

# Vaccination of individuals with uncertain or incomplete immunisation status

For online Green Book, see [www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book) • For other countries' schedules, see [http://apps.who.int/immunization\\_monitoring/globalsummary/](http://apps.who.int/immunization_monitoring/globalsummary/)

## Infants from two months of age up to first birthday

**For children born on/after 01/01/2020**  
DTaP/IPV/Hib/HepB<sup>a</sup> + MenB<sup>c</sup> + rotavirus<sup>e</sup>

Four week gap

DTaP/IPV/Hib/HepB + PCV<sup>b</sup> + rotavirus<sup>e</sup>

Four week gap

DTaP/IPV/Hib/HepB + MenB<sup>c</sup>

**For children born on/before 31/12/2019**

DTaP/IPV/Hib/HepB<sup>a</sup> + MenB<sup>c</sup>

+ PCV<sup>d</sup> + rotavirus<sup>e</sup>

Four week gap

DTaP/IPV/Hib/HepB + rotavirus<sup>e</sup>

Four week gap

DTaP/IPV/Hib/HepB + MenB<sup>c</sup> + PCV<sup>d</sup>

<sup>a</sup> A child who has already received one or more doses of primary diphtheria, tetanus, polio and pertussis should complete the three dose course with DTaP/IPV/Hib/HepB. Any missing doses of Hib and/or HepB can be given as Hib/MenC and/or, monovalent hepatitis B, at 4 week intervals

<sup>b</sup> Infants born on/after 01/01/2020 who are aged 12 weeks or over when starting their primary schedule can be given their single infant priming dose of PCV with their first set of primary immunisations

<sup>c</sup> Doses of MenB should ideally be given 8 weeks apart but can be given 4 weeks apart if necessary to ensure the immunisation schedule is completed (i.e. if schedule started at 10m of age)

<sup>d</sup> Doses of PCV should ideally be given 8 weeks apart but can be given 4 weeks apart if necessary to ensure the immunisation schedule is completed (i.e. if schedule started at 10m of age).

<sup>e</sup> First dose of rotavirus vaccine to be given **only** if infant is more than 6 weeks and under 15 weeks and second dose to be given **only** if infant is less than 24 weeks old

## Boosters + subsequent vaccination

As per UK schedule ensuring at least a four week interval between DTaP/IPV/Hib/HepB and Hib/MenC doses, a four week interval between PCV priming and booster doses and an eight week interval between MenB primary and booster doses.

## Children from first up to second birthday

DTaP/IPV/Hib/HepB<sup>†</sup> + PCV<sup>††</sup> + Hib/Men C<sup>††</sup> + MenB<sup>†††</sup> + MMR

Four week gap

DTaP/IPV/Hib/HepB<sup>†</sup>

Four week gap

DTaP/IPV/Hib/HepB<sup>†</sup> + MenB<sup>†††</sup>

<sup>†</sup> DTaP/IPV/Hib/HepB is now the only suitable vaccine containing high dose tetanus, diphtheria and pertussis antigen for priming children of this age. For those who have had primary vaccines without HepB, there is no need to catch-up this antigen alone unless at high risk

<sup>††</sup> All un- or incompletely immunised children only require one dose of Hib, Men C (until teenage booster) and PCV over the age of one year. It does not matter if two Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib/HepB vaccine is given

<sup>†††</sup> Children who received less than 2 doses of MenB in the first year of life should receive 2 doses of MenB in their second year of life at least 8 weeks apart. Doses of MenB can be given 4 weeks apart if necessary to ensure the two dose schedule is completed (i.e. if schedule started at 22m of age)

## Boosters + subsequent vaccination

As per UK schedule

## MMR – from first birthday onwards

- Doses of measles-containing vaccine given prior to 12 months of age should not be counted
- Two doses of MMR should be given irrespective of history of measles, mumps or rubella infection and/or age
- A minimum of 4 weeks should be left between 1<sup>st</sup> and 2<sup>nd</sup> dose MMR
- If child <3y4m, give 2<sup>nd</sup> dose MMR with pre-school dTaP/IPV unless particular reason to give earlier
- Second dose of MMR should not be given <18m of age except where protection against measles is urgently required

## Flu vaccine (during flu season)

- Those aged 65yrs and older (including those turning 65 years of age during the current flu season)
- 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](#))

## Shingles vaccine

- Those aged 70yrs and 78yrs
- In addition, individuals in their 70s who have become eligible since the start of the shingles programme in September 2013 remain eligible until their 80th birthday (see eligibility on PHE website)

## Children from second up to tenth birthday

DTaP/IPV/Hib/HepB<sup>^</sup> + Hib/MenC<sup>^^</sup> + MMR

Four week gap

DTaP/IPV/Hib/HepB<sup>^</sup> + MMR

Four week gap

DTaP/IPV/Hib/HepB<sup>^</sup>

<sup>^</sup>DTaP/IPV/Hib/HepB is now the only suitable vaccine containing high dose tetanus, diphtheria and pertussis antigen for priming children of this age. For those who have had primary vaccines without HepB, there is no need to catch-up this antigen alone unless at high risk

<sup>^^</sup>All un- or incompletely immunised children only require one dose of Hib and Men C (until teenage booster) over the age of one year. It does not matter if two Hib-containing vaccines are given at the first appointment or if the child receives additional Hib at subsequent appointments if DTaP/IPV/Hib/HepB vaccine is given

## Boosters + subsequent vaccination

First booster of dTaP/IPV can be given as early as one year following completion of primary course to re-establish on routine schedule

Additional doses of DTaP-containing vaccines given under three years of age in some other countries do not count as a booster to the primary course in the UK and should be discounted

Subsequent vaccination – as per UK schedule

## Pneumococcal polysaccharide vaccine (PPV)

- Those aged 65yrs and older
- Those aged 2yrs and older in the defined clinical risk groups (see [Green Book Pneumococcal chapter](#))

## From tenth birthday onwards

Td/IPV + MenACWY\* + MMR

Four week gap

Td/IPV + MMR

Four week gap

Td/IPV

\*Those aged from 10 years up to 25 years who have never received a MenC-containing vaccine should be offered MenACWY  
Those aged 10 years up to 25 years may be eligible or may shortly become eligible for MenACWY.  
Those born on/after 1/9/1996 remain eligible for MenACWY until their 25<sup>th</sup> birthday

## Boosters + subsequent vaccination

### First booster of Td/IPV

Preferably five years following completion of primary course

### Second booster of Td/IPV

Ideally ten years (minimum five years) following first booster

## HPV vaccine

- All females who have been eligible remain so up to their 25<sup>th</sup> birthday
- Males born on/after 1/9/06 are eligible up to their 25<sup>th</sup> birthday
- Individuals commencing HPV vaccine course:
  - before age 15 yrs should follow two dose 0, 6-24 months schedule
  - at age 15 yrs and above should follow three dose 0, 1, 4-6 months schedule
- For individuals who started schedule with a HPV vaccine no longer/not used in the UK programme, the course can be completed with the vaccine currently being used
- For two dose course, give second dose even if more than 24 months have elapsed since first dose or individual is then aged 15yrs or more
- Three dose courses started but not completed before twenty fifth birthday should be completed ideally allowing 3 months between second and third doses (minimum one month interval if otherwise unlikely to complete course)
- If three dose course commenced under 15yrs and individual has:
  - only received one dose, give a second dose 6-24m later to complete a two dose course
  - received two doses less than six months apart, give a third dose at least three months after second dose

Note: BCG and Hepatitis B vaccines for those at high risk should be given as per Green Book recommendations and have therefore not been included in this algorithm

## 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 the primary course 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