
D I R E C T I O N S

NATIONAL HEALTH SERVICE, ENGLAND

The General Medical Services Statement of Financial Entitlements (Amendment) (No.5) Directions 2025

The Secretary of State gives the following Directions in exercise of the powers conferred by sections 87, 272(7) and (8) and 273(1) of the National Health Services Act 2006(a).

In accordance with section 87(4) of that Act, the Secretary of State has consulted with the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate.

Citation, commencement, extent, application and interpretation

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) (No.5) Directions 2025.

(2) These Directions come into force on 1 October 2025 except as otherwise provided for in paragraph (3).

(3) Direction 2(3) comes into force on 1 January 2026.

(4) These Directions are given to NHS England.

(5) These Directions extend to England and Wales but apply to England only.

(6) In these Directions, “The Principal Directions” means the General Medical Services Statement of Financial Entitlements Directions 2024(b).

Amendment of the Principal Directions

2.—(1) The Principal Directions are amended as follows.

(2) For Part 5 (vaccines and immunisations), substitute Part 5 as set out in the Schedule to these Directions.

(3) In Section 19(3), for table 1 substitute—

“Table 1

(a) 2006 c.41. Section 87 is amended by paragraphs 1 (1) and (2) of Schedule 1 to the Health and Care Act 2022 (c.31). By virtue of section 271(1) of the National Health Service Act 2006, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England.

(b) The Directions, and the various amendments to them are available at: <https://www.gov.uk/government/publications/general-medical-services-statement-of-financial-entitlements-directions>. Hard copies of these documents can be obtained by writing to the Medical Team, Department of Health and Social Care, 3rd Floor, 39 Victoria Street, London SW1H 0EU.

Age	Disease	Vaccine Given	Usual Site	Type of Offer
At birth, four weeks	Babies born to hepatitis B infected mothers	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall
Children aged 12 months on or before 30 June 2025 will be eligible for HepB at their 12-month appointment (whenever they present)	Babies born to hepatitis B infected mothers. GP practices need to ensure that the results of the baby's blood test to ascertain the existence of hepatitis B infection is recorded in the baby's patient record	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall
Eight weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	Meningococcal group b (MenB)	MenB	Left thigh	Call/recall
	Rotavirus gastroenteritis	Rotavirus	Mouth	Call/recall
Twelve weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call / recall
	MenB	MenB	Left Thigh	Call / recall
	Rotavirus	Rotavirus	Mouth	Call / recall
16 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call / recall
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Thigh	Call / recall

Under 1 year	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive PCV and MenACWY as follows	Doses as defined in Box 7.1 of Green Book chapter 7: Immunisation of individuals with underlying medical conditions	Thigh	Call / recall
One year (on or after the child's first birthday)	Hib and MenC. Those children who turn 12 months on or before 30 June 2025 (Hib/MenC vaccinations for children who turn 12 months on or after 1 July 2025 will cease)	Hib/MenC (combined vaccine) until stocks have depleted. When depleted, or if not available, Hib containing DTaP/IPV/Hib/Hep B vaccine	Upper arm / thigh	Call / recall
	Pneumococcal	Pneumococcal conjugate vaccine (PCV booster)	Upper arm / thigh	Call / recall
	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive PCV and Hib/MenC as follows	Doses as defined in Box 7.1 of Green Book chapter 7: Immunisation of individuals with underlying medical conditions	Upper arm / thigh	Call / recall
	Measles, Mumps, Rubella and Varicella	MMRV (for children who have not previously received MMR vaccine at 12 months)	Upper arm / thigh	Call / recall
	MenB	MenB booster	Left thigh	Call / recall
18 months of age or soon after	Diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b (HiB) and hepatitis B	DTaP/IPV/Hib/HepB	Upper thigh	Call/recall
18 months of age or soon after (for children born on or	Measles, Mumps, Rubella and Varicella	MMRV 1 dose (check first dose given)	Upper arm/ thigh	Call/recall

after 1 July 2024)				
Three years four months or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Upper arm	Opportunistic or if requested
3 years 4 months or soon after (for children born on or before 31 December 2024)	Measles, Mumps, Rubella and Varicella	MMRV 1 dose (check previous doses of MMR and / or MMRV given)	Upper arm	Call/recall
6 years and over (unknown or incomplete vaccination history where clinically indicated)	Measles, Mumps and Rubella	MMR	Thigh	Opportunistic or if requested. If requested and only if considered to be at high risk of exposure (a)
Fourteen years	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Upper arm	Opportunistic or if requested”

