

FEATURES THE SCHEDULE FROM JANUARY 2026

A guide to vaccinations for **Pre-school**

For children aged 2 years old until
starting primary school



mmunisation

Vaccination – helps to protect everyone at every age

Protect yourself, protect others

If you are not sure if your child has had all their routine vaccinations, check their personal health record (Red Book) or contact their GP surgery.

For a checklist of the vaccines and the ages at which they should ideally be given visit

www.nhs.uk/vaccinations



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Introduction

This guide provides information on the routine vaccinations that are given to children before they start school to help protect them from serious childhood diseases. It describes these diseases and explains why young children need protection against them. It also answers some of the most common questions about pre-school vaccination.

If you have more questions or you want more information, talk to your doctor, practice nurse or health visitor.

You can also visit
**[www.nhs.uk/
vaccinations](http://www.nhs.uk/vaccinations)**
or call the free
NHS helpline 111



Timetable of pre-school vaccinations

The first autumn after your child turns 2 years of age they become eligible for the nasal flu vaccine. This will be offered every year including once your child starts school. There are other vaccinations due at 3 years and 4 months of age. These vaccines update the protection your child should have received as a baby, at 12 and at 18 months of age. You should receive an appointment for you to bring your child for their pre-school vaccinations. Contact your GP surgery if you haven't received this.

The table below shows the vaccines your child will be offered during the pre-school period. These vaccinations will make sure that your child has the best protection against serious childhood diseases as they grow up.

Vaccine	How and when it is given	Comments
Flu	Nasal spray Each year from September	This vaccine is given to children aged 2 and 3 years old on 31 August of the current flu season. Children who are in risk groups and cannot have the nasal spray will be offered a vaccination by injection
Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV) (4 in 1)	One injection at 3 years and 4 months old	This will boost your child's protection against these 4 diseases
Measles, mumps, rubella and chickenpox (MMRV)	One injection at 3 years and 4 month old	Any children who have missed a dose of MMR or MMRV should be offered it at the pre-school visit

Common questions about pre-school vaccinations

Why does my child need to be vaccinated at this age?

The pre-school vaccinations – often called pre-school boosters – will update or top up your child's immune system by reminding it how to fight off certain infections and the diseases they cause. Protection (immunity) against diphtheria, tetanus, whooping cough, polio and chickenpox from the vaccinations given to babies can fade over time. Sometimes, complete immunity to measles, mumps or rubella does not develop after a single dose of the MMRV vaccine – so another dose gives them a second chance.

When you take your child for their pre-school vaccinations, it is important to make sure all their other vaccinations are up to date.

The flu vaccine will help protect your child against flu during the winter but will need to be given every year because the viruses that cause flu change very frequently.

How do vaccines work?

Vaccines contain a small amount of either a weakened form or a carefully chosen part of the germ (the virus or bacterium) that causes a disease. Vaccines work by causing the body's immune system to develop cells that are programmed to remember the targeted infection. If your child later comes into contact with the infection, these cells will recognise it and rapidly produce antibodies and other substances that fight off infection and help to protect them. Because vaccines have been used so successfully in the UK, diseases such as polio have all but disappeared from this country.

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If your child missed any of their vaccinations as a baby or toddler, this is a good time to ask your GP practice or clinic about catch-up doses. You don't have to start the course of vaccinations from the beginning again but you can catch up to make sure your child is fully protected.

How do we know that vaccines are safe?

Before they are allowed to be used, all medicines (including vaccines) are thoroughly tested to assess how safe and effective they are.

After they have been licensed, the safety of vaccines continues to be monitored. Any rare side effects that are discovered can then be assessed further. All medicines can cause side effects, but vaccines are among the very safest.

Research from around the world shows that vaccination is the safest way to protect your child's health.

If some diseases have disappeared from this country, why do we need to vaccinate against them?

In the UK, these diseases are kept at bay by high immunisation rates. Around the world, millions of people a year die from infectious diseases with more than 5 million of these being children under the age of 5. Many of these deaths could be prevented by vaccination. As more people travel abroad and more people come to visit this country, there is a risk that they will bring these infections into the UK. The infections may spread to people who are not protected so your baby is at greater risk if they have not been vaccinated. Vaccination doesn't just protect your child; it also helps to protect your family and the whole community, especially those children who, for medical reasons, can't be vaccinated.



