

# Vaccination of individuals with uncertain or incomplete immunisation status

For online Green Book, see [www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book) • For other countries' schedules, see [immunizationdata.who.int/listing.html?topic=vaccine-schedule&location=](http://immunizationdata.who.int/listing.html?topic=vaccine-schedule&location=)

## Infants from two months of age up to first birthday

**DTaP/IPV/Hib/HepB<sup>a#</sup> + MenB<sup>b</sup> + rotavirus<sup>c</sup>**  
Four week gap  
**DTaP/IPV/Hib/HepB + PCV13<sup>d</sup> + rotavirus<sup>c</sup>**  
Four week gap  
**DTaP/IPV/Hib/HepB + MenB<sup>b</sup>**

<sup>a</sup> A child who has already received 1 or more doses of primary diphtheria, tetanus, polio and pertussis should complete the 3 dose course with DTaP/IPV/Hib/HepB. Any missing doses of Hib and/or HepB can be given as Hib/MenC and/or, monovalent hepatitis B, at 4 week intervals

<sup>b</sup> Doses of MenB should ideally be given 8 weeks apart. They can be given 4 weeks apart in order for the primary MenB immunisation schedule to be completed before the first birthday if possible (i.e. if schedule started after 10m of age)

<sup>c</sup> First dose of rotavirus vaccine to be given **only** if infant is more than **6 weeks** and under **15 weeks** and second dose to be given **only** if infant is less than **24 weeks** old

<sup>d</sup> Infants who are aged 12 weeks or over when starting their primary schedule can be given their single infant priming dose of PCV13 with their first set of primary immunisations. If a child has received PCV10 vaccine abroad, they should be offered 1 dose of PCV13 (at least 4 weeks after PCV10 was given)

## Boosters + subsequent vaccination

As per UK schedule ensuring at least a 4 week interval between primary DTaP/IPV/Hib/HepB and the booster Hib/MenC dose, and a minimum 4 week interval between MenB and PCV13 priming and booster doses.

## General principles

- unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned
- individuals coming to UK part way through their immunisation schedule should be transferred onto the UK schedule and immunised as appropriate for age
- if the primary course has been started but not completed, resume the course – no need to repeat doses or restart course
- plan catch-up immunisation schedule with minimum number of visits and within a minimum possible timescale – aim to protect individual in shortest time possible

## Children from first up to second birthday

**DTaP/IPV/Hib/HepB<sup>#</sup> + PCV13<sup>††</sup> + Hib/Men C<sup>††</sup> + MenB<sup>†††</sup> + MMR**  
Four week gap  
**DTaP/IPV/Hib/HepB<sup>†</sup>**  
Four week gap  
**DTaP/IPV/Hib/HepB<sup>†</sup> + MenB<sup>†††</sup>**

<sup>†</sup>DTaP/IPV/Hib/HepB is now the only suitable vaccine containing high dose tetanus, diphtheria and pertussis antigen for priming children of this age. Children born from 01/08/17 who received primary vaccines without HepB should be opportunistically offered a 3 dose course of monovalent HepB vaccine. If they are in a high-risk group or are exposed to hepatitis B, they should be proactively offered a hepatitis B vaccine course

<sup>††</sup>All un- or incompletely immunised children only require 1 dose of Hib, Men C (until teenage booster) and PCV13 over the age of 1 year. It does not matter if 2 Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib/HepB vaccine is given. If a child has received PCV10 vaccine abroad, they should be offered 1 dose of PCV13 (at least 4 weeks after PCV10 was given)

<sup>†††</sup>Children who received less than 2 doses of MenB in the first year of life should receive 2 doses of MenB in their second year of life at least 8 weeks apart. Doses of MenB can be given 4 weeks apart if necessary to ensure the 2 dose schedule is completed (i.e. if schedule started at 22m of age)

## Boosters + subsequent vaccination

As per UK schedule

## MMR – from first birthday onwards

- doses of measles-containing vaccine given prior to 12 months of age should not be counted
- 2 doses of MMR should be given irrespective of history of measles, mumps or rubella infection and/or age
- a minimum of 4 weeks should be left between 1<sup>st</sup> and 2<sup>nd</sup> dose MMR
- if child <3y4m, give 2<sup>nd</sup> dose MMR with pre-school dTaP/IPV unless particular reason to give earlier
- second dose of MMR should not be given <18m of age except where protection against measles is urgently required