(4) In Annex G (dispensing payments)—

- (a) for Part 2 (dispensing feescal for contractors that are authorised or required to provide dispensing services), substitute—

“PART 2

DISPENSING FEESCALE FOR CONTRACTORS THAT ARE AUTHOISED OR REQUIRED TO PROVIDE DISPENSING SERVICES

From 1st October 2025

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 480	238.1
481-601	234.7

- (a) The decision on when to vaccinate older adults needs to take into consideration the past vaccination history, the likelihood of an individual remaining susceptible and the future risk of exposure and disease. Individuals born before 1970 are likely to have had all three natural infections and are less likely to be susceptible. MMR vaccine should only be offered to such individuals on request or if they are risk assessed to be at high risk of exposure.

602-722	231.6
723-841	228.6
842 – 963	225.9
964 – 1081	223.5
1082 – 1503	221.2
1504 – 2103	219.1
2104 – 2403	217.2
2404 – 3005	215.5
3006 – 3604	214.0
3605 – 4206	212.8
4207 – 4804	211.6
4805 and over	210.8

From 1st April 2026

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence.
Up to 480	231.1
481-601	228.0
602-722	225.0
723-841	222.1
842-963	219.5
964-1081	217.2
1082-1503	214.8
1504-2103	212.9
2104-2403	211.0
2404-3005	209.3
3006-3604	207.9
3605-4206	206.7
4207-4804	205.6
4805 and over	204.8”

- (b) for Part 3 (dispensing feescall for contractors that are not authorised or required to provide dispensing services), substitute—

“PART 3

DISPENSING FEESCALE FOR CONTRACTORS THAT ARE NOT AUTHORISED OR REQUIRED TO PROVIDE DISPENSING SERVICES

From 1st October 2025


Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 480	248.1
481 – 601	244.7
602 – 722	241.6
723 – 841	238.6
842 – 963	236.0
964 – 1081	233.5
1082 – 1503	231.1
1504 – 2103	229.1
2104 – 2403	227.2
2404 – 3005	225.5
3006 – 3604	224.0
3605 – 4206	222.7
4207 – 4804	221.6
4805 and over	220.8

From 1st April 2026

Total prescriptions calculated separately for each individual dispensing practitioner, in bands	Prices per prescription in pence
Up to 480	241.0
481 – 601	237.7
602 – 722	234.7
723 – 841	231.8
842 – 963	229.3
964 – 1081	226.9
1082 – 1503	224.6
1504 – 2103	222.6

2104 – 2403	220.7
2404 – 3005	219.0
3006 – 3604	217.6
3605 – 4206	216.4
4207 – 4804	215.3
4805 and over	214.5”

Signed by the authority of the Secretary of State for Health and Social Care



39 Victoria Street, London SW1H
0EH 29th September 2025

Lucy Witter
Member of the Senior Civil Service
Department of Health and Social Care

SCHEDULE

Direction 2(2)

“PART 5

VACCINES AND IMMUNISATIONS

VACCINES AND IMMUNISATIONS WHICH ARE NOT PAID UNDER THE GLOBAL SUM

General

18.—(1) A Contractor must offer to administer and provide vaccine and immunisation services of the type, and in the circumstances, specified in Section 19.

Payment

(2) NHS England must pay a Contractor an item of service (“IoS”) fee of £12.06 in respect of each dose of vaccine or immunisation set out in Table 1 and £10.06 in respect of each dose of vaccine or immunisation set out in Table 2 and 3 administered to a patient who—

- (a) is registered with the Contractor at the data extraction date following the end of the monthly reporting period;
- (b) meets the defined eligible cohort and age criteria for the vaccination and immunisation programme, in accordance with Section 19; and
- (c) has received the required dose of vaccination or immunisation.

(3) Notwithstanding paragraph (2), NHS England may not make any payment to the Contractor until the information in paragraph (12) has been provided.