Remember:

- **Never give medicines that contain aspirin to children under 16.**
- **An anaphylactic reaction is a severe and immediate allergic reaction that needs urgent medical attention.**

Will there be any side effects from the vaccines?

Any side effects that occur are usually mild. Your child may get a little redness, swelling or tenderness where the injection was given that will disappear on its own. Some children may get a fever that can be treated with liquid paracetamol. Read and follow the instructions on the bottle carefully and give your child the correct dose for their age. If necessary, give them a second dose 4 to 6 hours later. If your child's temperature is still high after they have had a second dose of liquid paracetamol, speak to your doctor or call the free NHS helpline 111.

Are some children allergic to vaccines?

Very rarely, children can have an allergic reaction soon after vaccination. This may be a rash or itching affecting part or all of the body. The doctor or nurse giving the vaccine will know how to treat this. It is not a reason to withhold further vaccinations.

Even more rarely, children can have a severe reaction, within a few minutes of the vaccinations, which causes breathing difficulties and can cause the child to collapse. This is called an anaphylactic reaction. A recent study has shown that there is less than one anaphylactic reaction for every million vaccinations given. The people who give vaccinations are trained to deal with anaphylactic reactions and children recover completely with prompt treatment.

I think my child has allergies. Can they still be vaccinated?

Asthma, eczema, hay fever, food intolerances and allergies should not prevent your child having the vaccines in the routine childhood vaccination programme. If your child has needed intensive care due to asthma or an anaphylactic reaction due to an egg allergy then further advice should be sought. If you have any questions, speak to our doctor, practice nurse or health visitor.

Are there any reasons why my child should not be vaccinated?

There are very few children who cannot be vaccinated.

- in general, a vaccine should not be given to children who have had a confirmed anaphylactic reaction to a previous dose of the same vaccine or to a known ingredient of the vaccine

There are a very small number of children who may not be able to have one or more of the routine vaccines for health reasons. Your health visitor, practice nurse or doctor will ask you about the relevant conditions. You can also speak with them if you are worried about a specific vaccine.

What if my child is ill?

If your child has a minor illness without a fever, such as a cold, they should have their vaccinations as normal.

If your child is ill with a fever, put off the vaccination until they have recovered. This is to avoid the fever being associated with the vaccine, or the vaccine increasing the fever your child already has.

If your child:

- has a bleeding disorder, or
- has had a fit not associated with fever

Speak to your doctor, practice nurse or health visitor before your child has any vaccination.

What are fits?

Fits are also called seizures or convulsions. Some are associated with fever and some are not.

Seizures associated with fever (which may be called a febrile seizure or febrile convulsion) are rare in the first 6 months of life and are most common in 1 and 2 year olds. 1 in 25 children will have a febrile seizure by the time they turn 5 years old. They are rare after this age. Sometimes vaccination is followed by a fever that may cause a febrile seizure. Most children who have febrile seizures recover fully.

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

If your child has a fit after vaccination, you should seek urgent medical advice. If your surgery is closed or if you can't contact your doctor, go straight to the nearest hospital emergency department.

What about the MMRV and nasal spray flu vaccine? Are there any other reasons why my child should not receive these vaccines?

The MMRV and nasal flu vaccines are live attenuated vaccines (that is, they contain living viruses that have been weakened). Children who are immunosuppressed (have a weakened immune system) may not be able to receive some or all live vaccines.

Children who are immunosuppressed include those:

- whose immune system is suppressed because they are undergoing treatment for a serious condition such as a transplant or cancer

- who have any condition which affects the immune system, such as severe primary immunodeficiency. Primary immunodeficiencies are very rare diseases that mean they are more likely to catch infections. They are usually caused by a faulty gene and are diagnosed soon after birth

If this applies to your child, you must tell your doctor, practice nurse or health visitor before the vaccinations. They will get specialist advice.



Vaccinations for pre-school children

Annual flu vaccine

What is flu?

Flu is an infectious disease with symptoms that come on very quickly. A bad bout of flu can be much worse than a heavy cold. In children, it causes fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness that can last several days. Flu can lead to a painful ear infection, bronchitis and pneumonia – these may be severe and require admission to hospital.

What causes flu and how do you catch it?

Flu is caused by influenza viruses that infect the windpipe and lungs. When an infected person coughs or sneezes, they spread the flu virus in tiny drops of saliva over a wide area. These droplets can then be breathed in by other people or they can be picked up by touching surfaces where the droplets have landed.

