



UK Health
Security
Agency



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



**Features the immunisation
schedule from July 2025**

immunisation
the safest way to protect your child

The childhood immunisation programme

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



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

This leaflet features the immunisation schedule from July 2025

Summary

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

Your baby will have 3 injections at their one year vaccination visit including:

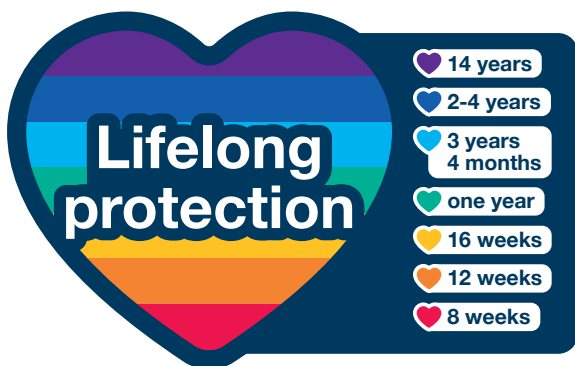
- their **MenB** booster vaccination
- a **PCV13** booster vaccination against:
 - pneumococcal disease caused by some types of pneumococcal bacteria
- their first **MMR** vaccination against:
 - measles
 - mumps
 - rubella



Immunisations at one year of age

Complete your course

Routine vaccinations start with a priming dose as a baby. **Get your child's boosters at the right age, or soon after, to help provide life long protection.**



What is meningococcal disease?

Meningococcal disease is a serious infection that can 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 of our successful vaccination programme against MenC.

Which vaccines will be used?

Your child will have a dose of a MenB vaccine. This vaccine will be given in the muscle of the thigh or upper arm.

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

Why does my child need booster vaccines?

Booster vaccines are given to increase the protection given by the immunisations your baby has had earlier. The protection offered by the infant vaccinations starts to wear off but the booster helps to extend protection over the period of highest risk.

Will the MenB vaccine 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 disease in children. This vaccine will be given in the muscle of the thigh or upper arm at the same visit as the MMR and MenB vaccines.

The PCV vaccine is called Prevenar 13, you can view the Patient Information Leaflet at www.medicines.org.uk/emc/product/453/pil.

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.

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 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?

MMR vaccine 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.

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

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 at 18 months of age.



How effective is the MMR vaccine?

Since it was introduced in the UK in 1988, the MMR vaccine has dramatically reduced the 3 diseases (measles, mumps, rubella) in young children.

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
- 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 5 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

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

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

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. This is because MMR vaccine is grown on chick cells, not the egg white or yolk. 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.

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, people 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 having no energy
- 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 bloodstream 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 on the next page)*
- 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, or if your baby (or anyone else) has symptoms of concern or a condition that is getting rapidly worse, trust your instincts and take your child to the emergency department of your nearest hospital.

*On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible

The 'glass test'

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.



Where can I get more information?

These charities provide information, advice and support:

Meningitis Research Foundation

Free helpline 080 8800 3344

(9am to 10pm weekdays, 10am to 8pm weekends and holidays)

www.meningitis.org

Meningitis Now

24 hour helpline 0808 8010 388

www.meningitisnow.org

You can also ask your doctor, practice nurse or health visitor for advice, or call the **NHS** on **111**.

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



SCAN ME

This can be done online by visiting **yellowcard.mhra.gov.uk** or by calling the Yellow Card hotline on **0800 731 6789**.

You can also use the QR code or by downloading the Yellow Card app.

Routine childhood immunisation programme from July 2025

Age due	Diseases protected against	Vaccine given
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB
	Meningococcal group B (MenB)	MenB
	Rotavirus gastroenteritis	Rotavirus
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB
	MenB	MenB
	Rotavirus	Rotavirus
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB
	Pneumococcal (13 serotypes)	PCV
One year old (on or soon after the child's first birthday)	Pneumococcal Measles, mumps, rubella MenB	PCV MMR MenB
Eighteen months old	DTaP/IPV/Hib/HepB Measles, mumps, rubella	DTaP/IPV/Hib/HepB MMR
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)
	Meningococcal groups A, C, W and Y	MenACWY



at one year of age

**Don't forget the next
vaccines for your child
are when they are
18 months of age.***



*children born on or after 1 July 2024



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www.nhs.uk/vaccinations