



Childhood Immunisations Toolkit

Best Practice Guide for General Practice



Improving Immunisation Uptake Team

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Introduction

Introduction to our best practice guide...

We recognise the pressure our primary care partners are under to deliver services in an increasingly challenging environment.

Whilst direct responsibility for immunising children remains with the primary care setting, SCW CHIS Improving Immunisation Uptake Team (IIUT) supports some GP practices in delivering their childhood immunisation programme. The IIUT, comprised of both administrators and clinicians, are based within SCW Child Health Information Services (CHIS) and are commissioned by NHS England.

Maximising uptake in vaccinations is integral to effective preventative healthcare. We recognise that practices work hard with their uptake alongside other competing demands. **This guide has been developed to support the whole primary care team to embed best-practice immunisation processes, to improve uptake and equity of access.** This guide is based on our professional experience and knowledge gained, as SCW CHIS Improving Immunisation uptake Team (IIUT), through supporting GP practices to deliver and improve their childhood immunisation programmes since 2018 and is in-line with national guidance.

Intended as a working “toolkit” for both clinical and administrative practice staff, we hope this resource enables you to you to take steps to improve your childhood vaccination uptake and meet your QOF targets.

This guide is designed to be used as a reference to access helpful information and best practice procedures as and when needed, rather than to be read start-to-finish.

What next?

Use the table of contents below with links to jump straight to areas of interest. Please note, our [masterclass series](#) also provides lots of information in video format and will be referred to throughout the document. Finally, if you have any questions, please refer to our contact details at the end of the document.

Best wishes,

**The Improving Immunisation Uptake Team
NHS South Central and West Child Health Information Services (CHIS)**

Child Health Information Services (CHIS)

An overview

Your locality CHIS is delivered by NHS SCW and commissioned by NHS England. For contact details, [visit here](#).

CHIS hold a child health record for all children 0-19 years who live, go to school or are registered at a GP in a specific area. This record contains details of births, new-born screening results, demographic changes, address history, immunisations received and outstanding.

SCW CHIS are responsible for the call and recall for routine childhood immunisations delivered within primary care, among many other duties. Two weeks prior to any scheduled immunisation an invitation letter is sent from CHIS informing parents/carers of immunisation(s) due and inviting them to contact their GP practice to book an appointment (see [Appendix 2](#) example CHIS immunisation invite letter). GP practices are notified of eligible children and those who have been written to each week.

This guide only refers to how this should be undertaken in areas served by SCW CHIS. Other areas will have their own arrangements for immunisation data collection, uploading and reporting. A list of areas can be found on the CHIS website here: [Child Health Information Services \(CHIS\) - NHS SCW](#).



