

CYLCHLYTHYR IECHYD CYMRU



Dyddiad Cyhoeddi: 24 Hydref 2022

Llywodraeth Cymru
Welsh Government**STATWS: GWEITHRED****CATEGORI: IECHYD Y CYHOEDD****Teitl: Rhaglen dal i fyny frys ar gyfer y brechlyn polio i blant o dan 5 oed****Dyddiad dod i ben / Adolygu Amherthnasol****I'w weithredu gan:**

Arweinwyr Imiwneiddio,
Byrddau/Ymddiriedolaethau Iechyd
Nyrsys ysgol, Byrddau/Ymddiriedolaethau
Iechyd
Prif Weithredwyr, Byrddau/Ymddiriedolaethau
Iechyd
Cyfarwyddwyr Meddygol,
Byrddau/Ymddiriedolaethau Iechyd
Cyfarwyddwyr Gweithredol Nyrsio,
Byrddau/Ymddiriedolaethau Iechyd
Cyfarwyddwyr Iechyd y Cyhoedd,
Byrddau/Ymddiriedolaethau Iechyd
Prif Weithredwr, Iechyd Cyhoeddus Cymru
Cyfarwyddwr Gweithredol Gwasanaethau
Iechyd y Cyhoedd, Iechyd Cyhoeddus Cymru
Cyfarwyddwr Nyrsio, Iechyd Cyhoeddus
Cymru
Pennaeth y Rhaglen Clefydau y gellir eu
Hatal drwy Frechu, Iechyd Cyhoeddus Cymru
Gwasanaeth Gwybodeg GIG Cymru

Er gwybodaeth i:

Cyfarwyddwyr y Gweithlu a Datblygu
Sefydliadol
Cyfarwyddwyr Cyllid
Byrddau/Ymddiriedolaethau Iechyd
Cyfarwyddwyr Iechyd Sylfaenol, Cymunedol ac
Iechyd Meddwl, Byrddau Iechyd
Prif Fferyllwyr, Byrddau/Ymddiriedolaethau
Iechyd
Prif Weithredwr, Cymdeithas Llywodraeth Leol
Cymru
Cyfarwyddwr Cynllunio, Uned Gyflawni'r GIG
Meddygon Teulu

Anfonydd: Syr Frank Atherton, Prif Swyddog Meddygol/Cyfarwyddwr Meddygol GIG Cymru**Enw(au) cyswllt yn Adran Iechyd a Gwasanaethau Cymdeithasol Llywodraeth Cymru:**

Y Gyfarwyddiaeth Frechu, y Grŵp Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru,

Annwyl gyfaill

Rhaglen dal i fyny frys ar gyfer y brechlyn polio i blant o dan 5 oed

Mae Poliomyelitis (Polio) yn glefyd firaol heintus dros ben sy'n effeithio ar blant o dan 5 oed yn bennaf. Mae 3 math o'r firws ac mae'n cael ei drosglwyddo o berson i berson, gan gael ei ledaenu'n bennaf trwy'r llwybr ysgarthol-geneuol neu, yn llai aml, gan gludydd cyffredin (e.e. dŵr neu fwyd wedi'i halogi) gan luosi yn y coluddion, ac o'r fan honno gall ymwthio i'r system nerfol ac achosi parlys. Mae brechu wedi chwarae rhan hanfodol mewn rhaglen ddileu fyd-eang ar gyfer firws Polio ac wedi arwain at ddileu firws Polio gwyllt math 2 a math 3, ac mae math 1 wedi'i gyfyngu i 2 wlad yn unig (Pacistan ac Affganistan).

Ymgyrch dal i fyny yng Nghymru

I leihau'r risg a achosir gan y digwyddiad presennol, lle mae gwyliadwriaeth wedi dod o hyd i firws Polio sy'n deillio o frechiad math 2 (a elwir yn VDPV2) mewn samplau carthion a gymerwyd yng ngogledd Llundain, a chan ostyngiadau diweddar yn nifer y bobl sy'n derbyn y brechlyn, rwy'n teimlo ei bod yn hanfodol ein bod yn cynnal rhaglen dal i fyny ar gyfer imiwneiddio, 'wedi'i thargedu' ledled Cymru. O ganlyniad, hoffwn i fyrdau iechyd ddechrau rhaglen o'r fath yn ddi-oed, gan dargedu **plant o dan 5 oed** sydd wedi'u brechu'n rhannol neu heb gael brechiad o gwbl rhag Polio.