How is the vaccine given and how does it work?

The vaccine is given as a nasal spray up each nostril. It is quick and painless. The vaccine contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity, so that when they come into contact with the flu virus they are unlikely to get ill.

What are the benefits of the vaccine?

Having the vaccine will help protect your child from what can be a very nasty illness in children. Children under the age of 5 years have one of the highest rates of hospital admissions due to flu. Very rarely young children can die of flu.

It will also reduce the chance of others in your family, who could be at greater risk from flu, such as grandparents or those with long term health conditions, getting flu from your child.

It can help you avoid having to take time off work, or other activities, to look after your sick child or if you become sick yourself.



My child had a flu vaccination last year, why do they need another one this year?

The viruses that cause flu change very frequently, so the vaccine has to be changed to match the viruses and may differ from year to year. The vaccine your child gets this year may well be different from the one they had last year, and next year's may be different again.

Which children are eligible for annual flu vaccination?

Children aged 2 and 3 years old (age on 31 August before flu vaccinations start in the autumn) will be given the vaccination at their GP surgery, usually by the practice nurse.

In addition other children are offered the flu vaccine every year

- all primary school-aged children
- some secondary school-aged children (Years 7 to 11)
- children aged 6 months to 18 years with certain medical conditions

Please see the flu collection for full details of flu eligibility at www.gov.uk/government/collections/annual-flu-programme.

Does the vaccine cause any side effects?

Serious side effects are uncommon but many children can develop a runny or blocked nose, headache, some tiredness or loss of appetite that last for a short period. The vaccine is absorbed quickly in the nose so, even if your child sneezes immediately after having had the spray, there's no need to worry that it hasn't worked.

The nasal flu vaccine is called Fluenz, you can view the Patient Information Leaflet at www.medicines.org.uk/emc/product/15790/smpc.



Children who shouldn't have the nasal vaccine

Children may not be able to have the nasal vaccine if they:

- are currently wheezy or have been wheezy in the past 72 hours. They should be offered an injected flu vaccine to avoid a delay in protection
- have needed intensive care due to
 - asthma
 - an anaphylactic reaction due to an egg allergychildren in these 2 groups are recommended to seek the advice of their specialist and may need to have the nasal vaccine in hospital
- have a condition, or are on treatment, that severely weakens their immune system or have someone in their household who needs isolation because they are severely immunosuppressed
- are allergic to any other ingredients of the vaccine (see the Patient Information Leaflet for a list of the ingredients of the vaccine)

If your child can't have the nasal flu vaccine they should have the flu vaccine by injection.

As children with pre-existing medical conditions may be more vulnerable to complications of flu it is especially important that they are vaccinated.

If you are unsure whether your child should get the injected vaccine or the nasal vaccine please check with the nurse or GP at your surgery.

Children who have been vaccinated with the nasal spray should avoid household contact with people with very severely weakened immune systems (for example those who have just had a bone marrow transplant) for around 2 weeks following vaccination.



I believe the nasal vaccine contains products derived from pigs (porcine gelatine), which means my child can't have it because of our beliefs

The nasal vaccine is the preferred vaccine for children. It contains a highly processed form of gelatine (derived from pigs), which is used in a range of many essential medicines. The nasal vaccine provides good protection against flu, particularly in young children.

This nasal vaccine not only protects your child against disease but, if enough children are vaccinated, the disease won't spread from one person to another, and so their friends and family are also protected.

For those who may not accept the use of porcine gelatine in medical products, an injected flu vaccine is available as an alternative. This vaccine also works very well in children. For further information about porcine gelatine and the nasal flu vaccine see www.gov.uk/government/publications/vaccines-and-porcine-gelatine

There are also translated versions in Arabic, Bengali, Gujarati, Panjabi, and Urdu available.

dTaP/IPV vaccine

Booster given at 3 years 4 months

This vaccine boosts the vaccinations that were given to your child at 8, 12, 16, weeks and at 18 months of age. It protects against diphtheria, tetanus, pertussis (whooping cough) and polio.

What is diphtheria?

Diphtheria is a serious disease that usually begins with a sore throat and can quickly develop to cause breathing problems. It can damage the heart and nervous system and, in severe cases, it can kill.

What is tetanus?