(4) The Contractor must comply with best practice on call or recall and opportunistic offers for vaccinations and immunisations as set out in tables 1-3(a).

Eligibility for payment

(5) A Contractor is eligible for the IoS fee referred to in paragraph (2) if—

- (a) the vaccination or immunisation was administered on or after 1st April 2025 but before 1st April 2026; and
- (b) the IoS fee is claimed for vaccination or immunisation which was administered to a patient who was on the Contractor’s list of registered patients at the data extraction date following the end of the monthly reporting period and:
 - (i) a Contractor administered the vaccine or immunisation to the patient; and
 - (ii) the Contractor does not receive any payment from any other source in respect of the vaccination and immunisation.

(6) If the Contractor receives any payment from any other source, having also received the IoS fee, it must inform NHS England. NHS England must consider recovering any payment made under this Section in respect of that patient pursuant to Section 22(1) and 22(2) (overpayments and withheld amounts).

(a) Where call/recall is required, Contractors, where individuals are eligible and where clinically indicated, can also offer vaccinations opportunistically or if requested.

Claims for payment

(7) A Contractor must use reasonable endeavours to submit a claim to NHS England for payment of the IoS fee before the end of the period of 1 month beginning on the date of administration of the dose of vaccine and immunisation to which the payment relates.

(8) Without prejudice to paragraph (7) and subject to paragraph (9), a Contractor must submit a claim to NHS England for payment of the IoS fee by no later than the period of 6 months beginning on the date of administration of the dose of vaccine and immunisation to which the payment relates.

(9) NHS England may accept a claim made outside of the 6 months' period, if it considers it reasonable to do so.

(10) NHS England must agree the value of the claim submitted by the Contractor before the IoS fee is paid. Any IoS fee payable falls due on the last day of the month, following the month in which the claim is validated by the Contractor, unless the claim remains under dispute.

(11) NHS England must ensure that the receipt and payment of claims is recorded accurately and that each claim has a clear audit trail.

(11A) NHS England may accept a claim if the vaccination or immunisation was administered to a patient who died during the monthly reporting period or prior to the data extraction date following the end of the monthly reporting period.

Information needed by NHS England to consider a claim

(12) The IoS fee is only payable if the Contractor—

- (a) supplies NHS England with the following information, subject to paragraph (14) and any applicable data protection legislation, in respect of each registered patient for which an IoS fee is claimed —
 - (i) the name of the patient;
 - (ii) the date of birth of the patient;
 - (iii) the NHS number, where known, of the patient;
 - (iv) details of informed consent, including, where consent is given on behalf of the patient, the name of the person giving consent and their relationship with the patient;
 - (v) where an offer of vaccination and immunisation is accepted;
 - (vi) any refusal of an offer of vaccination and immunisation;
 - (vii) the injection site where the vaccine is administered;
 - (viii) the batch number, expiry date and title of the vaccine;
 - (ix) when two or more vaccines are administered in close succession, the route of the administration and the injection site of each vaccine;
 - (x) the date of administration of the vaccine;
 - (xi) any contraindication to the vaccine or immunisation; and
 - (xii) any adverse reactions to vaccine or immunisation, where known;
- (b) provides appropriate clinical information and advice to the patient, or where the patient is a child, to their parent or carer;
- (c) uses nationally specified clinical coding for use in electronic health records (SNOMED codes), details of which can be found on the NHS England Digital website <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>, to record this activity and to return performance data to UK Health Security Agency;

- (d) makes available any information to NHS England, which it reasonably requests and needs, and the Contractor either has or could be reasonably expected to obtain, in order to form its opinion on whether the Contractor is eligible for payment under the provisions of this Section; and
 - (e) makes any returns reasonably required of it (whether computerised or otherwise) to the registration system approved by NHS England, and does so promptly and fully.
- (13) The Contractor must ensure that all information provided pursuant to or in accordance with paragraph (12) is accurate to the best of the Contractor's knowledge and belief.
- (14) If the patient, or where the patient is a child, a parent or carer, objects to their name or date of birth being supplied to NHS England, the Contractor need not supply such information to NHS England but must supply the patient's NHS number.
- (15) If the Contractor fails to comply with a requirement of this Section, the IoS fee is not due and NHS England can withhold its payment to the Contractor until any necessary information is provided to the satisfaction of NHS England.
- (16) Where the vaccination or immunisation is administered, the Contractor must record in the patient's records, kept in accordance with regulation 67 of the 2015 Regulations, the immunisation information as defined in regulation 3 of the 2015 Regulations.