Mater i bob bwrdd iechyd unigol fydd penderfynu sut maen nhw am gwblhau'r dasg hon. Ond rydym yn argymhell ymgysylltu â gwasanaethau gofal sylfaenol a/neu eraill fel ymwelwyr iechyd, bydwagedd a nyrsys ysgol, er mwyn bwrw ymlaen â hyn cyn gynted â phosibl. Mae manyleb newydd Gwasanaeth Gwell Cenedlaethol (NES) yn cael ei rhoi ar waith i hwyluso darparu hyn, ac unrhyw raglenni dal i fyny o ran imiwneiddio yn y dyfodol.

At ddibenion y Rhaglen Dal i Fyny Polio hon, bydd yr holl ddarpariaethau a bennir yn Atodiad A i'r Fanyleb Gwasanaeth Ychwanegol Cenedlaethol ar gyfer Brechu Plant a Phobl Ifanc nad

ydynt wedi Cael Pob Brechiad Rheolaidd yn berthnasol. Mae hyn yn golygu y gellir talu yn unol â pharagraffau 17a, 17b a 18 i'r contractwyr hynny sy'n ymgymryd â'r Rhaglen Dal i Fyny hon yn unol â'r Gwasanaeth Ychwanegol Cenedlaethol. Mae cymhwyso gofynion gwasanaeth y Gwasanaeth Ychwanegol Cenedlaethol yn llawn yn cydnabod yr angen i bractisau meddygon teulu lanhau data cyn i blant gael eu gwahodd i gael eu brechu.

Er mai Polio yw prif darged yr ymgyrch dal i fyny hon, mae'n werth nodi ein bod wedi gweld gostyngiad cyffredinol yn nifer y rhai sy'n cael imiwneiddiadau plentyndod yn ystod y blynyddoedd diwethaf. Mae'n debygol os nad yw babanod a phlant wedi'u brechu rhag Polio, na fyddant wedi'u brechu rhag clefydau eraill chwaith, yn enwedig y Frech Goch, Clwy'r Pennau a Rwbela (MMR). Felly, fel rhan o'r ymgyrch dal i fyny hon, teimlir ei bod yn gwneud synnwyr ein bod manteisio ar bresenoldeb y plant hynny sy'n derbyn y gwahoddiad i ddod i gael y brechiad, i gynnig cyfle iddynt ddal i fyny ag unrhyw imiwneiddiadau plentyndod eraill nad ydynt wedi'u derbyn. Mae

Gwasanaeth Ychwanegol Cenedlaethol ar gyfer Brechu Heb ei Drefnu eisoes ar waith ar gyfer hyn¹.

Mae nifer y plant nad ydynt wedi'u brechu yn erbyn Polio yng Nghymru yn debygol o fod yn fach ond mae'n bosibl ei fod yn cynnwys y rhai o amrywiaeth o gefndiroedd lle mae angen ymdrechu'n galetach i sicrhau eu bod yn cymryd diddordeb ac yn cael eu cynnwys. Mae'n bosibl fod y rhai sydd heb eu brechu hefyd yn cynnwys pobl sy'n llai tebygol o fod wedi'u cofnodi ar y system iechyd plant neu o ymgysylltu â'r gwasanaethau arferol. Dylid ystyried pa ddulliau fydd yn gweithio orau yn ardaloedd y byrddau iechyd, i dargedu'r babanod a phlant hynny sydd wedi'u brechu'n rhannol neu ddim o gwbl a chynyddu i'r eithaf y nifer sy'n derbyn y brechlyn.