Executive Summary

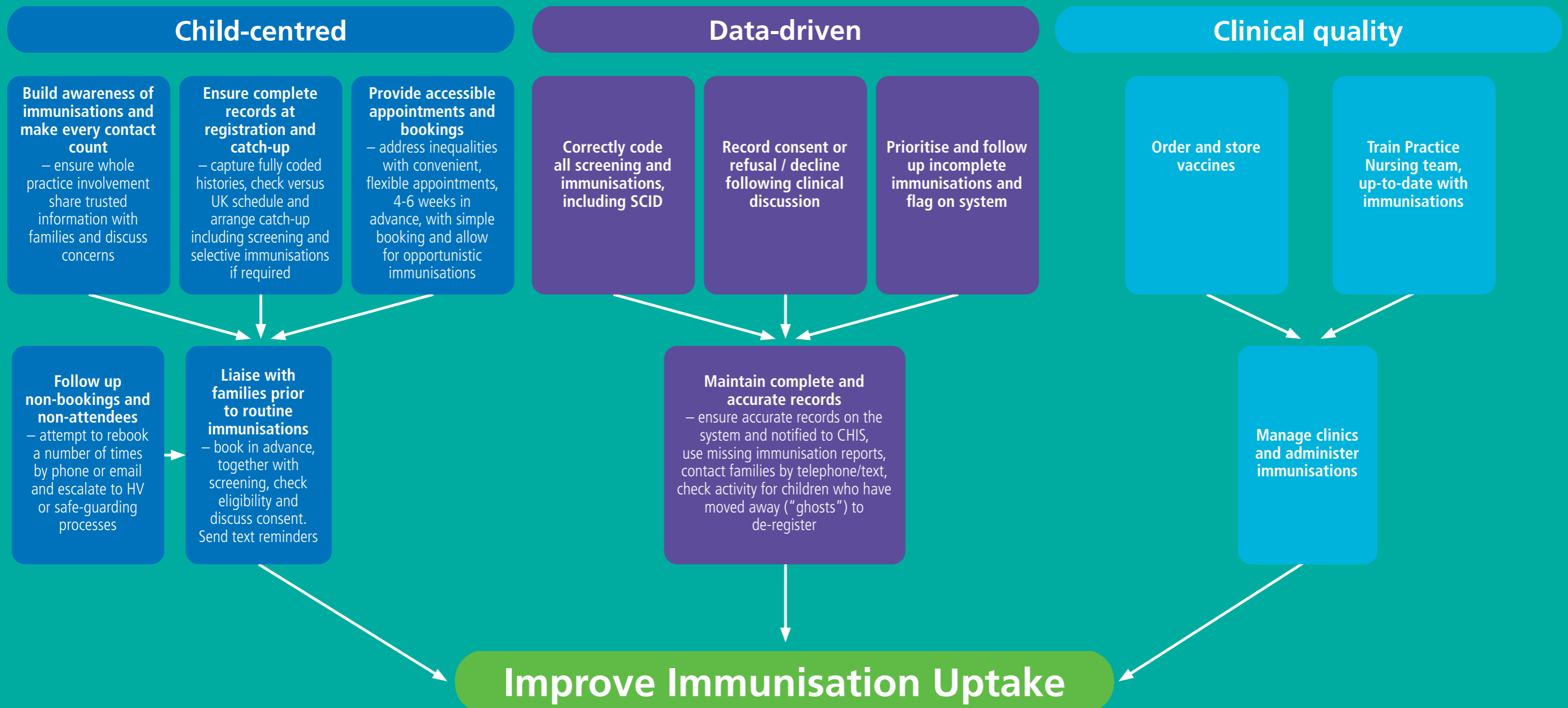
Top tips for Improving Immunisation Uptake

- **Establish a whole-practice approach to child immunisations** – ensuring all staff are aware of the processes, their roles and responsibilities and are well informed. A dedicated immunisation lead should oversee and monitor this (see here for more: [Flowchart/ MECC/ training/ immunisation lead](#))
- **Have an “immunisation resource e-folder”** – accessible to all staff as a reference guide (particularly helpful for new staff)
- **New registrations** – have a robust process in place for obtaining immunisation histories. Ensure your new patient registration pack includes immunisation history forms so that histories can be recorded accurately on your clinical system. Don't forget to scan the original into your records. Use translation tools and schedule comparisons for international. ([see here for more](#))
[Patient registration information on the Primary Care Support England website](#)
- **Offer flexible appointments** – for childhood immunisations, including evenings and weekends. This will make appointments more accessible for parents [Send text or email reminders of appointment](#) Telephone or text parents to follow up non-attenders and overdue immunisations. Families will have already received reminder letters from CHIS so using a different communication method is important. Early evenings are best for telephone reminders as families tend to be at home ([see here for more on was not brought \(WNB\) DNA / missing immunisations](#))
- **Timeliness of vaccination** – give immunisations exactly to schedule – not early, even by a day or so ([see here for more](#))
- **Coding** – always use the relevant, up to date immunisation templates to enter data to avoid coding errors ([see here for more](#))
- Flag missing/ overdue immunisations on the child's practice record and if a decline form needs signing, flag this on both child and parent records ([see here for more](#))
- **Identify and liaise with your link Health Visitor** – send regular updates regarding

children with outstanding immunisations

- **Identify “ghost” patients on the system** – confirm and de-register ([see here for more](#))
- **Discuss any vaccination concerns** with parents openly and offer information and knowledge resources ([see here for more](#))
- **Immunisation declines** – an informed discussion between parent and clinician regarding immunisations should take place. A signed non-consent form should be scanned into the child's record and a copy emailed to CHIS or a copy of the relevant clinical consultation notes, as evidence of non-consent for immunisation. Please always remember to inform parents that children can restart immunisations at any time ([see here for more](#))
- **Vaccine Knowledge** – refer parents with queries to the Oxford University evidence-based website ([see here](#)) Free app: [Vaccine Knowledge on the App Store \(apple.com\)](#)
- Vaccine Updates: Sign up for information, training and resources here: [Government/collections/vaccine-update](#)
- **Resources** – keep practice noticeboards updated with topical information. Sign up to download or order up-to-date leaflets/ posters for noticeboards here: [Healthpublications.gov.uk/Home](#)
- **Practice Website** – feature immunisation information on practice website [NHS vaccinations-and-when-to-have-them](#)

