UK Health Security Agency

UKHSA childhood immunisations communications toolkit

Contents

Introduction

This UKHSA stakeholder communications toolkit provides information and supporting materials on childhood immunisations. It aims to support stakeholders to encourage parents whose children (0-5 years old) have missed, or may miss, a vaccine to get their children vaccinated.

It contains key messages, background information, and statistics on the childhood immunisation programme. It also includes new materials for you to use such as social media assets and printable posters.

Please use these instead of the 2024 campaign materials. We are encouraging stakeholders to share messaging, and materials, from this toolkit with parents so they can consider the benefits of childhood vaccination.

The information provided is correct as of 13 October 2025.

For further information about our national campaign and communications please contact: externalaffairs@ukhsa.gov.uk

Sign up to our Stakeholder Cascade to receive a weekly newsletter with the latest news, updates and guidance from UKHSA.

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Background information

The UK's childhood vaccination programme prevents around 5,000 deaths.

Vaccinations have ensured the UK has been declared free of diseases such as polio, with others, like diphtheria, almost fully controlled. However, in recent years we have seen a trend of lower vaccine uptake, and this has been exacerbated by the pandemic.

England no longer has the high levels of population immunity recommended by the World Health Organisation for highly infectious diseases like measles to be eliminated (95%), and this has led to increased risk for those who are unvaccinated or under-vaccinated.

Preventable childhood infections can have a huge impact on a child's life: they can miss out on education due to time spent unwell, be hospitalised, and have life-long complications such as deafness, blindness, encephalitis (infection of the brain) and paralysis. Sometimes these infections can cause death.

In late 2023, there was a rapid increase in measles cases driven initially by a large outbreak in the West Midlands, which spread to clusters of cases in other regions. This followed a sustained fall in MMR vaccine coverage in the last decade, with 1 out of 10 children starting school in England not protected in January 2024. Measles spreads easily among those who are unvaccinated, especially in nurseries and schools.

Throughout 2024, we saw increased cases of measles and whooping cough, with outbreaks around the country. In 2025 so far, there continue to be ongoing outbreaks of measles in a number of regions across England. Cases have predominantly been in unvaccinated children aged 10 years and under, so there is an urgent need to ensure children are vaccinated and protected against these serious illnesses. Sadly there has been one reported death in a child linked to measles in 2025.

Key messages

- Childhood infections like measles and whooping cough spread easily between children who are not vaccinated.
- Childhood infections can cause serious illness, hospitalisation and life-long disabilities.
- If your child isn't vaccinated, they're not protected.
- It's important that vaccines are given on time for the best protection, but if your child has missed a vaccine, contact your GP surgery to catch up.
- To have full protection, children sometimes need to have booster vaccines. Check their red book or speak to your GP surgery to see if they are missing any vaccines.
- You can also visit www.nhs.uk/childhoodvaccinations to find out more and see if you should book an appointment for your child.
- All childhood vaccinations offered by the NHS have been used in millions of children worldwide and have an excellent safety record.
- Childhood vaccinations give your children the best protection and prevent over 5,000 deaths.
- All the childhood vaccinations are free. For the full timetable visit the NHS website where you can also see how to get them.
- All medicines can cause side effects, but all health authorities around the world agree that immunisation is the safest way to protect our children's health.

Back to school messaging

We have some specific back to school messaging and assets which can be used to encourage vaccine uptake:

Childhood diseases like measles spread very easily among those who are unvaccinated, especially in nurseries and schools. Low uptake in vaccines like the measles, mumps and rubella (MMR) vaccine in some areas in England means there is potential to see outbreaks, particularly as children start mixing more as they start or return to school.

Getting vaccinated not only gives children protection but it also helps to prevent the spread of diseases and protect those more vulnerable.

Across the Summer of 2025, measles outbreaks have continued across the country. Parents and carers are encouraged to catch up on any missed vaccines before the new school term begins, to prevent a rise in measles cases similar to that seen in October 2023.

UKHSA has developed new assets that can be used specifically for the back to school period. These are available on the Campaign Resource Centre and can be used across August and September to highlight the importance of vaccination before mixing in school and nursery settings.

Audience insight

Various research and data from previous campaigns and focus groups conducted by UKHSA, NHS and local authorities suggests:

- The latest UKHSA parental attitudes survey found most parents agreed that vaccines work for children (87%), that they are safe (85%) and that they trusted them (84%).
- Healthcare professionals, in particular GPs, health visitors and nurses, continue to be the most trusted source of vaccine information. 76% of parents had seen or heard information about children's vaccines in the past year, predominantly from trusted sources including healthcare professionals and official NHS websites. Only 7% ranked the internet and 3% social media in their top three most trusted sources of information on vaccines.
- Most parents recognise the seriousness of many of the diseases that vaccines protect against. The vaccine preventable diseases rated most often as 'very serious' for their child to catch by parents of babies and younger children were septicaemia (84%) and meningitis (83%).
- Lower vaccine uptake within communities is directly linked to wider health inequalities.
- Uptake varies significantly by region and is a highly localised issue.

