



UK Health  
Security  
Agency



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

for children born on  
or after 1 January 2025



Features the immunisation  
schedule from January 2026

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**i**mmunisation

the safest way to protect your child

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# 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\*\*](http://www.nhs.uk/vaccinations)

This leaflet features the immunisation schedule from January 2026

# Summary

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

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

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



# 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.

Currently, group B meningococcal bacteria (MenB) are 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](http://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. 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.

The PCV vaccine is called Prevenar 13. You can view the Patient Information Leaflet at [www.medicines.org.uk/emc/product/453/pil](http://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 chickenpox?

Chickenpox is a very infectious disease caused by the varicella zoster virus. It is very common in young children and causes a fever and an itchy, spotty rash. These spots can be painful and appear all over the body. Some children will have serious complications. It is more severe in adults, especially pregnant women and people with weakened immune systems.

## Types of MMRV vaccine

The MMRV vaccine contains weakened versions of living measles, mumps, rubella and chickenpox viruses.

There are 2 MMRV vaccines which work equally well: ProQuad and Priorix Tetra. ProQuad contains porcine gelatine (gelatine from pigs) and Priorix Tetra does not. If you want your child to have the vaccine without gelatine, talk to your practice nurse or GP.

Further information is available in the patient information leaflets:

### **ProQuad**

[www.medicines.org.uk/emc/product/101444/pil](http://www.medicines.org.uk/emc/product/101444/pil)

### **Priorix Tetra**

[www.medicines.org.uk/emc/product/101321/pil](http://www.medicines.org.uk/emc/product/101321/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 MMRV vaccine?

Since the MMR was introduced in the UK in 1988, measles, mumps, and rubella infections have fallen to very low levels.

The MMRV offers the same protection as MMR but adds protection against chickenpox. Countries which already use MMRV have seen a dramatic fall in chickenpox infections. MMRV has been used for over 10 years in several countries and has a good safety record.

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## Will the MMRV vaccine have any side effects?

The 4 different viruses in the vaccine act at different times and may produce the following side effects after the first dose:

- the measles part of the vaccine starts to work 6 to 10 days after the immunisation. About 1 in 10 children may develop a fever. Some develop a measles-like rash which is not infectious
- the mumps and rubella parts of the vaccine start to work 2 to 3 weeks after the immunisation. A small number of children will have swelling of the face or pains in the joints. These are not infectious
- the chickenpox part of the vaccine starts to work from 3 to 4 weeks after immunisation. Some children will develop a few chickenpox-like spots at the site of the injection. The spots may contain infectious virus and should be covered with clothing. As long as the spots are covered children can go to nursery as normal



## Less common side effects

Young children with a fever may suffer a seizure (fit). This is called a febrile convulsion, and it is common. 1 in 25 children will have a febrile convulsion before they turn 5. Usually, children recover quickly and there are no long-term consequences.

Around 1 in 1000 children may have a fit caused by a fever after having their first dose of MMRV. This is usually in the second week after the vaccine. This occurs slightly more frequently after MMRV than after the first dose of MMR, although the risk is small with both vaccines and much lower than the risk after infections that are prevented by the vaccine. For comparison, 1 in 43 children who catch measles will have febrile convulsions. If your child has a fit after a vaccine, seek urgent medical advice.

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. The doctor will tell you how to deal with the rash.

Very rarely, children may develop a chickenpox-like rash (fluid-filled spots) over their body, not at the site of injection. If your child has a rash like this, take them to the GP.

Fewer than one child in a million develops encephalitis (swelling of the brain) after the MMRV vaccine. However, if a child who has not been vaccinated catches measles, the chance of developing encephalitis is between 1 in 200 and 1 in 5,000. If your child has signs of encephalitis, including seizures, weakness, or loss of consciousness, seek urgent medical advice.

### **What if my baby is allergic to eggs?**

The MMRV vaccine can safely be given to children who have had a severe allergy (anaphylactic reaction) to egg. This is because MMRV 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.



# 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 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



## Fever

A fever is a temperature over 37.5°C.

Fevers are quite common in young children, but are usually mild. If your child's face feels hot to the touch and they look red or flushed, they may have a fever.

You should check their temperature with a thermometer.

### Treating and preventing fever

Keep your child cool by:

- making sure they don't have too many layers of clothes or blankets on
- giving them plenty of cool drinks

A dose of infant liquid paracetamol may help make a child with fever feel better. Read and follow the instructions on the bottle very carefully. You may need to give another dose 4 to 6 hours later.

### Fits and febrile seizures or convulsions

Young children with a fever of any cause may suffer a seizure (fit). This is called a febrile convulsion, and it is common. 1 in 25 children will have a febrile convulsion before they turn 5. Usually, children recover quickly and there are no long-term consequences.

The risk of febrile seizures following vaccination is approximately 1 in every 1000-2000 children immunised, with the risk being mostly associated with the first vaccination. For comparison, 1 in 43 children who catch measles will have febrile convulsions.

When a child has a seizure within a short time after immunisation, it might not have been caused by the vaccine or the fever. It could be due to an underlying medical condition.

If your baby has a fit after vaccination, you should seek urgent medical advice. If your surgery is closed or if you can not contact your doctor, go straight to the emergency department of your nearest hospital. They may refer your baby to a specialist for advice about further investigations and future vaccinations.



## 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](http://www.meningitis.org)

### Meningitis Now

24 hour helpline 0808 8010 388

[www.meningitisnow.org](http://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.**



This can be done online by visiting **[yellowcard.mhra.gov.uk](http://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 January 2026

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 and chickenpox MenB	PCV MMRV MenB
Eighteen months old	DTaP/IPV/Hib/HepB Measles, mumps, rubella and chickenpox	DTaP/IPV/Hib/HepB MMRV
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 Measles, mumps, rubella and chickenpox if missed previously	HPV MMRV if missed previously
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)
	Meningococcal groups A, C, W and Y	MenACWY



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



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**[www.nhs.uk/vaccinations](https://www.nhs.uk/vaccinations)**