Flowchart for Childhood Immunisations Best Practice



Flowchart (January 2023) can be used alongside:

Childhood Immunisation Toolkit Best Practice Guide for General Practice, SCW CHIS, January 2023 and Childhood Immunisation Generic Standard Operating Procedures (SOP), SCW CHIS, January 2023

National reporting, reward and incentive

COVER

CHIS are required to produce statutory quarterly COVER data reports for NHS England (NHSE) based on the immunisation data obtained from GP Practices.

COVER stands for Cover Of Vaccination Evaluated Rapidly and it is the data that NHSE and CQC use to monitor public health and as part of their reviews. As such, it is important to have accurate and complete immunisation data to ensure the completeness and accuracy of the COVER statistics for your GP practice.

Children outstanding immunisations and falling within the next quarter's COVER period can be identified on the CHIS monthly missing immunisation report as they have red highlighted NHS numbers. This report is very useful for identifying these children and offering catch-ups to ensure targets are reached in the upcoming quarter.

COVER targets:

- Primary immunisations completed by 1st birthday
- 1-year immunisations by 2nd birthday
- Pre-school booster immunisations by 5th birthday

Quality Outcomes Framework:

All routine NHS funded vaccination/ immunisation services remain as essential services, except for Covid and flu vaccination, which remain as enhanced services.

There are five core contractual standards which underpin the delivery of immunisations services, these include:

- Named lead for vaccination service
- Provision of sufficient convenient appointments
- Standards for call/ recall programmes and opportunistic vaccination offers
- Participation in national agreed catch-up campaigns
- Standards for record keeping and reporting

As you will be aware, the QOF targets are revised yearly. More information can be found here: [NHS England » GP Contract](#)

Vaccinations delivered overseas

Guidance from QOF's states that where a patient has been vaccinated overseas in accordance with the UK National Vaccination Schedule, practices can record delivery of the vaccination in their clinical system, and this vaccination will count towards QOF achievement. Patients arriving from overseas with a "documented or reliable verbal history of immunisation" can be assumed to be immunised and recorded such in the GP patient record. These vaccination events need to be coded in a particular way to ensure they count towards QOF achievement but does not attract an item of service payment.

Optimising access to general practice

Practices will be required to evaluate current demand and capacity, create and implement an improvement plan, participate in a minimum of 2 PCN peer review meetings to enable shared learning in this area, and complete a quality improvement monitoring template.

Update to GP contract 2022/23 From October 2022 practices will be required to contribute to providing enhanced access to appointments between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (known as "Network Standard Hours") across PCNs. [letter:general-practice-contract-arrangements-in-2022-23](#)

Providing immunisation appointments within these enhanced hours is an important part of making immunisation accessible for all children, especially those whose parents/ carers would struggle to attend during work hours. [\(see more here\)](#)

Pending changes post April 2024

Please see: [Changes to the GP Contract in 2023/24 \(england.nhs.uk\)](#)

- A new Personalised Care Adjustment will also be introduced for patients registering late to be vaccinated in accordance with the UK national schedule.

Scheduling lists, incomplete immunisation reports and liaison with CHIS

Weekly scheduling lists of children eligible for immunisations

CHIS provide GP practices weekly lists of the children eligible for vaccination who have been sent invitation letters. Practices are asked to review and action this list in a timely manner. Missing/ incorrect data is a common challenge for practices and CHIS in accurate immunisation call and recall. This can be caused by:

- Immunisations not downloading correctly during GP-to-GP transfer
- Immunisation histories being added to the practice system with an incorrect template
- Errors with data entry (wrong code/date entered)

CHIS will not receive historical immunisation histories unless you have been notified that you are using Apollo data extraction system so histories will need to be emailed to CHIS. Once Apollo fully implemented this will no longer be required. If there is missing or incorrect data, the child could continue to receive immunisation invitation letters, which can cause frustration and confusion for parents and GP practices. The sending of unnecessary letters will be avoided when data is complete on both GP and CHIS systems.