- Strong social norms are instrumental in driving uptake, however in recent years the social norms focus on the COVID-19 vaccine and to a lesser extent flu.
- Parents want to protect their children and see routine vaccines as a part of growing up, those that have been around for a long time they view as safe. However, safety concerns about the COVID-19 vaccine have caused some parents to re-appraise their views of vaccinations in general.
- Parents do not generally know what vaccines their children get and when. They normally go with what is offered by the school or GP.
- Informing instead of persuading is ideal, while reminding parents they are protecting their children. A neutral tone suggests that these vaccines are a normal part of a child's routine of growing up.

Childhood immunisation schedule

It is important that vaccines are given on time for the best protection, but it is possible to catch up if a child has missed a vaccine. Parents can check their child's red book or contact their GP to check that their child's vaccines are up to date.

Routine childhood immunisation schedule*

**Please note that as of 1 July 2025, there have been changes to the childhood vaccination schedule, with more changes due to come into effect from January 2026. More details of the changes can be viewed here, and are summarised below. Information we have so far on the MMRV programme is included in the next section.*

Age	Vaccines
8 weeks	6-in-1 vaccine Rotavirus vaccine MenB vaccine
12 weeks	6-in-1 vaccine (2nd dose) MenB vaccine (2nd dose)* moved from 16 weeks Rotavirus vaccine (2nd dose)

16 weeks	Pneumococcal vaccine* moved from 12 weeks 6-in-1 vaccine (3rd dose)
1 year	MMR vaccine (1st dose) Pneumococcal vaccine (2nd dose) MenB vaccine (3rd dose) Hib/MenC or 6-in-1 vaccine* for children born before 1 July 2024. Vaccine given will depend on vaccine availability
18 months* available from January 2026	MMR vaccine (2nd dose)* for children born on or after 1 July 2024 6-in-1 vaccine (4th dose)
2 to 15 years	Children's flu vaccine (every year until children finish Year 11 of secondary school)
3 years and 4 months	MMR vaccine (2nd dose)* for children born before 1 July 2024. For those born after 1 July 2024, they will be offered the 2nd dose of the MMR vaccine at 18 months

	4-in-1 pre-school booster vaccine

Adolescent vaccination programme (delivered in schools)

Age	Vaccines
12 to 13 years	HPV vaccine
14 years	3-in-1 teenage booster vaccine MenACWY vaccine

Extra vaccines for at-risk people

At risk group	Vaccines
Babies born to mothers who have hepatitis B	Hepatitis B vaccine at birth, 4 weeks and 12 months* for children born before 30 June 2024. For children born on or after 1 July 2024, all children will be offered a 4th dose of the 6-in-1 vaccine at the new 18 month routine vaccination appointment.
Children born in areas of the country where there are high numbers of TB cases	BCG tuberculosis (TB) vaccine at 28 days
	BCG tuberculosis (TB) vaccine at 28 days

Children whose parents or grandparents were born in a country with many cases of TB	
Children 6 months to 17 years old with long-term health conditions	Children's flu vaccine every year

MMRV

From January 2026, GP practices will offer eligible children a combined vaccine for measles, mumps, rubella and varicella (MMRV) - the clinical term for chickenpox - as part of the routine infant vaccination schedule.

The vaccine will help reduce cases of chickenpox and protect children from serious complications that can cause hospitalisation, such as bacterial infections like strep A, brain and lung inflammation, and stroke.

The programme will have a really positive impact on the health of young children, will lead to fewer missed nursery and school days and ensure parents will not need to take time off work to care for them.

The chickenpox vaccine has been safely used for decades and is already part of the routine vaccine schedules in several countries, including the United States, Canada, Australia and Germany. The eligibility criteria for children will be set out in clinical guidance covering which age groups will get the MMRV vaccine and when, to ensure the most effective protection for children.

We will include updates on this in our stakeholder communications and in this toolkit.

How to book your child’s vaccination appointment

You will be contacted by your GP practice when your child is due a routine immunisation – this could be by phone, text or email.