Mae hwn yn brosiect â blaenoriaeth y bydd angen ei ddechrau cyn gynted â phosibl **a'i gwblhau erbyn 31 Ionawr 2023 fan bellaf**. Ar ôl hynny ni fydd y Gwasanaeth Ychwanegol Cenedlaethol yn berthnasol bellach. Mae'r cyllid ar gyfer imiwneiddiadau plentyndod eisoes wedi'i roi i'r Byrddau Iechyd, felly bydd rhaid i sefydliadau drefnu'r adnoddau y bydd eu hangen ar gyfer y rhaglen dal i fyny hon o'u cyllidebau imiwneiddio presennol. Gofynnaf i fyrddau iechyd fonitro hynt y gwaith er mwyn i'r rhaglen dal i fyny gael ei darparu'n effeithiol ac o fewn yr amserlen.

Ochr yn ochr â hyn, mae Llywodraeth Cymru a thimau cyfathrebu Iechyd Cyhoeddus Cymru yn cydweithio ar gynllun, wedi'i seilio ar adborth ar ddealltwriaeth ymddygiad, ar gyfer deall y rhwystrau a'r hwyluswyr, a'r gwersi a ddysgwyd o raglenni brechu eraill, i dargedu cyfathrebu priodol â'r rhieni hynny y mae eu plant yn dal i fod heb eu brechu. Bydd y cyfathrebu sy'n deillio o hynny yn tynnu sylw at bwysigrwydd brechu plant a byddwn yn cysylltu â rhieni plant nad ydynt wedi cael eu brechu i'w hannog i dderbyn y cynnig o frechiad er mwyn sicrhau bod eu plant yn cael eu hamddiffyn.

Hoffwn achub ar y cyfle hwn i ddiolch i bawb a gymerodd ran am eu gwaith caled wrth ddal ati i ddarparu'r rhaglen imiwneiddio plant yn ystod cyfnod sy'n parhau i fod yn un heriol i'n gwasanaethau.

Yn gywir



SYR FRANK ATHERTON

¹ [Plant sydd wedi methu brechiadau rheolaidd: manyleb gwasanaeth cenedlaethol ychwanegol \(WHC/2017/021\) | LLYW.CYMRU](#)

Annex A

Background to the incident

Since February 2022, surveillance has found a type 2 vaccine-derived Polio virus (known as VDPV2) in sewage samples taken from north London.

VDPV2 is a form of Polio virus based on an attenuated vaccine virus used in oral Polio vaccines that can spread within communities² and can rarely lead to paralytic outcomes. Although overall risk is considered low because most people in the UK are protected by vaccination, transmission may occur where vaccination coverage is low and unvaccinated individuals who come into contact with the virus are most vulnerable. Surveillance data suggests that person to person spread has occurred as part of this current incident and lower levels of Polio vaccine uptake in infants and toddlers in the affected areas of London may have contributed to this. Currently the VDPV2 has not been identified outside of London and there have been no known cases of paralytic VDPV2 in the UK from this incident.

UKHSA has declared a national enhanced incident response to this incident and Public Health Wales has convened an *incident management team* (IMT) in Wales to ensure Wales-specific actions can be taken forward. More recently, the World Health Organisation (WHO) recommended that the definition for 'a circulating virus' had been met.

In their statement published on 10 August 2022, the Joint Committee on Vaccination and Immunisation (JCVI) agreed that it was an immediate priority to ensure all eligible individuals are up to date with their Polio vaccinations, endorsing efforts to increase coverage of the routine childhood vaccination programme nationally.

[Joint Committee on Vaccination and Immunisation statement on vaccination strategy for the ongoing polio incident - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statements/jcvi-statement-on-vaccination-strategy-for-the-ongoing-polio-incident)

Ensuring high uptake levels of Polio vaccine in the population is the most effective way of eliminating this disease. As international travel resumes, it is likely that infections will be brought into Wales from countries that have a higher incidence of vaccine-preventable diseases, so it is important that we ensure that vaccination coverage is high, to prevent outbreaks or increases in disease cases here in Wales.

