



Routine Childhood Immunisation Schedule

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AGE	VACCINATION	BRAND(S)	DOSING AND ROUTE ¹
2 months	DTaP/IPV/Hib	<u>Pediacel</u>	One im inj
	PCV	<u>Prevenar 13</u>	One im inj
3 months	DTaP/IPV/Hib	<u>Pediacel</u>	One im inj
	MenC	<u>Meningitec</u> <u>Menjugate Kit</u> <u>NeisVacC</u>	One im inj
4 months	DTaP/IPV/Hib	<u>Pediacel</u>	One im inj
	MenC	<u>Meningitec</u> <u>Menjugate Kit</u> <u>NeisVacC</u>	One im inj
	PCV	<u>Prevenar 13</u>	One im inj
12 to 13 months (within one month of 1st birthday) ²	Hib/MenC	<u>Menitorix</u>	One im inj
	PCV	<u>Prevenar 13</u>	One im inj
	MMR	<u>M-M-RvaxPro</u> <u>Priorix</u>	One im inj
3 years 4 months to 5 years	dTaP/IPV or DTaP/IPV	<u>Repevax</u> or <u>Infanrix-IPV</u>	One im inj
	MMR	<u>M-M-RvaxPro</u> <u>Priorix</u>	One im inj
12 to 13 years (girls only)	HPV	<u>Gardasil</u> ³	Three im inj (at 0, 2 and 6 months)
13 to 18 years	Td/IPV	<u>Revaxis</u>	One im inj

¹Individuals with bleeding disorders should be given vaccines by deep sc inj to reduce the risk of bleeding.

²For vaccination in toddlers where inj can only be given in two limbs, it is recommended that PCV be given in one limb and MMR and combined Hib/MenC in the other limb to reduce the risk of local reactions.

³The recommended HPV vaccine changed from Cervarix to Gardasil in September 2012. However, Cervarix should be used to complete courses started before this date.

KEY

DTaP/IPV/Hib = diphtheria, tetanus, acellular pertussis, inactivated poliovirus, Haemophilus influenzae type b
 DTaP/IPV = diphtheria, tetanus, acellular pertussis, inactivated poliovirus
 dTaP/IPV = diphtheria (low dose), tetanus, acellular pertussis, inactivated poliovirus
 Td/IPV = diphtheria (low dose), tetanus, inactivated poliovirus
 Hib/MenC = Haemophilus influenzae type b, meningococcal serogroup C
 PCV = pneumococcal
 MenC = meningococcal serogroup C
 MMR = measles, mumps, rubella
 HPV = human papillomavirus

Notes

If ≥ 2 inj required, ideally give in different limbs. If this is not possible, leave 2.5cm between inj sites.

Postpone vaccination in the presence of acute febrile illness

All children should be immunised, even if older than the age range specified above.

Premature infants should be vaccinated at the appropriate chronological age according to the schedule.

If the schedule is interrupted, resume from the point of interruption and complete as soon as possible. It is never necessary to restart a course of vaccination.

If vaccination history is unknown or unreliable:

- For children born outside the UK, assume they are unimmunised and administer a full course of immunisations.
- For children born in the UK, make every attempt to ascertain what immunisations have been given.

If the child was born outside the UK and vaccination history is complete:

- Check the vaccination schedule in the country of origin to ensure the child is protected against all diseases covered by the UK Schedule ([see WHO website](#)).
- If the fourth dose of DTaP was given at around 18 months, disregard and give routine pre-school and subsequent booster according to UK schedule.

For further information on vaccination in children with uncertain vaccination history, see the [HPA website](#)

For further information on individual vaccines (including reconstitution and administration), refer to the relevant

Summaries of Product Characteristics.

Vaccines should be ordered through [ImmForm](#).

References

Department of Health (2006, updated July 2012) [Immunisation against infectious disease - 'The Green Book'. Chapter 11 – The UK immunisation programme.](#)

Health Protection Agency. [Vaccination Schedule: Routine Childhood Immunisation Schedule](#); accessed 16 August 2012.



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