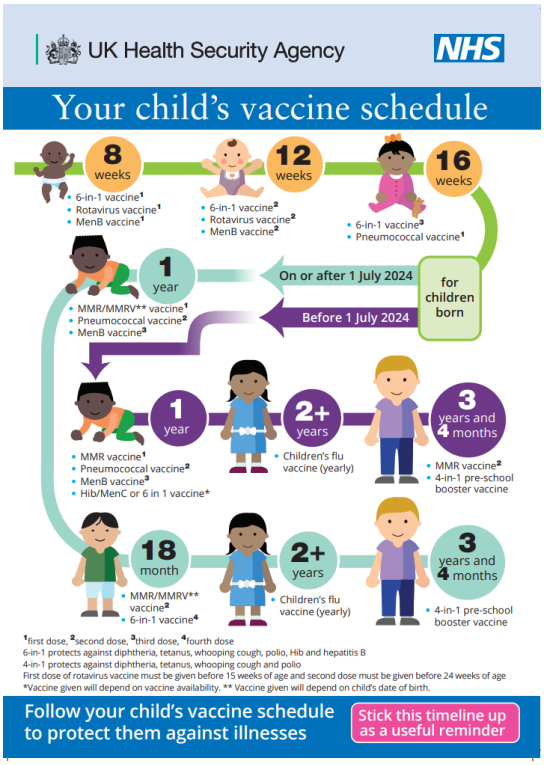
If your child has missed any vaccinations, then it is best to speak to your GP practice. While it is best for your children to have their vaccinations according to the NHS vaccination schedule, it is never too late to check if they can still have them.

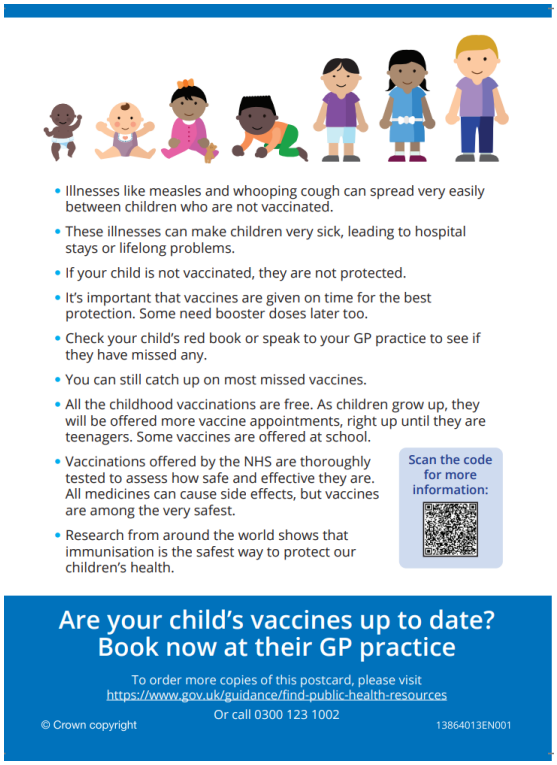
If you are unsure your child has had all their vaccines, you can check their red book or speak to your GP practice.

Printed campaign materials and general childhood immunisations materials

We have a new set of social media assets, digital screens and printable A4 posters which can be downloaded via the Campaign Resource Centre. Examples are included below:

We have also updated our childhood immunisations postcard, which has been designed to provide a simple overview of the timeline for vaccinations, and as a visual reminder parents can stick on a fridge or display at home in some other way. It also has additional key messages about the childhood immunisation programme. It can currently be downloaded from Google Drive and are available on the Campaign Resource Centre, and the Find public health resources website to order:





Updated versions of these postcards with the MMRV pathways will be available in the new year.

We will be uploading translated versions of the postcard in due course. This toolkit will be updated to reflect when these translations are available.

If you register with an NHS email, you can order printed campaign posters, as well as new postcards that set out the immunisation schedule for under 5s, via the Health Publications website. If you have any issues ordering printed materials, please call 0300 123 1002 to place orders once you are registered.

Suggested social media copy

Colleagues may wish to use any of the following suggestions on their social media channels for any work to promote childhood vaccinations:

Generic

Baseline shortest copy (this copy will fit on X/BlueSky, but can be used on other channels):

- Help protect your child from measles, whooping cough and other serious illnesses. To check if your child has missed any vaccines, look in their red book or speak to your GP practice. Find out more at www.nhs.uk/childhoodvaccinations #GetVaccinated
- Illnesses such as measles and whooping cough can be serious. Vaccinating your child can help protect them and others. To check if they are missing any vaccines, look in their red book or speak to your GP practice www.nhs.uk/childhoodvaccinations #GetVaccinated
- Vaccination helps protect your child from serious illness – check the schedule here: www.nhs.uk/childhoodvaccinations #Get Vaccinated - *Suggested copy to overlay on stories (as you add text to stories in free-form, you can add the hashtag separately and move to the corner of the image to break up the text. You can also use the link sticker functionality to add the website link)*