Coverage of Polio vaccination in Wales

All routine Polio vaccines used within the UK are inactivated polio vaccines (IPV) and do not contain live viruses. Currently, hexavalent DTaP/IPV/Hib/HepB vaccine is offered routinely to babies at 8, 12 and 16 weeks of age. Further doses of polio containing vaccines are given at the age of 3 years and 4 months as part of the pre-school booster (dTaP/IPV) and at around 14 years old (Td/IPV) as part of the teenage booster.

² [GPEI-cVDPV-Fact-Sheet-20191115.pdf \(polioeradication.org\)](https://polioeradication.org/wp-content/uploads/2019/11/GPEI-cVDPV-Fact-Sheet-20191115.pdf)

Uptake of primary IPV vaccinations in Wales is high. Coverage of three doses of IPV containing vaccine at one year of age has been over the WHO target of 95% for the past 14 years, as reported in PHW annual cover reports, although decreased slightly to 94.9% in the first quarter of 2022 and decreased again in quarter two³, with uptake of three doses of the '6 in 1' vaccine now at 94.0%. Coverage rates can vary by age-group and by other characteristics, including migration status and frequency of moving from area to area, and level of socio-economic deprivation.

Coverage is lower for the booster doses. Uptake of the 4 in 1 DTaP/IPV pre-school booster in those reaching 4 years of age between April 2021 and March 2022 was 88%, ranging by health board area from 86% to 91%. Figures from this quarter show 85.6% of those reaching 4 years of age are vaccinated. Uptake of the 3 in 1 Td/IPV teenage booster in those reaching 15 years of age during the September 2021 to August 2022 school year was 81%, varying by health board area from 75% to 89%.

³ <https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/>

Annex B

Identifying children in need of vaccination

Vaccine statuses for children are recorded on the Welsh child health system (CYPrIS), provided and managed by DHCW. Lists of children unvaccinated for Polio or with incomplete vaccine statuses can be produced easily through CYPrIS and provided to GP practices, health visitors and others delivering vaccinations. Direct access to the child health system data through CYPrIS-web can also be arranged for GP practices locally to assist with vaccine status checking. At this time, due to the urgency of this catch-up, it is not possible to complete a full data cleanse of child health system data centrally and it is vital that records are updated locally after checking.

Whilst this catch-up campaign is primarily aimed at Polio, it should be noted that over recent years, we have seen a decline in childhood immunisation uptake in general and it is likely that where infants and children are not vaccinated against Polio, they will be unvaccinated against other disease, particularly Measles, Mumps and Rubella (MMR). We therefore recommend, that an offer is also made for the MMR vaccination where appropriate.

Accuracy of records

Accuracy of data in the child health system in Wales is important to ensure that vaccination invitations can be sent in a timely way, vaccine status checking is efficient and that opportunistic vaccinations can be offered. It is also important for surveillance, which assesses the ongoing risk of Polio and other severe, vaccine-preventable infections re-emerging in Wales; and in mounting urgent catch-up campaigns to prevent or stop outbreaks of serious infections.

For the success of this catch-up campaign, it is essential that all catch-up doses are reported to child health offices and recorded in CYPrIS in a timely way, failure to do so could result in delays to completion of polio vaccination course. Public Health Wales provides reports of vaccine uptake for all childhood vaccinations at national, health board, cluster and GP level, and will be monitoring progress of this catch-up campaign closely.

National Enhanced Service Specification For The Catch Up Programme Vaccination Of Children Who Have Outstanding Immunisations

Introduction

1. This specification is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This specification has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA).
3. The Catch Up Programme service requirements are included at Annex A, and the vaccines covered under this National Enhanced Service are set out in the table at Annex B.
4. The Chief Medical Officer of the Welsh Government will issue instructions activating this service in respect of specific Catch Up Programmes.

Background

5. The Joint Committee on Vaccination and Immunisation (JCVI) recommends a number of vaccinations for children. In Wales, these are delivered through primary care and school based immunisation programmes.
6. This specification details the process for the vaccination of those children who are not routinely reached by these programmes. These include those children who:
 - a. have not been fully immunised routinely at the time when first called or recalled for vaccinations because of previous declined consent, exclusion or due to illness and/or absence;
 - b. do not have access to school based programmes or live in a health board area where school based programmes do not operate⁴; or
 - c. have moved into the practice after the age when they would have been routinely offered vaccination as part of a school based programme.