General

19.—(1) The Contractor is to offer and provide the vaccines and immunisations referred to in Tables 1-3 and must have regard to the guidance and information on routine childhood and adult vaccines and immunisations as set out in the "Immunisations against infection diseases – The Green Book" which is published by the Department of Health and Social Care.

(2) The vaccines and immunisations listed in Table 1 (Childhood Routine Immunisations Schedule) are eligible for an item of service ("IoS") fee of £12.06.

Vaccines and immunisations listed in tables 2 and 3 are eligible for an IoS fee of £10.06

IoS fees for new vaccination programmes or offers will be determined at the point at which that offer is introduced.

Childhood Routine Immunisation Schedule

(3) Table 1 lists the childhood routine vaccines and immunisations, which a Contractor should offer routinely to the cohorts of patients identified.

Table 1:

Age	Disease	Vaccine Given	Usual Site	Type of Offer
At birth, four weeks	Babies born to hepatitis B infected mothers	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall
Children aged 12 months on or before 30 June 2025 will be eligible for HepB at	Babies born to hepatitis B infected mothers. GP practices need to ensure that the results of the baby's blood test to ascertain the existence of hepatitis B infection is recorded in the baby's patient record	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall

their 12-month appointment (whenever they present)				
Eight weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	Meningococcal group b (MenB)	MenB	Left thigh	Call/recall
	Rotavirus gastroenteritis	Rotavirus	Mouth	Call/recall
Twelve weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call / recall
	MenB	MenB	Left Thigh	Call / recall
	Rotavirus	Rotavirus	Mouth	Call / recall
16 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call / recall
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Left thigh	Call / recall
Under 1 year	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive PCV and MenACWY as follows	Doses as defined in Box 7.1 of Green Book chapter 7: Immunisation of individuals with underlying medical conditions	Thigh	Call / recall
One year (on or after the child's first birthday)	Hib and MenC. Those children who turn 12 months on or before 30 June 2025 (Hib/MenC vaccinations for children who turn 12 months on or after 1 July 2025 will cease)	Hib/MenC (combined vaccine) until stocks have depleted. When depleted, or if not available, Hib containing DTaP/IPV/Hib/Hep B vaccine	Upper arm / thigh	Call / recall
	Pneumococcal	Pneumococcal conjugate vaccine (PCV booster)	Upper arm / thigh	Call / recall

	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive PCV and MenACWY as follows	Doses as defined in Box 7.1 of Green Book chapter 7: Immunisation of individuals with underlying medical conditions	Upper arm / thigh	Call / recall
	Measles, Mumps and Rubella	MMR	Upper arm / thigh	Call / recall
	MenB	MenB booster	Left thigh	Call / recall
Three years four months or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Upper arm	Opportunistic or if requested
	Measles, Mumps and Rubella	MMR (check first dose given)	Upper arm	Call/recall
6 years and over (unknown or incomplete vaccination history where clinically indicated)	Measles, Mumps and Rubella	MMR	Thigh	Opportunistic or if requested. If requested and only if considered to be at high risk of exposure (a)
Fourteen years	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Upper arm	Opportunistic or if requested

(4) Contractors will be eligible for an IoS fee as set out within tables 1-3 of this SFE per dose of vaccine administered where clinically indicated(b) to eligible patients in line with the latest information and guidance on vaccinations and immunisations, and relevant procedures for all the vaccines including completing the schedule of vaccines in the case of children with interrupted, incomplete or ‘unknown’ immunisation status or in relation to premature infants as contained in the “Immunisation against infectious diseases – The Green Book”. Details of the wider UK Health and Security Agency’s published routine childhood immunisation schedule are available at <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>.

(5) Where additional doses of the vaccines specified in tables 1-3 within this SFE are required for medical reasons, NHS England must also pay an IoS fee. NHS England must also pay an IoS fee for each missed dose (c) where clinically indicated as outlined in 19(4).