Longer form copy for Instagram and Facebook

- Vaccinating your child helps protect them from illnesses like measles and whooping cough, which can be serious. To check if they have missed any vaccines, look in their red book or contact your GP practice. Get more information and see the full childhood vaccination schedule here: www.nhs.uk/childhoodvaccinations #GetVaccinated
- Illnesses like measles and whooping cough can be serious and spread easily between children who are not vaccinated. To check if your child has missed any vaccines, look in their red book or contact your GP surgery. Get more information and see the full childhood vaccination schedule here: www.nhs.uk/childhoodvaccinations #GetVaccinated

Back to school / nursery reminder

Baseline shorter copy (X/BlueSky, but can be used on other channels)

- **Have a child in school or one about to start?** Illnesses like measles and whooping cough can be serious. Vaccinating your child can help protect them. To check if your child has missed any vaccines, look in their red book or contact your GP practice. Get more info: www.nhs.uk/childhoodvaccinations #GetVaccinated
- **Do you have a child in nursery or one about to start?** Illnesses like measles and whooping cough can be serious. Vaccinating your child can help protect them. To check if your child has missed any vaccines, look in their red book or contact your GP practice. Get more info: www.nhs.uk/childhoodvaccinations #GetVaccinated

Longer form option for Instagram and Facebook

- Have a child in school or about to start? It's a good time to check they are up to date with their vaccinations. Illnesses like measles and whooping cough can be serious, so to check for any missed vaccines, look in your child's red book or speak to your GP practice. Get more information and see the full childhood vaccination schedule here: www.nhs.uk/childhoodvaccinations #GetVaccinated
- Do you have a child in nursery or about to start? It's a good time to check they are up to date with their vaccinations. Illnesses like measles and whooping cough can be serious, so to check for any missed vaccines, look in your child's red book or speak to your GP practice. Get more information and see the full childhood vaccination schedule here: www.nhs.uk/childhoodvaccinations #GetVaccinated

Short copy for stories with link

- Is your child in school or about to start? Protect them by checking if they're up to date with their vaccines. Get more info: www.nhs.uk/childhoodvaccinations #GetVaccinated
- Does your child attend nursery or about to start? Protect them by checking if they're up to date with their vaccines. Get more info: www.nhs.uk/childhoodvaccinations #GetVaccinated

Suggested copy for stakeholder publications

We know your child's health is your top priority – and so protecting them from serious disease is incredibly important. That is why the NHS offers a free childhood vaccine programme, safeguarding your child from certain illnesses.

Vaccines work by causing the body's immune system to remember the specific infection targeted in each vaccine. If your child comes into contact with an infection and they have had their vaccines, your child's body will recognise that infection and quickly respond to fight off diseases like measles, mumps, rubella, whooping cough and more.

Because vaccines have been used so successfully in England, they prevent more than 5,000 deaths.

Sadly, England no longer has the levels of population immunity recommended by the World Health Organisation of 95% and this has led to increased risk for those who are unvaccinated or under-vaccinated. It means that infections like measles and whooping cough spread more easily in our communities.

Such infections can have a huge impact on your child's life. They can miss out on school due to time spent unwell, be hospitalised, and even experience life-long complications and disability. In some cases, these infections can tragically cause death.

We understand that you may have questions about vaccine safety and effectiveness. All routine childhood vaccinations offered by the NHS have been used in millions of children and have an excellent safety record. All health authorities worldwide agree that immunisation is the safest way to protect our children's health.

If you do have any questions, do not hesitate to speak to your GP or health visitor – they will be happy to address any concerns and guide you through the vaccination schedule.

Although it important that vaccines are given on time for the best protection, if you or your child have missed a vaccine, it is never too late to contact your GP to check if you can catch up.

Please visit www.nhs.uk/childhoodvaccinations to find out more.

Suggested copy for vaccine drives in your area

Increase in childhood infections prompts vaccine call

Childhood infections like measles and whooping cough continue to spread in our communities, with outbreaks linked to nurseries and schools across the country particularly affecting young children.

Such infections can have a huge impact on your child's life. They can miss out on school due to time spent unwell, be hospitalised, and even experience life-long complications and disability.

If your child isn't vaccinated, they're not protected.

It is important for parents to take up the offer of the free NHS childhood immunisation programme as soon as they are offered ensure your child has the best protection.

However, if you or your child have missed a vaccine, it is never too late to check if you can catch up.

We are calling on all parents to check their child's red book to see if the children have missed any vaccines or check with their GP if they are unsure.

Please visit www.nhs.uk/childhoodvaccinations for the full immunisation timetable and information on how to book.

