

Guide to vaccines for children who were born prematurely

Most vaccines are given as an injection in the thigh or upper arm. Rotavirus vaccine is given as drops to be swallowed.

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	PCV
	Measles, mumps, rubella and chickenpox (varicella)	MMRV
	MenB	MenB
Eighteen months old	DTaP/IPV/Hib/HepB	DTaP/IPV/Hib/HepB
	Measles, mumps, rubella and chickenpox (varicella)	MMRV
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV

Further information

A guide to vaccinations at one year of age contains more detailed information about the routine childhood immunisation programme including the types of vaccine. Ask your health visitor for a copy if you were not given one soon after the birth of your baby.

From birth onwards, children born prematurely should also continue to follow the normal schedule see the leaflets:

- **A guide to vaccinations for babies up to 13 months**
- **A guide to vaccinations for children aged 18 months**
- **Immunisations for young people**

You can also visit: www.nhs.uk/vaccinations

Each vaccine has a Patient Information Leaflet, you can view them at www.medicines.org.uk



Vaccines are offered at the right time for your baby when they most need to develop the protection. Having the vaccines on time, helps to give them the best protection from these infectious diseases.



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UPDATED SCHEDULE FOR JANUARY 2026

A quick guide to childhood vaccinations for the parents of

premature babies



i mmunisation
the safest way to protect your child

‘The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccines’

– World Health Organization

What is immunisation and why is it needed?

Immunisation is a way of protecting ourselves from serious diseases. There are some diseases that can kill children or cause lasting damage to their health. Immunisations are given to prepare your child’s immune system (their natural defence system) to fight off those diseases when your child comes into contact with them.

When should my baby be immunised?

It is important that your baby has their vaccinations at the right age (see the back cover). This will help to keep the risk of your baby catching a serious disease as low as possible. The risk of side effects from some vaccines may increase if you put them off.

My baby was born early. When should premature babies have their first immunisation?

Premature babies have a higher risk of infection. They should be immunised in line with the recommended schedule from 8 weeks after birth, no matter how premature they were. This may happen whilst your baby is in hospital, you will need to discuss this with your doctor.

Some babies who are born very prematurely may be offered an antibody injection to provide protection against a common virus which can cause a lung infection called bronchiolitis. Your doctor or nurse will discuss this with you when your baby is born.

What happens at the appointment?

The doctor or nurse will explain the immunisation process to you, and answer any questions you have. The vaccine is injected into the muscle of the thigh. If your baby was born very prematurely then they may still be in hospital when the first routine immunisation is due.

Are there any reasons why my baby should not be immunised?

There are very few reasons why babies cannot be immunised. The vaccines should not be given to babies who have had:

- a confirmed anaphylactic reaction (severe allergic reaction) to a previous dose of the vaccine
- a confirmed anaphylactic reaction to neomycin, streptomycin, or polymyxin B (antibiotics used in vaccines) or
- who are suspected to have severe combined immunodeficiency (SCID) or have a positive SCID test result

If your baby’s immune system is suppressed (because they are having treatment for a serious condition such as a transplant or cancer) or if you have taken certain medications whilst pregnant which suppressed your immunity, then your baby may not be able to have certain vaccines such as Rotarix for rotavirus. Your doctor or practice nurse should get advice from a specialist.

There are no other medical reasons why these vaccines should definitely not be given.

Dealing with common side effects

There may be redness, soreness or tenderness where the injection is given and a few babies may develop a mild fever. Make sure you keep your child cool by:

- giving them plenty of fluids
- giving infant liquid paracetamol – check the dose with your doctor
- making sure they don’t have too many layers of clothes or blankets on

If your child’s face feels hot to the touch, or if your child becomes ill, trust your instincts and ask your doctor for advice. Or call **NHS 111**.

For more information about side effects, see **A guide to vaccinations at one year of age**.

Watch out for meningitis and septicaemia (blood poisoning)

Hib, MenB and pneumococcal vaccines protect against the most important bacteria causing meningitis and septicaemia in children and young people. However, as these diseases can be caused by many other bacteria and viruses, it is important to know the signs and symptoms of these illnesses.

Early symptoms of meningitis include fever, being irritable and restless, vomiting and refusing food – symptoms that are also common with colds and flu. But a baby with meningitis or septicaemia can become seriously ill within hours. Look out for **one or more** of the following symptoms:

- a high-pitched, moaning cry
- irritable when picked up
- drowsy, difficult to wake
- stiff with jerky movements (convulsions/fits)
- pale, blotchy skin or turning blue
- fever, with cold hands and feet
- red or purple spots that do not fade under pressure. (Do the glass test explained below). On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible.



Press the side of a clear glass against the rash and see if the rash fades and loses colour. If it doesn’t, contact your doctor immediately. On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible.

If your child becomes ill with one or more of the signs or symptoms described above, contact your doctor urgently. If you are still worried after getting advice, trust your instincts and take your child to your nearest hospital with an emergency department.