Tetanus is a disease affecting the nervous system which can lead to muscle spasms, cause breathing problems and can kill. It is caused when germs that are found in soil and manure get into the body through open cuts or burns. Tetanus cannot be passed from person to person.

What is pertussis (whooping cough)?

Whooping cough is a disease that can cause long bouts of coughing and choking making it hard to breathe. Whooping cough can last for up to 10 weeks. It is not usually so serious in older children, but in babies it is very serious and can kill.

What is polio?

Polio is a virus that attacks the nervous system which can cause permanent paralysis of the muscles. If it affects the chest muscles or the brain, polio can kill.

Are there any side effects from this vaccine?

Your child may have some redness, swelling or tenderness where they had the injection, but this will usually disappear in a few days.

A hard lump may appear in the same place but this will also go, usually over a few weeks. Occasionally, children may be unwell and irritable and develop a temperature, headache, sickness and swollen glands.

The booster offered at this age is Boostrix-IPV for further information see the Patient Information leaflet at www.medicines.org.uk/emc/product/5302/pil

MMRV vaccine

Children born between 1 September 2022 and 31 December 2024 will be offered a dose of MMRV at 3 years and 4 months. Children born on or after 1 January 2025 should have been offered their second dose of MMRV at 18 months.

The MMRV vaccine protects against measles, mumps, rubella and chickenpox. Since MMR vaccine was introduced in 1988, cases of measles, mumps and rubella have all fallen to extremely low levels. MMRV offers the same protection as MMR, but adds protection against chickenpox. In countries where children already get a chickenpox vaccine, cases of chickenpox have also fallen dramatically. MMRV has been used for over 10 years in several countries and has a good safety record.

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. Children often have to spend about 5 days in bed and could be off nursery or school for 10 days. Adults are likely to be ill for longer. The complications of measles affect 1 in every 15 children. The complications include chest infections, fits, encephalitis (infection of the brain), and brain damage. Measles can kill.

How is it spread?

Measles is one of the most infectious diseases known. A cough or a sneeze can spread the measles virus over a wide area. Because it's so infectious, the chances are your child will get measles if he or she is not protected and comes near to someone who has measles. Over 95% of children need to be vaccinated to prevent measles from circulating and causing outbreaks.

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 (infection of the lining of

the brain) and encephalitis. Rarely, it causes painful swelling of the testicles in males and the ovaries in females. Mumps lasts about 7 to 10 days. Before the MMR vaccine was introduced, mumps was the most common cause of viral meningitis in children under 15.

How is it spread?

Mumps is spread in the same way as measles. It is about as infectious as flu.

What is rubella?

Rubella (German measles) is a disease caused by a virus. In children it is usually mild and can go unnoticed. It causes a short-lived rash, swollen glands and a sore throat. Rubella is very serious for unborn babies. It can seriously damage their sight, hearing, heart and brain. This condition is called congenital rubella syndrome (CRS). Rubella infection in the first 3 months of pregnancy causes damage to the unborn baby in up to 9 out of 10 cases. In many of the cases, pregnant women caught rubella from their own, or their friends' children.

How is it spread?

Rubella is spread in the same way as measles and mumps. It is about as infectious as flu.

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 have serious complications including chest infection, fits, and encephalitis. It is more severe in adults, especially pregnant women and people with weakened immune systems. Later in life, the chickenpox virus can re-activate and cause a painful rash. This is called shingles. It is worse in older people and in people with weakened immune systems.

How is it spread?

Chickenpox mostly spreads from the fluid-filled spots in the rash. Your child can catch it by being in the same room as someone with chickenpox, or having contact with the rash.

Why does my child need two doses of MMR or MMRV vaccines?

It is important that everybody gets two doses of vaccine protecting against measles, mumps and rubella – these could be MMR or MMRV. Your child needs a second dose because the vaccine doesn't always work fully the first time for these diseases. Some children who have only one dose of an MMR-containing vaccine might not be protected against one or more of the diseases.

From January 2026, children will be given MMRV where they would previously have been given MMR. MMRV also protects against chickenpox. One dose offers very good protection against severe chickenpox disease.

Depending on their age, some children will be given an MMR and an MMRV (typically at 12 months and then at 3 years 4 months) or an MMR and two MMRVs (at 12 months, 18 months, and 3 years 4 months).

Are there any side effects from the second dose of the MMRV vaccine?