Statistics

- The childhood vaccination programme prevents around 5,000 deaths.
- NHS England data shows if 95% of children receive the MMR vaccine, this would stop measles spreading completely. Measles, mumps and rubella can quickly spread again if fewer than 90% of people are vaccinated.
- NHS England also notes that, since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either now gone or very rarely seen.
- Evidence shows that, while measles can be mild for some children, one in five will require a hospital visit. Infection can lead to complications, such as meningitis and sepsis, in one in fifteen children.
- Maternal vaccine effectiveness against infant death from whooping cough is very high, at around 92%. The latest UKHSA data shows that uptake of the maternal whooping cough vaccine has increased to in recent months, with over 72% of women who gave birth in March 2025 having received the vaccine.
- While most young children recover from Meningitis B, around 1 in 20 die from the infection. Many of those who survive have a permanent disability, such as brain damage, epilepsy, hearing loss, or the loss of limbs (amputation).
- The World Health Organisation (WHO) states 1 in 200 polio infections leads to irreversible paralysis. Among those paralysed, 5–10% die when their breathing muscles become immobilized.

Measles resources

The below information relates to measles which links directly to the importance of childhood vaccination. You may wish to use this messaging in conjunction with wider childhood immunisations messaging:

Measles is one of the most highly infectious diseases and spreads rapidly among those who are unvaccinated. Measles is an unpleasant illness and sometimes can have serious complications.

From Autumn 2023 to Summer 2024, England experienced the biggest outbreak of measles since 2012, particularly affecting children under the age of 10 years. Since the peak last year cases have declined, but local outbreaks continue and we are currently experiencing an increase in activity particularly in London and the North West Regions.

Even though a safe and cost effective vaccine is available, in 2023, there were an estimated 107,500 measles deaths globally, mostly among unvaccinated or under vaccinated children under the age of 5 years.

The below may be useful to help raise awareness of measles and the MMR vaccine:

- UKHSA has a specific measles communications toolkit. This includes social media materials (animations, videos, static images and GIFs) to support stakeholders in raising awareness amongst the public. For a copy of the toolkit and further information please contact: externalaffairs@ukhsa.gov.uk.
- We have a video from Nathan Askew, Chief Nurse at Alder Hey Children's Hospital, speaking about measles and the importance of the MMR vaccine.
- Measles awareness posters for use by the general public in public spaces and posters for use during outbreaks.
- We have a blog 'what is measles and why is it so important we're all up to date with our MMR vaccine'.
- We also have a blog on immunisations in which Vanessa Saliba, UKHSA's Consultant Epidemiologist for Immunisations, outlines the importance of protecting children through vaccination.
- Other publications and assets on MMR can be downloaded and ordered for free by healthcare professionals on the health publications website. They are available in a number of languages including Romany, Romanian and Easy Read.
- UKHSA resources on immunisation can be found on our website.
- UKHSA's data dashboard has the latest measles data
- The Department for Education published a blog aimed at parents and carers: 'What to do if you think your child has measles and when to keep them off school'
- We have translated our warn and inform letter (to be used where it is necessary to contact a number of people who have been potentially exposed to a case of measles) into a number of community languages.
- We have also created an easy-read version that is available for download and print. These are available on our national measles guidelines GOV.UK page (scroll down to 'translations of warn and inform letters').
- For communities who have concerns about vaccines using products made from pork, we have an asset promoting the MMR vaccine without gelatine; a video from Dr Naveed explaining the importance of getting vaccinated ahead of any travel abroad and similar video of Dr Naveed which includes the Muslim greeting 'Salaam Alaikum' at the start of the video.

Useful links

UKHSA publishes measles data monthly via these pages:

- Measles epidemiology 2023 to 2025 - GOV.UK
- Measles | UKHSA data dashboard

Whooping cough (pertussis) resources

Whooping cough can affect people of all ages, but for very young infants it can be particularly serious. Babies who are too young to start their vaccinations are at greatest risk. Young babies with whooping cough often become very unwell and most will be admitted to hospital. When whooping cough is particularly severe, they can die.

In 2024 we saw an outbreak of whooping cough – there were over 10,000 cases, with 433 cases in infants under 3 months of age, of whom 11 died. Monthly case numbers in January and February 2025 are in line with those reported in relatively low non-peak years. We continue to publish quarterly epidemiological data.

Getting the whooping cough vaccine in pregnancy is a highly effective way to protect your baby in the first few months following birth – vaccine effectiveness against infant death from whooping cough is very high, at around 92%.

We are encouraging all pregnant women to get vaccinated, ideally between 20 and 32 weeks, but you should still get the vaccine if you are further along in your pregnancy. Data published on maternal vaccine uptake shows that uptake fell from 74.7% in December 2017 to 59.5% in December 2023, although this is a small increase from around 58% uptake in September 2023. Data shows that uptake of the whooping cough vaccine in 2024 and 2025 has increased, with over 72% of women giving birth in March 2025 receiving the vaccine.