Patient cohort

7. Only the vaccinations detailed at Annex B are covered by this specification.

⁴ For example, children who live in and are registered with a practice in one area but attend school in another area which does not provide vaccination in school.

8. Where the vaccinations detailed at Annex B are routinely offered in practices, and not in schools, practices are expected to maximise uptake through call and recall at the time of the initial offer as part of their existing GMS contract with the health board. This NES only applies to those children and young people who later remain fully or partially unimmunised and fall within the age ranges specified in Annex B.
9. Any child within the age ranges specified in Annex B who self presents or attends the practice for another reason, and has outstanding immunisations already offered routinely, should be opportunistically immunised to bring them up to date with the UK schedule. Any immunisation given by a practice in these circumstances will be remunerated under the National Enhanced Service Specification For The Unscheduled Vaccination Of Children And Young People Who Have Outstanding Routine Immunisations⁵.
10. **A practice may also immunise a child who provides the practice with a letter from the school nursing service requesting immunisation.** This letter may typically be issued when a child has missed a school vaccination session.
11. A practice may undertake the Catch Up Programme set out in Annex A in respect of a vaccine specified in Annex B only in accordance with an instruction given by the Chief Medical Officer of the Welsh Government.

Vaccines

12. Information on the programmes supported and the documents providing the required clinical information is at Annex B.
13. The vaccines are centrally procured and should be ordered in the same way as practices and health board pharmacies currently order childhood vaccines.

Recording in the Patient Record

14. A practice is required under its General Medical Services contract to keep adequate records of its attendance on and treatment of its patients, and in addition, to include in the patient record any clinical reports sent from any other health care professional who has provided clinical services to a person on its list of patients.
15. If a practice has therefore administered a vaccine listed at Annex B to a child in an eligible cohort then the practice is required to include this information in the patient record using the appropriate READ code and update the Childhood Immunisation Record of that child as soon as reasonably practicable after administering the vaccine. Aggregate data may be automatically provided to Public Health Wales, in the same manner as it is for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices which do not automatically forward this data during the period the Catch Up Programme applies in respect of a specific vaccine will be required to make a manual return, using an appropriate form provided to them.
16. Timeliness of the return of data to the child health department should be in line with the Child Health Immunisation Process Standards (CHIPS) for those individuals up to and including 18 years old to ensure accurate and prompt notification of all

⁵ See WHC (2017) 021 for the related Service Specification.

vaccinations.⁶ This is to prevent a child being called by the health board for a vaccination which has already been administered in a practice.

Payment and validation

17. A practice undertaking this Catch Up Programme in accordance with an instruction from the Chief Medical Officer will receive a payment of:
 - a. £2.50 per review of a patient named on the list provided to the practice by their Local Health Board (such review only being undertaken once per patient and only in circumstances where the Chief Medical Officer has instructed that a data cleanse must take place as part of a Catch Up Programme), by comparing that list with their own practice patient list and patient record in order to identify and create a unique list of those children who have outstanding immunisations, and
 - b. £2.50 per patient for contacting the parent or legal guardian of each child identified as part of their patient list review, not more than once per working day and up to a maximum of 5 occasions, in order to offer an appointment for the outstanding vaccination.
18. A practice will receive an item of service (IOS) payment of £10.03 per vaccine dose in respect of each child in an eligible cohort who is vaccinated as part of this Catch Up Programme.
19. A practice will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
 - a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
 - b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
 - c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
 - d. All patients in respect of whom payment is being claimed were in an eligible cohort.
 - e. Practices providing this service will be required to forward a completed 'catch up vaccination' form to the health board child health system, or provide equivalent data in an alternative agreed format, for each child immunised.
 - f. The practice submits the claim within 6 months of administering the vaccine (Local Health Boards may set aside this requirement if it considers it reasonable to do so).
20. Local Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.