-
- (a) The decision on when to vaccinate older adults needs to take into consideration the past vaccination history, the likelihood of an individual remaining susceptible and the future risk of exposure and disease. Individuals born before 1970 are likely to have had all three natural infections and are less likely to be susceptible. MMR vaccine should only be offered to such individuals on request or if they are risk assessed to be at high risk of exposure.
- (b) Vaccinations and immunisations administered as clinically indicated to children and adults for medical reasons e.g. post-transplant, or to complete vaccination.
- (c) This should not be a proactive offer by the contractor.

Adult Routine Immunisation Schedule

(6) Table 2 lists the adult routine vaccines and immunisations, which a Contractor should offer routinely to the cohorts of patients identified.

Table 2:

Age	Disease	Vaccine Given	Type of Offer
Pregnant women from 16 weeks pregnancy	Pertussis	ADACEL (Tdap) (a)	Opportunistic or if requested
2-64 years (in a clinical at risk group)	Pneumococcal	Pneumococcal Polysaccharide Vaccine (PPV) until stocks have depleted. When depleted, or if not available then Pneumococcal Conjugate Vaccine (PCV)	Call / recall if in a defined clinical risk group
65 years	Pneumococcal	Pneumococcal Polysaccharide Vaccine (PPV) until stocks have depleted. When depleted, or if not available, then Pneumococcal Conjugate Vaccine (PCV)	Call at 65 years old if not in a defined clinical risk group Opportunistic offer or if requested thereafter
18 years and over at the point of vaccination who fall within a severely immunocompromised cohort	Shingles	Shingrix (2 dose schedule, second dose 8 weeks to 6 months after the first)	Call/recall when become eligible. Opportunistic or if requested
Age 65, 66 and 67 on or after 1 September 2023 and at the point of vaccination who are immunocompetent individuals, eligible until aged 69 (catch up programme 65-69)	Shingles	Shingrix (2 dose schedule, second dose 6 to 12 months after the first)	Call/recall Opportunistic
Age 70 years on or after 1 September 2023 and at the point of vaccination who are immunocompetent individuals, eligible until	Shingles	Shingrix (2 dose schedule, second dose 6 to 12 months after the first)	Call/recall when become eligible. Opportunistic or if requested until aged 80 years

(a) Boostrix-IPV or REPEVAX should be given to pregnant women if they have a known severe latex allergy or where ADACEL is not available and to obtain it would result in a delay in vaccination.

aged 80 years (routine programme)			
Aged 75 years on or after 1 September 2024 and at least 75 years at the point of vaccination, remaining eligible until attaining age 80 years	Respiratory Syncytial Virus (RSV)	1 dose of RSV	Call/recall when become eligible Opportunistic or if requested until aged 80 years
Aged 75-78 years on 31 August 2024 and eligible until 31 August 2026	Respiratory Syncytial Virus (RSV)	1 dose of RSV	Call/recall Opportunistic or on request thereafter
Aged 79 years on 31 August 2024 and eligible until 31 August 2026	Respiratory Syncytial Virus (RSV)	1 dose of RSV	Call/recall Opportunistic or on request thereafter
Individuals who are pregnant from 28 weeks	Respiratory Syncytial Virus (RSV)	1 dose of RSV	Opportunistic or if requested

Other Vaccinations Programme Schedule

(7) All other vaccines and immunisations are listed in Table 3 and a Contractor should offer these routinely to the eligible cohorts of patients identified, as required.

Table 3:

Age	Disease	Vaccine Given	Type of Offer
14 to 24 years (catch-up, where not administered under the schools programme)	Meningococcal groups A, C, W and Y disease (completing dose)	MenACWY	Opportunistic or if requested
14 to 24 years (where the individual was eligible to receive the vaccine under routine schools immunisation programme but missed vaccination under the schools programme) N.B Eligibility includes girls born after 1 September 1991 and boys born on or after 1 September 2006	Human papillomavirus (HPV) HPV types (6, 11, 16, 18, 31, 33, 45, 52 and 58 – nine valent vaccine)	Gardasil 9	Opportunistic or if requested
14 to 24 years immunocompromised individuals (where the individual was eligible to receive the vaccine under routine schools immunisation programme but missed vaccination under the schools programme)	Human papillomavirus (HPV) HPV types (6, 11, 16, 18, 31, 33, 45, 52 and 58 – nine valent vaccine)	Gardasil 9	Opportunistic or if requested

VACCINES AND IMMUNISATIONS PAID UNDER THE GLOBAL SUM AND NOT THEREFORE ELIGIBLE FOR AN ITEM OF SERVICE FEE

Introduction

20.—(1) This Section sets out types of vaccines and immunisations and the circumstances in which Contractors are to offer and give such vaccines and immunisations under the terms of their GMS contract.