UKHSA has a maternal vaccination stakeholder communications toolkit to support stakeholders to explain and promote the NHS vaccination programme to pregnant women. This includes wider resources on all vaccinations offered in pregnancy - whooping cough, RSV and flu.

It is also important young children are vaccinated against whooping cough. The 6-in-1 vaccine, which is offered at 8 weeks and 12 weeks, and the 4-in-1 pre-school booster vaccine, which is offered at 3 years 4 months, all protect against whooping cough and other serious childhood diseases.

Addressing lower levels of vaccine confidence

Although the vast majority of parents have a high level of confidence in the UK vaccination programme, we know that there is a minority of people who may have lower levels of vaccine confidence, or may just not have all the information they need to make an informed decision about vaccinating their children.

We know that parents really value the opportunity to discuss vaccination with Health Professionals. In the UKHSA 2025 Parental attitudes to vaccines survey, despite most parents who had discussed vaccines with a health professional (79%) having already decided that their babies would have all the vaccines offered before the discussion, 53% of parents reported feeling more confident about having their baby vaccinated after talking to a health professional. Fifteen percent of parents who had not made up their mind about vaccination, decided in favour of vaccination following the discussion.

To help you tackle mis and disinformation and increase vaccine confidence, the below resources may be useful:

- The Government Communication Service's Resist 2 counter disinformation toolkit to help you tackle disinformation.
- JITSUVAX Project on how healthcare workers can help address vaccine misinformation
- The Vaccine Knowledge Project as a source of independent, evidence-based information about vaccines and infectious diseases

We have also included some key questions and answers below to help stakeholders speak to parents about their worries and concerns:

How safe are the vaccines?

- Before a vaccine is allowed to be used, its safety and effectiveness have to be thoroughly tested. 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 immunisation is the safest way to protect your child's health.

Vaccine risk versus disease risk: why is vaccine immunity better than natural immunity?

- There is no other proven, effective way to protect your child against infectious disease without exposing them to the serious risk of that infection.
- Childhood infections such as measles, whooping cough and meningitis can cause serious illness, hospitalisation and life-long disabilities.
- Vaccines teach your child's immune system how to create antibodies that protect them from diseases.

- It's much safer for your child's immune system to learn this through vaccination than by catching the diseases and treating them.
- Vaccines mean if your child comes into contact with the infection, the antibodies will recognise it and be ready to protect them.

Are immunisations necessary when there are so few cases of these diseases?

- In the UK, diseases such as measles are kept at bay by high immunisation rates. Around the world, millions of children under the age of 5 die from infectious diseases every year. Many of these deaths could be prevented by immunisation.
- As more people travel abroad, and more people come to visit this country, there is a risk that they will bring these diseases into the UK. The diseases may spread to people who haven't been immunised, or who are still too young to be immunised.
- Immunisation doesn't just protect your child; it also helps to protect your family and the whole community, especially those children and adults who, for medical reasons, can't be immunised.

Addressing concerns of 'vaccine overload'

- From birth, babies' immune systems start to protect them from the germs that surround them. Without this protection, babies would not be able to cope with the tens of thousands of bacteria and viruses that cover their skin, nose, throat and intestines. This protection carries on throughout life.
- Studies have shown that it is safe to have several vaccinations at the same time and your baby/child will be protected from some very serious infections much more quickly when this happens.

Facts about ingredients in vaccines

- Vaccines do not contain any ingredients that cause harm – only ingredients essential to making them safer or more effective and only in very small amounts.
- Most vaccines contain a small amount of bacteria, virus or toxin that's been weakened or inactivated in a laboratory first. Some contain chemicals that make your body think it's coming into contact with the bacteria, virus or toxin.
- This means there's a very low risk of healthy people catching a disease from a vaccine.
- The vaccine ingredients are used in very small amounts mixed with water. There is no evidence that any of the ingredients are harmful in such small amounts.

Q&A

The following Q&A covers commonly asked questions relating to all childhood immunisations.

What are the “routine” childhood vaccinations?

Immunisation is a way of protecting against serious infectious diseases. Once we have been immunised, our bodies are better able to fight those diseases if we come into contact with them.

Routine immunisations are given to children before they start school to help protect them from serious childhood diseases.

How do vaccines work?

Vaccines contain a weakened form or small part of the bacterium or a virus that causes a disease, or tiny amounts of the chemicals that the bacterium produces. Vaccines work by causing the body’s immune system to develop memory to that infection. If your child comes into contact with the infection, the body will recognise it and can rapidly make antibodies (substances that fight off infection and disease) to protect him or her. Because vaccines have been used so successfully in the UK, diseases such as diphtheria have almost disappeared from this country.