Monthly incomplete immunisation report

CHIS provide practices with monthly reports, identifying all children considered to have incomplete immunisation records. The report always includes a tab for 0 to 5-year-olds and on a bi-monthly basis includes 6 to 19-year-olds.

This report will help your practice to:

- Identify children with incomplete immunisations
- Ensure the GP Practice register is accurate and up to date
- Identify "ghost" patients who may need to be de-registered
- Work towards meeting Quality Outcomes Framework (QOF) and COVER reporting targets

Please note: this report is a snapshot of children outstanding immunisations when the data is run. As such, by the time the report is being reviewed within a GP practice, some of the children listed, particularly the babies, may have already attended for and received immunisations.

Actioning the incomplete immunisations report

Short on time? We have produced a bitesize tutorial to support you with the CHIS incomplete immunisation report, please view here: [Missing immunisations report tutorial - YouTube](#)

Step 1: Green NHS numbers

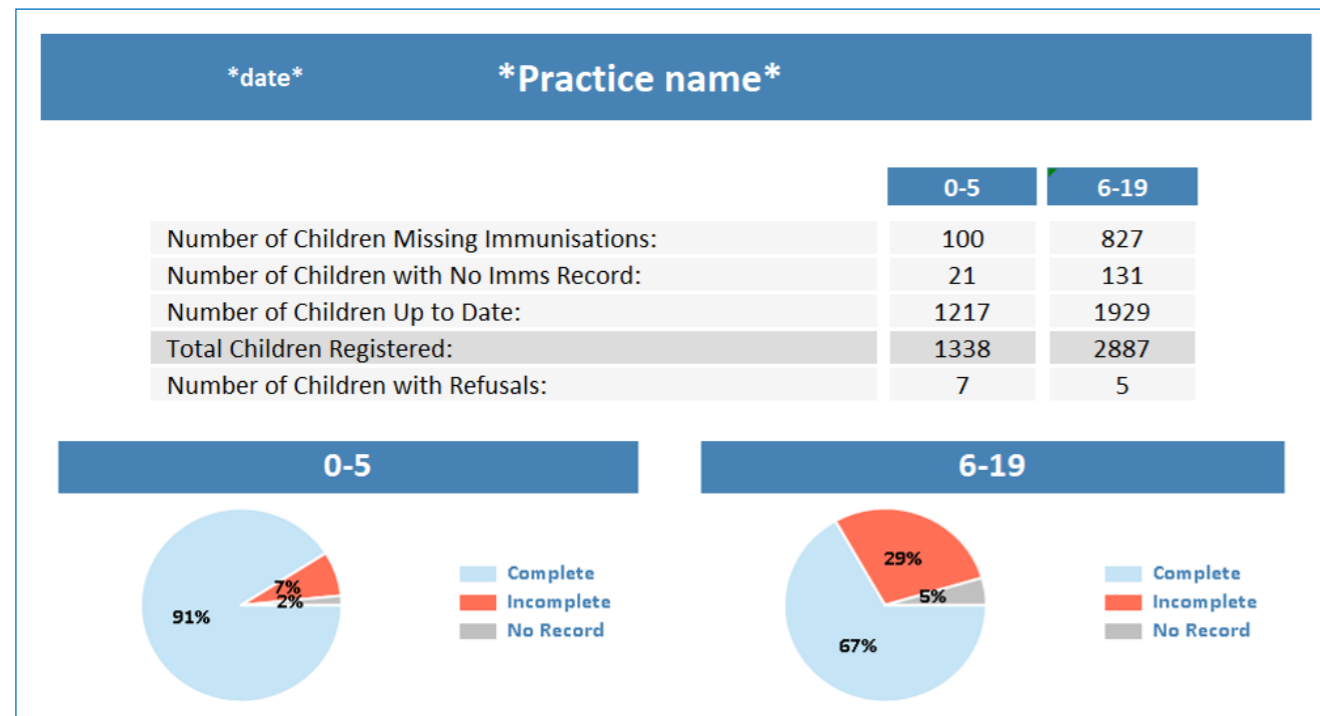
- **Why?** – These are children appearing on the report for the first time
- **Action?** – Check if the child has moved in recently, has missing imms history or are outstanding
 - Request immunisation history
 - Invite to book appointment