## Flu vaccine (during flu season)

- those aged 65yrs and older although recommendations may change annually so always check [Annual Flu Letter](#)
- children eligible for the current season's childhood influenza programme (see [Annual Flu Letter](#) for date of birth range)
- those aged 6 months and older in the defined clinical risk groups (see [Green Book Influenza chapter](#))

## Pneumococcal polysaccharide vaccine (PPV)

- those aged 65yrs and older
- those aged 2yrs and older in the defined clinical risk groups (see [Green Book Pneumococcal chapter](#))

## Children from second up to tenth birthday

**DTaP/IPV/Hib/HepB<sup>^#</sup> + Hib/MenC<sup>^^</sup> + MMR**  
Four week gap  
**DTaP/IPV/Hib/HepB<sup>^</sup> + MMR**  
Four week gap  
**DTaP/IPV/Hib/HepB<sup>^</sup>**

<sup>^</sup>DTaP/IPV/Hib/HepB is now the only suitable vaccine containing high dose tetanus, diphtheria and pertussis antigen for priming children of this age. Children born from 01/08/17 who received primary vaccines without HepB should be opportunistically offered a 3 dose course of monovalent HepB vaccine. If they are in a high-risk group or are exposed to hepatitis B, they should be proactively offered a hepatitis B vaccine course.

<sup>^^</sup>All un- or incompletely immunised children only require 1 dose of Hib and Men C (until teenage booster) over the age of 1 year. It does not matter if 2 Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib/HepB vaccine is given

## Boosters + subsequent vaccination

First booster of dTaP/IPV can be given as early as 1 year following completion of primary course to re-establish on routine schedule. Additional doses of DTaP-containing vaccines given under 3 years of age in some other countries do not count as a booster to the primary course in the UK and should be discounted. Subsequent vaccination – as per UK schedule

## From tenth birthday onwards

**Td/IPV<sup>#</sup> + MenACWY<sup>\*</sup> + MMR**  
Four week gap  
**Td/IPV + MMR**  
Four week gap  
**Td/IPV**

<sup>\*</sup> Those aged from 10 years up to 25 years who have never received a MenC-containing vaccine should be offered MenACWY

Those aged 10 years up to 25 years may be eligible or may shortly become eligible for MenACWY usually given around 14y of age. Those born on/after 1/9/1996 remain eligible for MenACWY until their 25<sup>th</sup> birthday

## Boosters + subsequent vaccination

**First booster of Td/IPV:** Preferably 5 years following completion of primary course  
**Second booster of Td/IPV:** Ideally 10 years (minimum 5 years) following first booster

## HPV vaccine

- females (born on/after 1/9/91) and males (born on/after 1/9/06) remain eligible up to their 25<sup>th</sup> birthday
- eligible individuals age 11 to 25 years should be offered a 2 dose schedule at 0, 6-24 months
- eligible individuals who are HIV positive or immunocompromised should be offered a 3 dose schedule at 0, 1, 4-6 months
- if the course is interrupted, it should be resumed but not repeated, even if more than 24 months have elapsed since the first dose
- individuals who started a 3 dose HPV schedule prior to the schedule change on 1 April 2022 should continue with their planned 3 dose schedule unless:
  - they have had two doses already with a 6 month interval – in which case no further doses are needed
  - they have only had one dose 6 or more months ago – in which case they will only require 1 more HPV dose to complete their schedule
- for individuals who started the schedule with an HPV vaccine no longer/not used in the UK programme, the course can be completed with the vaccine currently being used
- courses started but not completed before 25<sup>th</sup> birthday should be completed at the minimum interval (6 months for those following 2 dose course)

## Shingles vaccine

- those aged from 70 years up to their 80<sup>th</sup> birthday

**††† If an individual has received any OPV in another country since April 2016, these doses should be discounted as it is unlikely that they will protect against all 3 polio types.**

**Most countries who still use OPV have a mixed OPV and IPV schedule so if sufficient IPV doses have been received for age, no additional IPV doses are needed.**

**BCG and Hepatitis B vaccines for those at high risk should be given as per Green Book recommendations. Individuals in clinical risk groups may require additional vaccinations. Please check [Green Book](#) chapters.**