Side effects are much less common after the second dose than after the first dose. Your child may be sore at the injection site for the first couple of days. The 4 viruses in the vaccine act at different times and sometimes produce side effects that are milder forms of the symptoms caused by the diseases themselves.

- 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. As long as the spots are covered children can go to nursery as normal
- rarely, vaccinated children may have a fit caused by a fever. This is called a febrile convulsion. It is much less common after the second dose. There is more information on page 10
- 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. He or she will tell you how to deal with the rash. As this rash could be confused with the rash caused by septicaemia you should contact your doctor urgently if your child is also unwell
- fewer than one child in a million develops encephalitis (inflammation of the brain) after MMR vaccine. However, if a child catches measles, the chance of developing encephalitis is between 1 in 200 and 1 in 5,000

MMRV is a live vaccine. Does this mean my child can pass the infection to other people?

The MMRV vaccine contains weakened versions of live measles, mumps, rubella and chickenpox viruses. Because these viruses are weakened, they do not spread easily to other people. Children cannot infect others with measles, mumps or rubella after having the vaccine. Some children will develop a few chickenpox-like spots at the site of the injection, which may be infectious. As long as the spots are covered children can go to nursery as normal.

Does the vaccine contain gelatine?

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
- **Priorix Tetra:** www.medicines.org.uk/emc/product/101321/pil
- More information on vaccines and porcine gelatine is available at www.gov.uk/government/publications/vaccines-and-porcine-gelatine.

Egg allergies

The MMRV vaccine can safely be given to children who have had a severe allergy (anaphylactic reaction) to egg. If you have any concerns, talk to your practice nurse, health visitor or doctor.



Remember

If your child has not had an MMR or MMRV vaccination before, they should have the first dose now and the second dose after 1 month.

Watch out for meningitis and septicaemia

What are meningitis and septicaemia?

Meningitis is an infection of the lining of the brain. The same germs that cause meningitis may cause septicaemia (blood poisoning).

Both meningitis and septicaemia are very serious in young children and the signs can come on quickly. If you suspect meningitis or septicaemia get help urgently. Although your child was vaccinated as an infant against Hib, MenB and some forms of pneumococcal bacteria, all of which cause meningitis and septicaemia, these vaccines will not protect them against other types of meningitis and septicaemia. So it's important to know the signs and symptoms.

What are the signs and symptoms of meningitis and septicaemia?

Early symptoms of meningitis and septicaemia are mild and are similar to the symptoms of flu (for example, fever, vomiting, being irritable and pain in the back or joints). Symptoms can occur in any order and some may not appear at all. The most important signs of meningitis and septicaemia to look out for in children are:

The main signs of meningitis:

- a stiff neck (check that your child can kiss their knee, or touch their forehead with their knees)
- a bad headache (this alone is not a reason to get medical help)
- a dislike of bright lights
- vomiting
- fever
- drowsy, less responsive and confused
- stiff with jerky movements (convulsions/fits)
- a rash

The main signs of septicaemia:

- sleepiness, less responsive, vacant or confused (a late sign)
- severe pains and aches in the arms, legs and joints
- very cold hands and feet
- shivering
- rapid breathing
- red or purple spots that don't fade when you press them (do the glass test explained on page 24)
- vomiting
- a fever, and
- diarrhoea and stomach cramps

What should I do?

If your child develops one or more of the symptoms described above, get medical help urgently. If you can't get in touch with your doctor, or are still worried after getting advice, trust your instincts and take your child to the nearest hospital with an emergency department.

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



Travel advice for children

If your child is going abroad, make sure their routine vaccinations are up to date. Your child may need extra vaccinations and you may need to take other precautions.

Contact your doctor's surgery or a travel clinic well in advance for up-to-date information on the vaccinations your child may need.

For more information

You can get more information on the NHS at www.nhs.uk and the Travel Health pro website: travelhealthpro.org.uk

Where can I get more information?

If you would like more information about MMR please visit www.nhs.uk/conditions/vaccinations/mmr-vaccine

If you would like more information on the MMR you can read www.gov.uk/government/publications/mmr-for-all-general-leaflet or visit www.nhs.uk/vaccinations/mmr-vaccine/
www.nhs.uk/conditions/meningitis/

The following 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 80 10 388
www.meningitisnow.org/

Routine childhood vaccination programme from January 2026

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

Vaccine Damage Payment Scheme

Current vaccinations are extremely safe but, very rarely, an individual may suffer from a problem after vaccination.

