaccines are given to increase the protection already given by the immunisations your baby has had earlier. The protection offered by the infant vaccinations can wear off after some time. A booster dose extends the period of protection into later life.

Will the Hib/MenC and MenB vaccines have any side effects?

Your child may have redness, swelling or tenderness where they had the injection. About half the children who have these vaccines may become irritable, and some get a mild fever. You can get more information on this from your GP, practice nurse or health visitor.

What is pneumococcal disease?

Pneumococcal disease is one of the most common causes of bacterial meningitis in children but it also causes septicaemia, pneumonia, ear infections (otitis media) and other serious illnesses. There are more than 90 different types of pneumococcal bacteria.

Which vaccine will be used?

The vaccine used is a booster dose of PCV13 (pneumococcal conjugate vaccine) which protects against 13 different pneumococcal types that most commonly cause pneumococcal disease in children. This vaccine will be given in the muscle of the thigh or upper arm at the same visit as the Hib/MenC and MenB vaccines.

Will the PCV vaccine have any side effects?

Out of 10 babies vaccinated, 1 or 2 may get swelling, redness or tenderness at the injection site or get a mild fever. The PCV vaccine is called Prevenar 13, you can view the Patient Information Leaflet at www.medicines.org.uk/emc/product/453/pil

What is measles?

Measles is caused by a very infectious virus. Nearly everyone who catches it will have a high fever, a rash and generally be unwell. The complications of measles include chest infections, fits (seizures), encephalitis (infection of the brain), and brain damage. In very serious cases, measles can kill.

What is mumps?

Mumps is caused by a virus which can lead to fever, headache, and painful, swollen glands in the face, neck and jaw. It can result in permanent deafness, viral meningitis and encephalitis (inflammation and swelling of the brain).

What is rubella?

Rubella (German measles) is a disease caused by a virus. In children it is usually mild and can go unnoticed, but rubella in pregnancy is very serious for unborn babies. It can seriously damage their sight, hearing, heart and brain. This condition is called congenital rubella syndrome (CRS).

What is the MMR vaccine?

It contains weakened versions of live measles, mumps and rubella viruses. Because the viruses are weakened, people who have had the vaccine cannot infect other people. In the UK we have 2 MMR vaccines. Both work very well; one contains porcine gelatine and the other doesn't. If you want your child to have the porcine gelatine free vaccine, discuss it with your practice nurse or GP.

How and when is the vaccine given?

The vaccine is injected into the muscle of the thigh or upper arm. It is given at one year of age after the immunity the baby got from their mother fades. A second dose of the vaccine should be given again before your child starts school at around 3 years and 4 months of age.

How effective is the MMR vaccine?

MMR vaccine has been responsible for almost wiping out these 3 diseases in young children since it was introduced in the UK in 1988.

Will the MMR vaccine have any side effects?

The 3 different viruses in the vaccine act at different times and may produce the following side effects after the first dose:

- 6 to 10 days after immunisation, as the measles part of the vaccine starts to work, about one in 10 children may develop a fever and some may develop a mild measles-like rash and go off their food
- about one in every 1,000 immunised children may have a fit caused by a fever. This is called a 'febrile convulsion'. However, children who are not vaccinated and get measles, are 3 times more likely to have a fit
- about 3 weeks after MMR vaccination, as the mumps part of the vaccine starts to work, some children may rarely get mumps-like symptoms (fever and swollen glands)

- very rarely, children may get a rash of small bruise-like spots in the 6 weeks after the vaccination. This is usually caused by the measles or rubella parts of the vaccine. If you see spots like these, take your child to the doctor to be checked. Your doctor will tell you how to deal with the rash and how to protect your child in the future
- fewer than one in a million children may develop encephalitis (inflammation and swelling of the brain) after the MMR vaccine. However, if a child catches measles, the chance of developing encephalitis is between one in 200 and one in 5,000

MMR is the safest way to protect your child against measles, mumps and rubella.

What if my baby is allergic to eggs?

The MMR vaccine can safely be given to children who have had a severe allergy (anaphylactic reaction) to egg. If you have any concerns, talk to your health visitor, practice nurse or doctor.

Does the MMR vaccine contain gelatine?

In the UK, we have 2 MMR vaccines which work very well. One of them contains porcine gelatine and the other one doesn't. If you would prefer to have the vaccine that does not contain porcine gelatine, talk to your practice nurse or GP. You can view the MMR vaccine Patient Information Leaflets at:

Priorix: www.medicines.org.uk/emc/product/1159/pil

MMRVAXPRO:

www.medicines.org.uk/emc/product/6307/pil

Watch out for meningitis and septicaemia

Both meningitis and septicaemia are very serious. It is important that you recognise the signs and symptoms and know what to do if you see them.

Early symptoms of meningitis and septicaemia may be similar to a cold or flu (fever, vomiting, irritability and restlessness).

However, individuals with meningitis or septicaemia can become seriously ill within hours, so it is important to know the signs and symptoms of these conditions.

What is meningitis?

Meningitis is an infection of the lining of the brain. Meningitis can be caused by several types of bacteria or viruses.

Infection with meningococcal bacteria can cause meningitis, septicaemia (blood poisoning), pericarditis (inflammation of the lining of the sac that contains the heart) and arthritis (swelling of the joints).

In babies, the main symptoms of meningitis may include:

- a high-pitched, moaning cry
- irritable when picked up
- a bulging fontanelle
- drowsy and less responsive – being difficult to wake
- floppy and listless
- stiff with jerky movements (convulsions/fits)
- refusing feeds, vomiting
- skin that is pale, blotchy or turning blue
- a fever

What is septicaemia?