Which immunisations will my child have and when?

You can find the full schedule of vaccinations on the NHS website here.

Is it safe to have several vaccinations in one go?

Yes. From birth, babies’ immune systems protect them from the germs that surround them. Without this protection, babies would not be able to cope with the tens of thousands of bacteria and viruses that cover their skin, nose, throat and intestines. This protection carries on throughout life.

Studies have shown that it is safe to have several vaccinations at the same time and your baby will be protected as soon as possible from some very serious infections.

My child is unwell – can they still go for their vaccination?

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

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

Is natural immunity better? Will catching the disease make my child’s immune system stronger than a vaccine?

There is no other proven, effective way to immunise your child against infectious disease without experiencing the serious risk of that infection. Childhood infections can cause serious illness, hospitalisation and life-long disabilities.
Vaccines teach your child's immune system how to create antibodies that protect them from diseases. It's much safer for your child's immune system to learn this through vaccination than by catching the diseases and treating them.

Vaccines mean if your child comes into contact with the infection, the antibodies will recognise it and be ready to protect them.

Why does my child need multiple doses of some vaccines?

Most immunisations have to be given more than once to prepare your child's immunity. For example, 4 doses of DTaP/IPV/Hib/HepB vaccine are needed to provide protection in babies. Booster doses are then given later in life to provide longer-term protection.

Are these immunisations necessary with such low cases of these diseases?

In the UK, these diseases, such as measles, 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 immunisation.

As more people travel abroad and more people come to visit this country, there is a risk that they will bring these diseases into the UK. The diseases may spread to people who haven't been immunised, or who are still too young to be immunised.

Immunisation 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 immunised. Refer to reasons why your baby should not be immunised for details.

How do we know that vaccines are safe?

Before a vaccine is allowed to be used, its safety and effectiveness have to be thoroughly tested. After they have been licensed, the safety of vaccines continues to be monitored. All routine vaccines in the NHS programme have been used in millions of children worldwide and have an excellent safety record.

All health authorities worldwide agree that immunisation is the safest way to protect our children's health.

Will there be any side effects from the vaccines?

Any side effects that occur are usually mild and short lived. Your child may get a little redness, swelling or tenderness where the injection was given that will disappear on its own. Fever can be expected after any vaccination. There is advice for parents on what to expect after vaccination here: What to expect after vaccinations - GOV.UK (www.gov.uk)

Fever is more common after the first two doses of the Meningococcal B (Men B) vaccination, which are given at 8 weeks and 12 weeks old. There is specific advice for parents on how to

prevent and treat fever after MenB vaccine at 8 and 12 weeks here: MenB vaccine and paracetamol - GOV.UK (www.gov.uk)

I'm worried that my child may have allergies. Can they be vaccinated?

Very rarely, children can have an allergic reaction soon after immunisation. This reaction 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 does not mean that your child should stop having immunisations.

- **Anaphylactic reaction**

Even more rarely, children can have a severe reaction, within a few minutes of the immunisation, which causes breathing difficulties and can cause the child to collapse. This is called an anaphylactic reaction. Anaphylactic reactions to vaccines are extremely rare, with only 1 anaphylactic reaction in about a million immunisations.

An anaphylactic reaction is a severe and immediate allergic reaction that needs urgent medical attention. The people who give immunisations are trained to deal with anaphylactic reactions and most children recover completely with treatment.

What if my child has an underlying health condition?

There are very few reasons why babies cannot be immunised. Vaccines should not be given to babies who have had a confirmed anaphylactic reaction to either a previous dose of the vaccine, or to any contents of that vaccine.

- **Immunosuppressed children**

In general, children who are 'immunosuppressed' should not receive certain live vaccines.

Children who are immunosuppressed include those whose immune system does not work properly because they are undergoing treatment for a serious condition such as a transplant or cancer, or who have any condition which affects the immune system, such as severe primary immunodeficiency. Primary immunodeficiencies are very rare diseases that mean you 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 immunisation. These children can be best protected by ensuring those around them, for example their siblings, are fully vaccinated.

They will need to get specialist advice on using live vaccines such as MMR, rotavirus vaccine and Bacillus Calmette-Guérin vaccine (BCG).

There are no other reasons why vaccines should definitely not be given.

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

The MMR and nasal flu vaccines are live attenuated vaccines (that is, they contain viruses that have been weakened). Children who are 'immunosuppressed' may not be able to receive 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, or
- who have any condition which affects the immune system, such as severe primary immunodeficiency. If this applies to your child, you must tell your doctor, practice nurse or health visitor before the immunisation. They will get specialist advice.