The Vaccine Damage Payment Scheme is designed to ease the present and future burdens of the person who, on that very rare occasion, may be affected by the vaccination.

There are several conditions that need to be met before a payment can be made. If you need more information, please visit www.gov.uk/vaccine-damage-payment

Vaccine Damage Payment Scheme

For more information visit www.nhsbsa.nhs.uk/vaccine-damage-payment-scheme-vdps

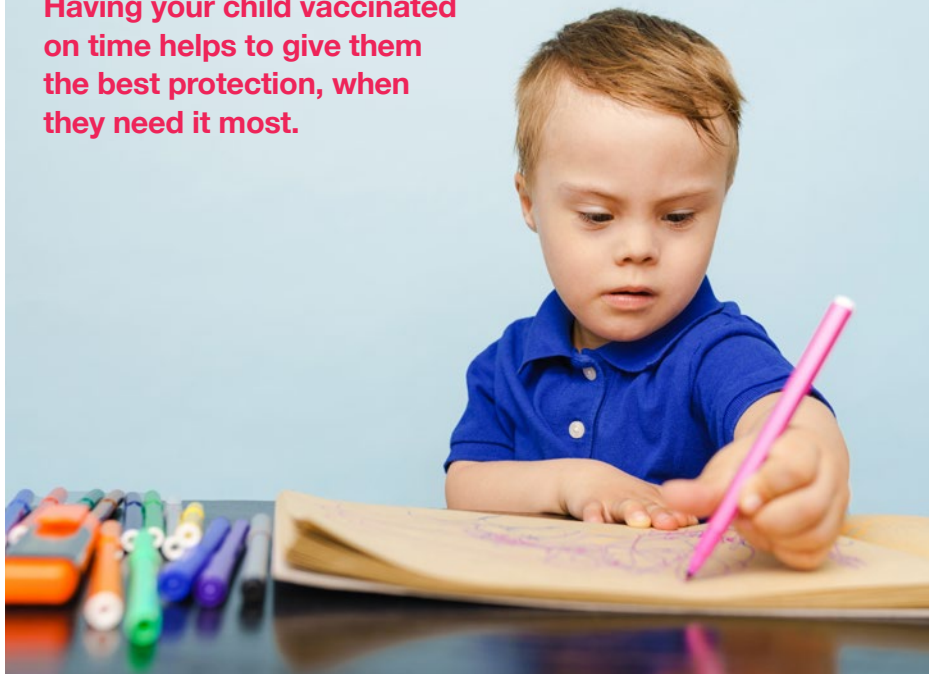
If you want advice on vaccinations, speak to your doctor, practice nurse, health visitor or pharmacist, or call the **NHS helpline 111**.

For more information visit www.nhs.uk/conditions/vaccinations

Age due	Diseases protected against		Vaccine given
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae 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)		Pneumococcal conjugate vaccine (PCV)
One year old (on or soon after child's first birthday)	Pneumococcal		PCV booster
	Measles, mumps, rubella and varicella (chickenpox)		MMRV ¹
	MenB		MenB booster
Eighteen months of age	Born before 1 July 2024 No appointment	Born on or after 1 July 2024 DTaP/IPV/Hib/HepB Measles, mumps, rubella and varicella	DTaP/IPV/Hib/HepB MMRV ¹
Three years four months old or soon after	Born before 1 July 2024 Diphtheria, tetanus, pertussis and polio Measles, mumps, rubella and varicella	Born on or after 1 July 2024 Diphtheria, tetanus, pertussis and polio	dTaP/IPV MMRV ¹
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
	Meningococcal groups A, C, W and Y		MenACWY

1. In the UK, we have 2 MMRV 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. You can view the MMRV vaccine Patient Information Leaflets at: ProQuad: www.medicines.org.uk/emc/product/101444/pil. Priorix Tetra: www.medicines.org.uk/emc/product/101321/pil

**Having your child vaccinated
on time helps to give them
the best protection, when
they need it most.**



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This edition features the January 2026 vaccination schedules. If you need more copies of this leaflet, please visit, <https://find-public-health-resources.service.gov.uk/> to contact the Find Public Health Resources orderline. Phone: 0300 123 1002. Minicom: 0300 123 1003 (9am to 5pm, Monday to Friday).

Please use product code: 1386405CEN001

www.nhs.uk/vaccinations