Septicaemia is a very serious condition when the blood stream is infected. The signs of cold hands and feet, pale skin, vomiting and being very sleepy or difficult to wake can come on quickly. If you suspect septicaemia, get help urgently.

In babies, the main symptoms of septicaemia may include:

- rapid or unusual patterns of breathing
- skin that is pale, blotchy or turning blue
- fever with cold hands and feet
- shivering
- vomiting and refusing feeds
- red or purple spots that do not fade under pressure (do the glass test explained in the next section). On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible
- pain or irritability from muscle aches or severe limb or joint pain
- floppiness
- severe sleepiness

It is important to remember that not everyone will develop all the symptoms listed, and that this list of symptoms is not exhaustive. If an individual develops some of the symptoms, especially red or purple spots, get medical help urgently. If you can't get in touch with your doctor, or are still worried after getting advice, trust your instincts and take your child to the emergency department of your nearest hospital.

The 'glass test'

People with septicaemia may develop a red rash of tiny 'pin pricks', which can spread quickly and turn into red or purple blotches.

Press the side of a clear drinking glass firmly against the rash so you can see if the rash fades and loses colour under pressure. If it doesn't change colour, contact your doctor immediately as there is a high risk of sepsis caused by meningitis.

You may like to seek support to do the 'glass test' which is pictured below.



Where can I get more information?

These charities provide information, advice and support:

Meningitis Research Foundation: Call the free helpline on **080 8800 3344** (lines open 9am to 10pm weekdays, 10am to 8pm weekends and holidays) or visit **www.meningitis.org**

Meningitis Now: Call the 24 hour helpline on **0808 8010 388** or visit **www.meningitisnow.org**

You can also ask your doctor, practice nurse or health visitor for advice, or contact **NHS 111** online at **111.nhs.uk**, by **NHS 111 British Sign Language (BSL) interpreter service** via **www.nhs.uk/111** or by textphone on **18001 111**.

Parents and carers can report suspected side effects of vaccines and medicines through the Yellow Card Scheme

This can be done by visiting **www.mhra.gov.uk/yellowcard** or by calling the Yellow Card hotline on **0800 731 6789** (9am to 5pm Monday to Friday).

Routine childhood immunisation programme from September 2024

When	Diseases protected against	Vaccine given
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB
	Meningococcal group B (MenB)	MenB
	Rotavirus gastroenteritis	Rotavirus (1)
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/HibHepB
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccination (PCV)
	Rotavirus	Rotavirus (1)
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB
	MenB	MenB

When	Diseases protected against	Vaccine given
One year old on or after the child's first birthday	Hib and MenC	Hib/MenC
	Pneumococcal booster	PCV booster
	Measles, mumps and rubella (German measles)	MMR
	MenB	MenB booster
Eligible paediatric age groups (3)	Influenza (each year from September)	Live attenuated influenza vaccine LAIV (2,5)
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	TdaP/IPV
	Measles, mumps and rubella	MMR (check first dose given)
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (4)
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)
	Meningococcal groups A, C, W and Y disease	MenACWY

- (1) Rotavirus vaccine should only be given after checking for SCID screening result.
- (2) Contains porcine gelatine.
- (3) See annual flu letter at: **www.gov.uk/government/collections/annual-flu-programme**
- (4) See Green Book HPV Chapter 18a for details on immunising immunocompromised young people who will need 3 doses.
- (5) If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required (1)
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age) Annual flu vaccine

Medical condition	Diseases protected against	Vaccines required (1)
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age) Annual flu vaccine Hepatitis B

Medical condition	Diseases protected against	Vaccines required (1)
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment (4)	Pneumococcal Shingles vaccine Influenza	PCV13 (up to 10 years of age) (2, 3) PPV23 (from 2 years of age) Shingrix – over 50 years of age (5) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to 10 years of age) (2) PPV23 (from 2 years of age) Annual flu vaccine

- (1) Check relevant chapter of the Green Book for specific schedule: **www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book**
- (2) If aged 2 years to under 10 years of age and unimmunised or partially immunised against pneumococcal infection, give one PCV13 dose.
- (3) To any age in severely immunosuppressed.
- (4) Consider annual influenza vaccination for household members and those who care for people with these conditions.
- (5) Check Green Book Shingles Chapter 28a **www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a**

Selective childhood immunisation programme

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old (1, 2)	Hepatitis B	Hepatitis B (Engerix B/ HBvaxPRO)
Infants in areas of the country with TB incidence greater than or equal to 40 in 100,000	Around 28 days old (4)	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country (3)	Around 28 days old (4)	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contra-indicated to LAIV or under 2 years of age

Target group	Age and schedule	Disease	Vaccines required
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation (5)	Pertussis	Tdap or dTaP/IPV
	From 28 weeks gestation	RSV	RSV vaccine

- (1) Take blood for HBsAg at 12 months to exclude infection.
- (2) In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
- (3) Where the annual incidence of TB is equal to 40 in 100,000 – see **www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people**
- (4) Check SCID screening outcome before giving BCG.
- (5) Ideally before 32 weeks gestation but may still be given after 32 weeks.

Copies of these booklets are available from your clinic or doctor's surgery. See also **www.nhs.uk/vaccinations**

This large print leaflet and a standard version is also available in braille, easy read, BSL, audio and translated into a range of community languages.

The leaflet can be ordered or downloaded from **www.healthpublications.gov.uk**, by calling **0300 123 1002** or by textphone: **0300 123 1003** (lines are open 8am to 6pm Monday to Friday).

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