	A	B	C	D	E	F	G	H	I	J	K	L	M
	NHS Number	Forename	Surname	Gender	Date of Birth	Up to Date	DTaP/DTaP/DTaP/DTaP	PCV Primary	MMB Primary	MMB/Meas/Booster	MMB/Meas/Booster	MMB/Meas/Booster	MMB/Meas/Booster
1													
2						No	0	0	0				
3						No Record	0	0	0				
4						No Record	0	0	0				
5						No	0	0	0	1	0	0	1
6						No	0	0	0	0	0	0	0
7						No	0	0	0	0	0	0	0
8						No Record	0	0	0	0	0	0	0
9						No	0	0	0	0	0	0	0
10						No	0	0	0	0	0	0	0
11						No Record	0	0	0	0	0	0	0
12						No Record	0	0	0	0	0	0	0
13						No Record	0	0	0	0	0	0	0
14						No	0	0	0	0	0	0	0
15						No Record	0	0	0	0	0	0	0
16						No	0	0	0	0	0	0	0
17						No Record	0	0	0	0	0	0	0
18						No	0	0	0	0	0	0	0
19						No Record	0	0	0	0	0	0	0
20						No Record	0	0	0	0	0	0	0
21						No Record	0	0	0	0	0	0	0
22						No	0	0	0	0	0	0	0

How to review/action monthly incomplete immunisation reports

The first tab “guidance” explains making the best use of the report, the second tab “summary” (see image below) shows the performance figures for your GP practice. The third tab lists the 0 to 5-year-old children, fourth tab lists the 6 to 19-year-olds and the 5th tab children with declines for all immunisations.

Below is a screenshot image from the “Summary tab” showing: Performance figures for your GP practice



Please note: Children with declines will remain on the missing immunisation report as they do have missing immunisations. We recommend you follow up children with declined immunisations regularly and once a year as a minimum to offer conversations to increase vaccine confidence and review the decision not to vaccinate. We see success in practices that adopt this approach. This also allows practices to easily identify children who have not been vaccinated in case of an outbreak, so that their families can be contacted, and vaccines re-offered.

Allocate a named member of staff to review and monitor the report (this does not need to be a clinician, ideally the staff member who monitors vaccination payment claims as both tasks require reviewing many of the same children)

It is best to work with the report electronically, avoid printing these out.

- 1) Start with the list of children 0-5 years with **green NHS numbers** in column A, these are children appearing on the report for the first time

- 2) Check on your system to see if you have an immunisation history or if they need following up for an appointment, email any available immunisation histories to CHIS or if there is no record at all, contact parents/carers to obtain the history (a photo by email is sufficient)
- 3) Next, work through children with **red NHS numbers**, these are children included in the next quarter’s COVER reporting, allowing you time to catch them up. Repeat step 2, if outstanding these children will need to be called to book an appointment
- 4) Next, in column F work through red highlighted “**No Record**” children, repeat step 2. TIP: obtain immunisation histories on registration and send a copy to CHIS
- 5) Lastly, in column F work through the **yellow highlighted** records (from the bottom of the report, up), these are the oldest children with incomplete immunisations, invite any children outstanding in for their vaccinations

To identify “ghost” patients, check consultations for when the child/ family members were last seen in order check for any recent activity or indications that the family might have moved away.

If it is established that the family has moved, follow your GP practice process for de-registration. **Please do not use high security setting when de-registering unless requested to do so by PCSE.**

Families who have concerns about vaccines or it is suspected they want to decline should be offered a call with a clinician so that queries can be answered, and declines can be logged.

Reminder: CHIS send invitation letters calling children for immunisations every week. Individual children will be recalled once a month until they receive the immunisation due. **Therefore, it is best for GP Practices to use text/ phone/ email to contact those families not responding.**

Once the missing immunisation report has been thoroughly actioned, the following month should see the number of children with missing immunisations reducing.

A top tip is to consider the children in the upcoming [COVER](#) quarter and [QOF payment targets](#) ahead of time. This will allow sufficient time for an appointment to be booked and for the child to attend and be immunised increasing the chances of reaching targets.

Emailing immunisation information to CHIS

Go to the immunisation summary page on the child’s record. Highlight the immunisation summary and press print. At the bottom right-hand corner of the screen a box will appear with the options of either print or email. If you press email, a blank outlook email window will appear with the immunisation summary attached. This can then be emailed to your [locality CHIS team](#).