Can I check my child is up to date with their vaccinations?

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

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

How will I know when my baby's immunisations are due?

Your doctor's practice or clinic will send you an appointment for you to bring your baby for their immunisations. Most surgeries and health centres run special immunisation or baby clinics. If you can't get to the clinic, contact the practice to make another appointment. All childhood immunisations are free. You can also find details in your child's red book.

How can I catch up if my child has missed any vaccinations?

If you miss the appointment or need to delay the immunisation, make a new appointment. You can pick up the immunisation schedule where it stopped without having to start again.

Rotavirus vaccine can only be started in babies up to 15 weeks of age and no dose of the vaccine can be given over 24 weeks of age.

Do any routine childhood vaccines contain pork?

Gelatine is a substance derived from the collagen of animals such as chickens, cattle, pigs and fish. Porcine gelatine is used in some vaccines as a stabiliser. This is to ensure that the vaccine remains safe and effective during storage. Porcine gelatine is found in two of the vaccines routinely given to children: the MMR vaccine and the nasal influenza vaccine.

In the UK we have two MMR vaccines. Both work very well, one contains porcine gelatine and the other doesn't. If you want your child to have the porcine gelatine free vaccine discuss it with your practice nurse or GP.

A flu vaccine injection is available that does not contain gelatine. If you would like your child to have the injection, speak to the person vaccinating your child or ask for the flu vaccine injection on the school consent form.

MMR

This Q&A section will be updated to include information on the MMRV vaccine ahead of the changes to the schedule going live on 1 January 2026.

What is the MMR vaccine?

The MMR vaccine protects against measles, mumps and rubella. These three serious illnesses that are highly infectious and can spread easily between unvaccinated people. Getting vaccinated is important to protect against these conditions and the potential complications they can cause. Vaccination is free on the NHS as part of the National Vaccination Programme.

Is MMR linked to autism?

No. Some years ago, there were stories suggesting a link between the MMR vaccine and autism. All medical authorities worldwide agree that no such link exists.

How many doses of MMR vaccine does my child need?

Immunising your child with two doses of the MMR vaccine will give them the best protection. Some children who have only one dose of the vaccine might not be fully protected against one or more of the diseases.

Thanks to immunisation, the number of cases of measles, mumps and rubella have been reduced. However these diseases have not gone away and there have been outbreaks of measles in recent years. Two doses of the MMR vaccine are routinely given across the whole of Europe as well as in the USA, Canada, Australia and New Zealand.

Why are two doses of the MMR vaccine needed?

Two doses of the MMR vaccine will give your child the best long lasting protection against measles, mumps and rubella. The first dose of the MMR vaccine is given at the age of 12 months and the second dose at around 3 years and 4 months* (for children born before 1 July 2024). For children born on or after 1 Jul 2024, the second dose of MMR will be given at 18 months.

Some children who have only one dose of the vaccine might not be fully protected against one or more of the diseases. The second dose boosts this to give better protection.

Two doses of the MMR vaccine are routinely given across Europe as well as in the USA, Canada, Australia and New Zealand.

Can my child have MMR as single vaccines?

Using single vaccines for the diseases would be experimental, and no country uses this approach. It’s unclear how long a gap to leave between each vaccine, as there’s limited evidence on giving all of these vaccines separately.

Single vaccines are less safe than MMR because they leave children vulnerable to dangerous diseases for longer, and potentially increases the risk of allergic reactions. Giving 6 separate doses at spaced out intervals would mean that, after the first injection, the child still has no immunity to the other 2 diseases.

No country recommends vaccination with the 3 separate vaccines. Some single vaccines are available in other European countries, where they may be used in special circumstances. For example, in France measles vaccine is used for nursery school children aged 9 to 12 months. These children usually have the MMR vaccine 6 months later.

Useful links

- NHS England: Childhood vaccinations
- NHS England: Why vaccination is important and the safest way to protect yourself
- UKHSA blog: Protecting your children through vaccination - UK Health Security Agency (blog.gov.uk)
- Department for Education blog: What to do if you think your child has measles and when to keep them off school - The Education Hub (blog.gov.uk)
- Publications and assets for childhood immunisations can be downloaded and ordered for free by healthcare professionals on the find public health resources website.

UKHSA further information:

- Immunisation
- Immunisations: babies up to 13 months of age
- Immunisations at one year of age
- Pre-school vaccinations: guide to vaccinations from 2 to 5 years
- Have you had your MMR?
- What to expect after vaccinations
- Vaccines and porcine gelatine
- Use of human and animal products in vaccines
- Immunisation information for migrants

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

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