



Vaccination of individuals with uncertain or incomplete immunisation status

Infants from eight weeks of age up to first birthday

DTaP/IPV/Hib/HepB^{ab} + MenB^b + rotavirus^c
Four week gap
DTaP/IPV/Hib/HepB + MenB^b + rotavirus^c
Four week gap
DTaP/IPV/Hib/HepB + PCV13^{b,d,e}

^a A child who has already received 1 or more doses of primary diphtheria, tetanus, inactivated polio, pertussis and Hib should complete the 3 dose course with DTaP/IPV/Hib/HepB. Where a child is only missing any doses of HepB, these can be given as monovalent HepB at 4 week intervals

^b Children require 2 doses of MenB (at least 4 weeks apart) and 1 dose of PCV13 in first year of life

^c First dose of rotavirus vaccine to be given **only** if child is more than 6 weeks and under 15 weeks. Second dose to be given **only** if child is less than 24 weeks old

^d Children who are aged 16 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 and once they are 16 weeks of age). A dose of PCV13, PCV14, PCV15 or PCV20 given abroad from 12 weeks of age counts as a valid dose

^e Children in certain risk groups require 2 doses of PCV20 instead of PCV13. See [Green Book Pneumococcal chapter](#)

Subsequent vaccination

As per UK schedule ensuring a minimum 4 week interval between the 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 a course of vaccines 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

[#] If an individual has received any oral polio vaccine (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. See [Green Book Polio chapter](#) for individuals who have received fractional doses of IPV (fIPV).

Individuals who are pregnant, at high risk or with specific underlying medical conditions may require additional vaccinations. Refer to individual [Green Book](#) chapters.

Children from first up to second birthday

DTaP/IPV/Hib/HepB^{1,2,#} + PCV13^{3,4}
+ MenB⁵ + MMRV⁶
Four week gap
DTaP/IPV/Hib/HepB¹ + MenB⁵
Four week gap
DTaP/IPV/Hib/HepB¹

¹ 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

² **All children require a dose of Hib over the age of 1 year.** If they have received all 3 primary doses of hexavalent vaccine in their first year of life but no dose of a Hib-containing vaccine over 1 year of age, and were born:

- **on or before 30/06/24**, they should be offered the combined Hib/MenC vaccine now (or hexavalent if Hib/MenC vaccine not available) ensuring a minimum 4 week interval between this and the primary DTaP/IPV/Hib/HepB doses given in their first year of life
- **on or after 01/07/24**, they should be offered the hexavalent vaccine at 18 months (or now if older than 18 months)

If they have received at least one of their primary doses of hexavalent vaccine over 1 year of age, the Hib/MenC or additional hexavalent dose offered at 18 months is not needed

³ All children require a dose of PCV over the age of 1 year. If a child has received PCV10 vaccine abroad, they should be offered 1 dose of PCV13 (at least 4 weeks after PCV10 was given), PCV14, PCV15 or PCV20 given abroad over 1 year of age counts as a valid dose

⁴ Children in certain risk groups require a dose of PCV20 instead of PCV13. See [Green Book Pneumococcal chapter](#)

⁵ All children require a dose of MenB over the age of 1 year. However, children who received less than 2 doses of MenB in their first year of life should receive 2 doses of MenB in their second year of life (given 4 weeks apart)

⁶ See MMR and MMRV box below regarding timing of 2nd dose

Subsequent vaccination

- all children require a dose of Hib over 1 year (see ² above)
- dTaP/IPV vaccine should be offered from 3 years 4 months (and at least one year after last dose of DTaP/IPV/Hib/HepB vaccine)
- MMRV vaccine should be offered as described below

MMR and MMRV vaccine – from first birthday onwards:

- doses of measles, mumps, rubella or varicella-containing vaccine given prior to 12 months of age should not be counted
- 2 doses of MMR or MMRV (as appropriate for [age/DOB](#)) should be given irrespective of history of measles, mumps, rubella or varicella infection
- a minimum of 4 weeks should be left between doses
- 2nd dose of MMRV should not be given <18 months of age except where protection against measles or varicella is urgently needed
- where an individual is behind schedule with their MMR or MMRV vaccination(s):
 - if **born before 01/01/2020**, catch up MMR components using MMR. If MMR is unavailable, MMRV can be offered so protection against measles, mumps and rubella is not delayed
 - if **born on or after 01/01/20** and no previous MMR or MMRV, offer one dose MMRV now. Subsequent dose of MMRV should then be offered as close as possible to the [schedule for child's DOB cohort](#). If this is not possible (e.g. they are now older than the age at which they would have been offered their second dose) or child is now older than 3y4m (and born on/after 01/01/20), offer second dose of MMRV a minimum of 4 weeks from first
 - if **born on or after 01/01/20** and have received 1 dose of MMR or MMRV, see table 2 in [MMRV Info for HCPs](#) for guidance

Flu vaccine (during flu season)

- those aged 65 years 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](#))

Children from second up to tenth birthday

DTaP/IPV/Hib/HepB^{1,^^,#} + MMR
or MMRV^{^^^}
Four week gap
DTaP/IPV/Hib/HepB¹ + MMR or MMRV^{^^^}
Four week gap
DTaP/IPV/Hib/HepB¹

[^] DTaP/IPV/Hib/HepB is 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 HepB vaccine course

^{^^} **All children require a dose of Hib over the age of 1 year.** If they received all 3 primary doses of hexavalent vaccine in their first year of life but no dose of a Hib-containing vaccine over 1 year of age, they should be offered the combined Hib/MenC vaccine now (or hexavalent if Hib/MenC vaccine not available). If the hexavalent vaccine is given, there should be a 12-month interval before the dTaP/IPV booster is administered

^{^^^} See MMR and MMRV box below

Subsequent vaccination

- if child is 3 years 4 months or older, their dTaP/IPV booster can be given as early as 1 year following completion of primary course to re-establish on routine schedule. If a Hib-containing vaccine has not been received over 1 year of age, replace dTaP/IPV with DTaP/IPV/Hib/HepB
- additional doses of DTaP-containing vaccines given under 3 years of age do not replace the need to give the dose of dTaP/IPV vaccine from 3 years 4 months
- subsequent vaccination – as per UK schedule

From tenth birthday onwards

Td/IPV[#] + MenACWY^{*} + MMR
Four week gap
Td/IPV + MMR
Four week gap
Td/IPV

^{*} MenACWY is offered routinely around 14 years of age. There is no requirement to give it earlier than this unless particular indication (e.g. travel, post exposure). Individuals who have not received it at this age remain eligible until their 25th birthday. Doses of MenACWY vaccine already received from 10 years of age count as valid doses and do not need to be repeated

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

- all females (born on/after 01/09/91) and males (born on/after 01/09/06) remain eligible for HPV vaccine up to their 25th birthday on the adolescent programme
- eligible immunocompetent individuals aged 11 to 25 years only require a single dose of HPV vaccine
- eligible individuals who are HIV positive or immunosuppressed should be offered a 3 dose schedule at 0, 1, 4-6 months
- for details of GBMSM HPV vaccination programme, please see [Green Book HPV chapter](#)
- any dose of Cervarix, Gardasil or Gardasil 9 given from 9 years of age would be considered valid if previously vaccinated or vaccinated abroad

Shingles vaccine

- **severely immunosuppressed individuals** from 18 years of age (eligibility as defined in the [Green Book Shingles chapter](#)): 2 doses of Shingrix vaccine 8 weeks to 6 months apart; no upper age limit to start or complete the course
- **immunocompetent individuals** from their 65th or 70th birthday (see [Shingles: guidance and vaccination programme](#) on GOV.UK website for eligibility): 2 doses of Shingrix vaccine 6 months to 12 months apart
- **all individuals** between 70 and 79 years of age are eligible for shingles vaccination if they have not received it
- once individuals become eligible, they remain eligible until their 80th birthday. The second dose of Shingrix vaccine can be given up to 81st birthday to those who have commenced but not completed the course

Pneumococcal vaccine

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

Respiratory syncytial virus (RSV) vaccine

- routinely from 75th birthday
- all adult residents in care homes for older adults. See [RSV vaccination programme](#)