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Guidance

# Routine childhood immunisations from 1 September 2023

Updated 8 September 2023

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This publication is available at <https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule/routine-childhood-immunisations-from-february-2022-born-on-or-after-1-january-2020>

# Routine childhood immunisations

When	Diseases protected against	Vaccine given	Trade name	Usual site <small><a href="#">[footnote 1]</a></small>
<b>8 weeks old</b>	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix <small><a href="#">[footnote 2]</a></small>	By mouth
<b>12 weeks old</b>	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	Rotavirus	Rotarix <small><a href="#">[footnote 2]</a></small>	By mouth
<b>16 weeks old</b>	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
<b>One years old (on or after the</b>	Hib and Meningococcal group C (MenC)	Hib/MenC	Menitorix	Upper arm or thigh

**child's  
first  
birthday)**

	Pneumococcal	PCV booster	Prevenar 13	Upper arm or thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro <a href="#">[footnote 3]</a> or Priorix	Upper arm or thigh
	MenB	MenB booster	Bexsero	Left thigh
<b>Eligible paediatric age group</b> <a href="#">[footnote 4]</a>	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra <a href="#">[footnote 3]</a> , <a href="#">[footnote 5]</a>	Both nostrils
<b>3 years 4 months old or soon after</b>	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro <a href="#">[footnote 3]</a> or Priorix	Upper arm
<b>Boys and girls aged 12 to 13 years</b>	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV <a href="#">[footnote 6]</a>	Gardasil 9	Upper arm
<b>14 years old (school Year 9)</b>	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

# Selective childhood immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, 4 weeks and 12 months old <a href="#">[footnote 7]</a> , <a href="#">[footnote 8]</a>	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with tuberculosis (TB) incidence $\geq$ 40/100,000	Around 28 days old <a href="#">[footnote 9]</a>	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country <a href="#">[footnote 10]</a>	Around 28 days old <a href="#">[footnote 9]</a>	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for a severe combined immunodeficiency (SCID) screening result.
3. Contains porcine gelatine.

4. See annual flu letter (<https://www.gov.uk/government/collections/annual-flu-programme>)
  5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book chapter 19 (<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>) for details).
  6. See Green Book chapter 18a (<https://www.gov.uk/government/publications/human-papillomavirus-hpv-the-green-book-chapter-18a>) for immunising immunocompromised young people who will need 3 doses.
  7. Take blood for HBsAg at 12 months to exclude infection.
  8. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
  9. Check SCID screening outcome before giving BCG.
  10. Where the annual incidence of TB is  $\geq 40/100,000$  – see tuberculosis by country: rates per 100,000 people (<https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>)
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Get help to buy food  
and milk (Healthy Start)

(Link:

<https://www.healthystart.nhs.uk>)

# Getting vitamins

## Why you should get your free Healthy Start vitamins

Young children may not get enough vitamin A and D even if they're eating well. If you're pregnant or breastfeeding, you may not get enough vitamin C, vitamin D or folic acid.

Get these important vitamins for free by using your NHS Healthy Start card. You can get NHS Healthy Start women's tablets and children's drops.

They do not contain milk, egg, gluten, soya or peanut residues. They're suitable for vegetarians and halal diets.

You can get the vitamin tablets while you are pregnant and up to your baby's first birthday. They contain:

- folic acid
- vitamin C
- vitamin D

Children can take vitamin drops if they:

- are less than 4 years old
- have less than 500ml (about one pint) of infant formula a day, as formula already has vitamins added to it

Healthy Start vitamins come as an 8-week supply of:

- 56 tablets (a daily dose of 1 tablet)
- 280 drops (a daily dose of 5 drops)

You or your children should not take more than the recommended amount.

[Find out more about the vitamins you and your baby need and why \(opens in a new tab\)](https://www.nhs.uk/start4life) <br />(Link: <https://www.nhs.uk/start4life>).

## How to get free vitamins if you live in England

Ask your midwife or health visitor where to get your free vitamins.

You can also [find out who stocks Healthy Start vitamins in your local area \(opens in a new tab\)](https://www.nhs.uk/service-search/other-services/healthy-start-vitamins/locationsearch/348) <br />(Link: <https://www.nhs.uk/service-search/other-services/healthy-start-vitamins/locationsearch/348>).

You'll need to show your NHS Healthy Start card when you collect your free vitamins.

## How to get free vitamins if you live in Wales

Ask your midwife or health visitor where to get your free vitamins. You'll need to show your NHS Healthy Start card when you collect your free vitamins.

## How to get free vitamins if you live in Northern Ireland

If you're eligible for NHS Healthy Start, we'll send you a letter explaining how to request your free vitamins. We'll check your request and send your order to the Business Services Organisation in Northern Ireland. They'll post the vitamins to you.