⁶ In areas where a routine scheduled immunisation is provided in practices, rather than in schools, data returns should be made as agreed with the local Child Health Office, usually on scheduled

Service Requirements For The Catch Up Vaccination Programme Of Children and Young People Who Have Outstanding Routine Immunisations

1. A practice providing this Catch Up Programme service, subject to an instruction by the Chief Medical Officer of the Welsh Government specifying which of the following sub-paragraphs apply in respect of a specific Catch Up Programme period, must:
 - a. upon receipt of a list containing the necessary information from their Local Health Board, which may be facilitated by Digital Health Care Wales, complete a review of the patient record for each patient on the list by comparing that list with their own practice patient list and patient record in order to identify and create a unique list of those children who have outstanding immunisations listed in Annex B;
 - b. attempt to contact the parent or legal guardian of each child identified under sub-paragraph a. (up to a maximum of 5 times but not more than once per working day) in order to offer them an appointment to attend for the appropriate vaccination;
 - c. where an appointment for a vaccine is accepted after the practice has made contact under sub-paragraph b., vaccinate, with the appropriate vaccine and dosage, all patients who present to the practice and who are in an eligible age range as specified by Annex B.
2. Where an appointment for a vaccine is refused or if having made 5 attempts to contact the child under paragraph 1.b no contact has been made, the name of that child must, where possible, be provided to the Health Visitor (pre-school children) or School Nurse (children of school age) for a follow up visit to be undertaken to provide information and support to the family with the aim of arranging for vaccination to take place. Health Boards who engage GP practices in delivery of this NES, must provide those GP practices with the contact details of the relevant teams who should be contacted for follow up.
3. The practice must take all reasonable steps to ensure that the medical records of patients (including the patient record and the Childhood Immunisation Record) receiving a vaccination administered in the surgery are updated as soon as reasonably practicable after administration of a vaccine and are kept up to date using the appropriate READ code with regard to the immunisation status and in particular includes:
 - a. any refusal of an offer of immunisation and the reason for that refusal; and
 - b. where an offer of immunisation is accepted;
 - i. the batch number, expiry date and name of the vaccine,
 - ii. the date of administration,
 - iii. where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine,
 - iv. any contra-indication to the immunisation,

- v. any adverse reactions to the immunisation.
4. Timeliness of the return of data to the child health department should be in line with the Child Health Immunisation Process Standards (CHIPS).
 5. The practice must ensure that all healthcare professionals who are involved in administering the vaccine have:
 - a. referred to the clinical guidance in the current Green Book,
 - b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis, and
 - c. authorisation under an appropriate PGD unless a PSD has been issued.
 6. The practice must ensure that all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time. The vaccines for these programmes will be centrally supplied and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines.
 7. All vaccines are to be stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.

This may be found at:

<https://www.gov.uk/government/publications/green-book-the-complete-current-edition>

8. The practice must ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their ethnicity, gender, disability, sexual orientation, religion and/or age.

Catch Up Programme Information

1. This Annex sets out the routine childhood immunisations schedule. This Catch Up Programme NES applies if children have not received vaccines routinely in line with the schedule.
2. Where a child is to be vaccinated as part of a Catch Up Programme following an instruction of the Chief Medical Officer, the schedule should be consulted and followed as appropriate to the age of the child requiring vaccination and vaccine required.
3. Only vaccines listed in the schedule may be covered under a Catch Up Programme.

When	Diseases protected against	Vaccine given and name		Usual site ¹
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
12-13 months old	Hib / Meningococcal group C	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm/thigh
	Meningococcal group B	MenB booster	Bexsero	Left thigh
2 and 3 years old and all school aged children	Influenza (annually from September)	Live attenuated influenza vaccine	Fluenz Tetra ³	Both nostrils
3 years 4 months old	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm
School years 8 and 9 (12 to 14 year olds)	Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV)	HPV ⁴ (two doses 6-24 months apart)	Gardasil or Gardasil 9	Upper arm
School year 9 (13 and 14 year olds)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix or Menveo	Upper arm

1. Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless otherwise stated.

2. Children must be 2 years old by 31 August to receive influenza vaccine in the routine programme in autumn/winter.

3. If Fluenz Tetra is contraindicated, use a suitable inactivated flu vaccine.

4. Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.