(2) The vaccines and immunisations set out in this Section are paid under the Global Sum Payment provisions (Part 1 of the SFE) and are not eligible for an item of service (“IoS”) fee.

Vaccines and immunisations which are not required for the purpose of foreign travel

(3) Contractors are to offer vaccines and immunisations in respect of the diseases listed in column 1 of Table 1 (whether or not there is any localised outbreak of any of the diseases mentioned in paragraph 8) to persons who do not intend to travel abroad and provide such immunisations in the circumstances set out in column 2 of that Table.

(4) Contractors who offer and provide the vaccines and immunisations referred to in Table 1 must have regard to the guidance and information on vaccinations and immunisations procedures set out in “immunisation against infectious diseases - The Green Book” which is published by the Department of Health and available on <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

Table 1

VACCINES AND IMMUNISATION IN RESPECT OF DISEASES	CIRCUMSTANCES IN WHICH VACCINE OR IMMUNISATION IS TO BE OFFERED AND GIVEN
1. Anthrax	Four doses of the vaccine (plus an annual reinforcing dose) are to be offered to persons who are exposed to an identifiable risk of contracting anthrax. Those who are exposed to an identifiable risk will mainly be those persons who come into contact with imported animal products that could be contaminated with anthrax.
2. Hepatitis A	<p>(a) A course of immunisation is to be offered to persons who are resident—</p> <p>(i) in residential care; or</p> <p>(ii) in an educational establishment, who risk exposure to infection and for whom immunisation is recommended by the local Director of Public Health.</p> <p>(b) The number of doses of vaccine required will be dependent upon the chosen vaccine and should be sufficient to provide satisfactory long-term protection against the disease.</p>
3. Paratyphoid(a)	No vaccine currently exists for the immunisation of paratyphoid.
4. Rabies (pre-exposure)	<p>(a) Three doses of Rabies vaccine are to be offered to the following persons—</p> <p>(i) laboratory workers handling rabies virus;</p>

(a) No vaccine is currently available for paratyphoid. Should a vaccine subsequently become available a review of this Table would be considered and consultation on any proposed amendments to this Table would be required in accordance with section 87 of the National Health Service Act 2006.

- (ii) bat-handlers;
- (iii) persons who regularly handle imported animals, for example, those—
 - (aa) at animal quarantine stations;
 - (bb) at zoos;
 - (cc) at animal research centres and acclimatization centres;
 - (dd) at ports where contact with imported animals occurs and this may include certain HM Revenue and Custom Officers;
 - (ee) persons carrying agents of imported animals and;
 - (ff) who are veterinary or technical staff in animal health;
- (iv) animal control and wildlife workers who regularly travel in rabies enzootic areas; and
- (v) health workers who are at risk of direct exposure to body fluids or tissue from a patient with confirmed or probable rabies.
- (b) Reinforcing doses are to be provided at recommended intervals to those at continuing risk(a)

5. Typhoid

- (a) a course of typhoid vaccine is to be offered to the following persons—
 - (i) hospital doctors, nurses and other staff likely to come into contact with cases of typhoid; and
 - (ii) laboratory staff likely to handle material contaminated with typhoid organisms.

The number of doses (including reinforcing doses) required will be dependent on the chosen vaccine and is to be offered so as to provide satisfactory protection against the disease.

Vaccines and immunisations required for the purposes of foreign travel

(5) Vaccines and immunisations in respect of the diseases listed in column 1 of Table 2 must only be offered in the case of a person who intends to travel abroad, and if the offer is accepted, given in the circumstances set out in column 2 of the Table.