Frequently asked questions <br />(Link: <https://www.healthystart.nhs.uk/frequently-asked-questions/>)

Frequently asked questions that people may have about the Healthy Start scheme



## HPECS guidance: Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, <a href="#">consult your local health protection team (HPT)</a> .
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p>	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	<p>If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.</p> <p>For more information, see <a href="#">Managing outbreaks and incidents</a>.</p>

Infection	Exclusion period	Comments
Diphtheria*	Exclusion is essential.  Always consult with your <a href="#">UKHSA HPT</a> .	Preventable by vaccination. Family contacts must be excluded until cleared to return by <a href="#">your local HPT</a> .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to <a href="#">your local HPT</a> .  For more information, see <a href="#">Managing outbreaks and incidents</a> .
Glandular fever	None	
Hand foot and mouth	None	<a href="#">Contact your local HPT</a> if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, <a href="#">your local HPT</a> will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.  Contact your <a href="#">UKHSA HPT</a> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR.  Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.  <a href="#">Your local HPT</a> will advise on any action needed.

Infection	Exclusion period	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">UKHSA HPT</a> will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your <a href="#">UKHSA HPT</a> for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, <a href="#">please contact your UKHSA HPT.</a>
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.

Infection	Exclusion period	Comments
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always consult <a href="#">your local HPT</a> before disseminating information to staff, parents and carers.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p><a href="#">Your local HPT</a> will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. <a href="#">Your local HPT</a> will organise any contact tracing.</p>



## **SICKNESS AND ILLNESS POLICY**

This policy will be reviewed regularly and amended pages will be circulated as required by the Managing Director.

Staff are requested to keep a copy of this policy, and to ensure that they have familiarised themselves with its contents

**Signed:**

*LR Merrison*

**Ian Merrison, Manager Director,  
January 2024**

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## **SICKNESS AND ILLNESS POLICY**

It is our policy to encourage and promote good health for all the children in our setting including oral health by:

- Asking parents to keep children at home if they are unwell. If a child is unwell, it is in their best interest to be in a home environment rather than at the setting with their peers
- Asking staff and other visitors not to attend the setting if they are unwell
- Helping children to keep healthy by providing balanced and nutritious snacks, meals and drinks
- Minimising infection through our rigorous cleaning and hand washing processes (see Infection control policy)
- Ensuring children have regular access to the outdoors and having good ventilation inside
- Sharing information with parents about the importance of the vaccination programme for young children to help protect them and the wider society from communicable diseases
- Sharing information from the Department of Health that all children aged 6 months – 5 years should take a daily vitamin
- Having areas for rest and sleep, where required and sharing information about the importance of sleep and how many hours young children should be having.

### **Our Procedures**

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedure:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person (wearing PPE) where possible
- We follow the guidance published by UK Health Security Agency [HPECS guidance Exclusion table.pdf](#) for managing specific infectious diseases and advice from our local health protection team on exclusion time for specific illnesses, e.g. covid-19, sickness and diarrhoea, measles and chicken pox, to protect other children and workers in the nursery.

- We will inform all parents if there is a contagious infection identified in the setting, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
- We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises.
- We ask parents to keep children on antibiotics at home for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and child is not unwell). This is because it is important that children are not subjected to the rigours of the setting day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.
- All parents are requested to regularly check their children's hair for head lice. If a parent finds their child has head lice, we would be grateful if they could treat this accordingly and inform the setting so that other parents can be alerted to check their child's hair. Any reports of head lice will be kept confidential to protect the child's identity.
- In emergency situations, to control a high temperature due to a risk of seizure, the setting may administer a dosed sachet of Calpol. The following safeguards would be put into place:
  - Only the manager on duty is able to authorise the use of emergency pre-dosed Calpol.
  - The child's parent/carer who brought the child into the setting that day is to be contacted and verbal permission requested.
  - The duty manager must ask the child's parent carer if the child has already had a paracetamol-based medicine that day and at what time to ensure there is no overdose.
  - The parent/carer who is giving the verbal authorisation MUST sign all medication forms when collecting the child, the same day.
  - If in any doubt at all that the child may have already had paracetamol-based medication within a four-hour time frame, Calpol must not be administered.





- Please note we are unable to give a child any other medication that has not been prescribed by a doctor, dentist, nurse or pharmacist and that we do not have written parental permission to administer.

### **Meningitis Procedure**

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Public Health Team who will give guidance and support in each individual case. If parents do not inform the nursery, we may be contacted directly by the Local Area Public Health Team and the appropriate support given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

### **We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.**

The nursery manager or selected staff member must:

- Inform a member of the management team immediately
- Call 999 for an ambulance immediately if the illness is severe. DO NOT attempt to transport the unwell child in your own vehicle
- Follow the instructions from the 999 call handler
- Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the incident