(6) Contractors who offer and provide the vaccines and immunisations referred to in Table 2 must have regard to—

- (a) the guidance and information on vaccines and immunisations procedures set out in “immunisation against infectious diseases - The Green Book”; and
- (b) the information on travel medicine and travel health issues provided and published by the National Travel Health Network and Centre(b).

Table 2

VACCINES AND IMMUNISATIONS IN RESPECT OF DISEASES	CIRCUMSTANCES IN WHICH VACCINES OR IMMUNISATION IS TO BE OFFERED AND GIVEN
1. Cholera	(a) A course of immunisation is to be offered to persons travelling— <ul style="list-style-type: none"> (i) to an area where they may risk exposure to infections as a consequence of being in that area; or

- (a) See “immunisation against infectious diseases - The Green Book”.
- (b) Routine vaccination is not appropriate and no vaccine is available for use in general practice. Should it become appropriate to vaccinate, a review of the Table would be considered and consultation on any proposed amendments to this Table would be required in accordance with section 87 of the National Health Service Act 2006.

- (ii) to the country where it is a condition of entry to that country that persons have been immunised.
 - (b) The appropriate course of immunisation is dependent on age and will consist of an initial course and a subsequent reinforcing course of immunisation. If more than two years have elapsed since the last course of immunisation, a new course of immunisation should be commenced.
2. Hepatitis A
- (a) A course of immunisation is to be offered to persons travelling to areas where the degree of exposure to infections is believed to be high^(a)
 - (b) Persons who may be at a high risk of infection include those who—
 - (i) intend to reside in an area for at least three months and may be exposed to Hepatitis A during that period; or (ii) if exposed to Hepatitis A, may be less resistant to infection because of a pre-existing disease or condition or who are at risk of developing medical complications from exposure.
 - (c) The number of doses (either two or three) of the vaccine required will be dependent upon the chosen vaccine and should be sufficient to provide satisfactory long-term protection against the disease.
3. Poliomyelitis (or Polio)
- (a) A course of immunisation (using an age appropriate combine vaccine) is to be offered to persons travelling—
 - (i) to an area where they may risk exposure to infection as a consequence of being in that area or
 - (ii) to a country where it is a condition of entry to that country that persons have been immunised.
 - (b) Children under the age of 6 years are to be offered immunisation, in accordance with the routine childhood immunisation schedule in Section 19.
 - (c) Persons aged 6 years and over who have not had a full course of immunisation or whose immunisations history is incomplete or unknown are to be offered, either—
 - (i) a primary course of three doses plus two reinforcing doses at suitable time intervals; or
 - (ii) as many doses as required to ensure that a full schedule has been administered at the appropriate intervals as clinically appropriate
4. Typhoid
- (a) A course of typhoid vaccine is to be offered to persons travelling—
 - (i) to an area where they may risk exposure to infection as a consequence of being in that area; or
 - (ii) to a country where it is a condition of entry to that country that persons have been immunised.

(a) See up to date details of travel information on <http://www.nathnac.org>

- (b) The number of doses (including reinforcing doses) required will be dependent on the chosen vaccine and is to be offered so as to provide satisfactory protection against the disease.
-

Vaccines and immunisations which are required in the case of a localised outbreak

(7) In the event of a localised outbreak of any of the diseases listed in paragraph 8, NHS England must consider its response to that localised outbreak and contractors must offer and provide vaccines and immunisations in accordance with any directions given by NHS England in response to the outbreak, and those directions may make recommendations as to additional categories of persons who should be offered immunisation.

(8) The diseases referred to in paragraph 7 are—

- (a) Anthrax;
- (b) Diphtheria;
- (c) Meningococcal Group C or MenACWY as appropriate;
- (d) Poliomyelitis;
- (e) Rabies;
- (f) Tetanus; and
- (g) Typhoid.

(9) Contractors who offer and provide vaccines and immunisations in respect of the diseases mentioned in paragraph 8 must have regard to the guidance and information on vaccines and immunisations procedures set out in “immunisation against infectious diseases - “The Green Book” which is published by the Department of Health.

(10) Contractors who offer immunisation in the circumstances set out in paragraph 7, are not required, by virtue of this Section, to carry out a contact tracing or trace back exercise.”