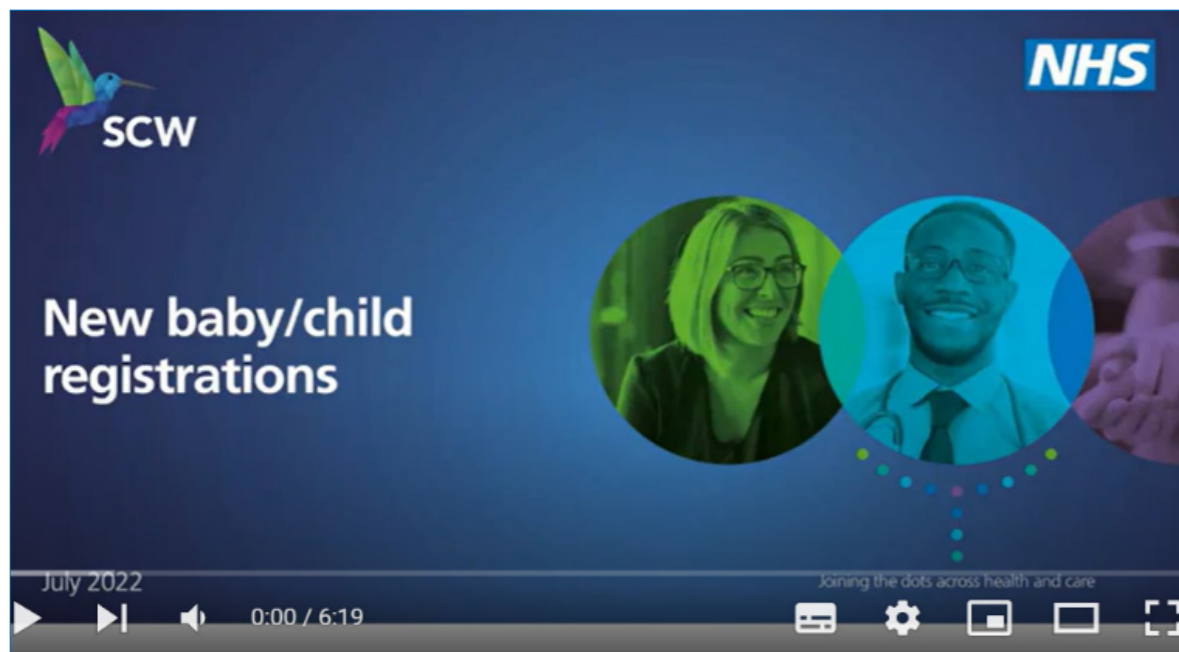
For this to work, ensure Outlook is open and that it has been linked to your GP practice clinical system. If you encounter difficulties, your IT support can ensure your computer and emails are set up correctly.

Registering children, translating and recording immunisation histories

Newborn baby registration

Short on time? We have produced a bitesize tutorial “Best practice for new registrations” which can be found here: [New baby/ child registration video - YouTube](#)

Below is a screenshot image from the YouTube video for: **New baby/child registrations**



To ensure timely registration:-

- Have an identified staff member responsible for following up
- Once the practice receives the maternity discharge, contact should be made to remind parents / carers to register the baby. At this contact, offer an appointment for the baby's 6 to 8-week check and 8-week immunisations
- If an appointment cannot be made for 8 weeks, due to the childhood immunisation clinics being full, then offer a standard practice nurse (PN) appointment to ensure the baby has their immunisations following the UK schedule

New patient registration 0-19 years: collection of immunisation histories

Many GP practices have problems obtaining children's immunisation histories particularly for children from abroad. Often these children are immunised, but the data is not captured and recorded. This has a significant impact on practice immunisation statistics and results in considerable time spent chasing up families later to obtain the histories.

Robust processes for collecting immunisation histories at registration need to be in place. Consider adding a paragraph to the new patient registration pack informing parents of what documentation is required for their children, to complete registration. State in bold that complete immunisation histories for children 0-19 years are a requirement.

“My Child's Immunisation History” ([Appendix 3](#)) is a useful document for parents to complete when registering. It includes all immunisations 0-19 years. Where possible, email addresses and mobile numbers should be obtained.

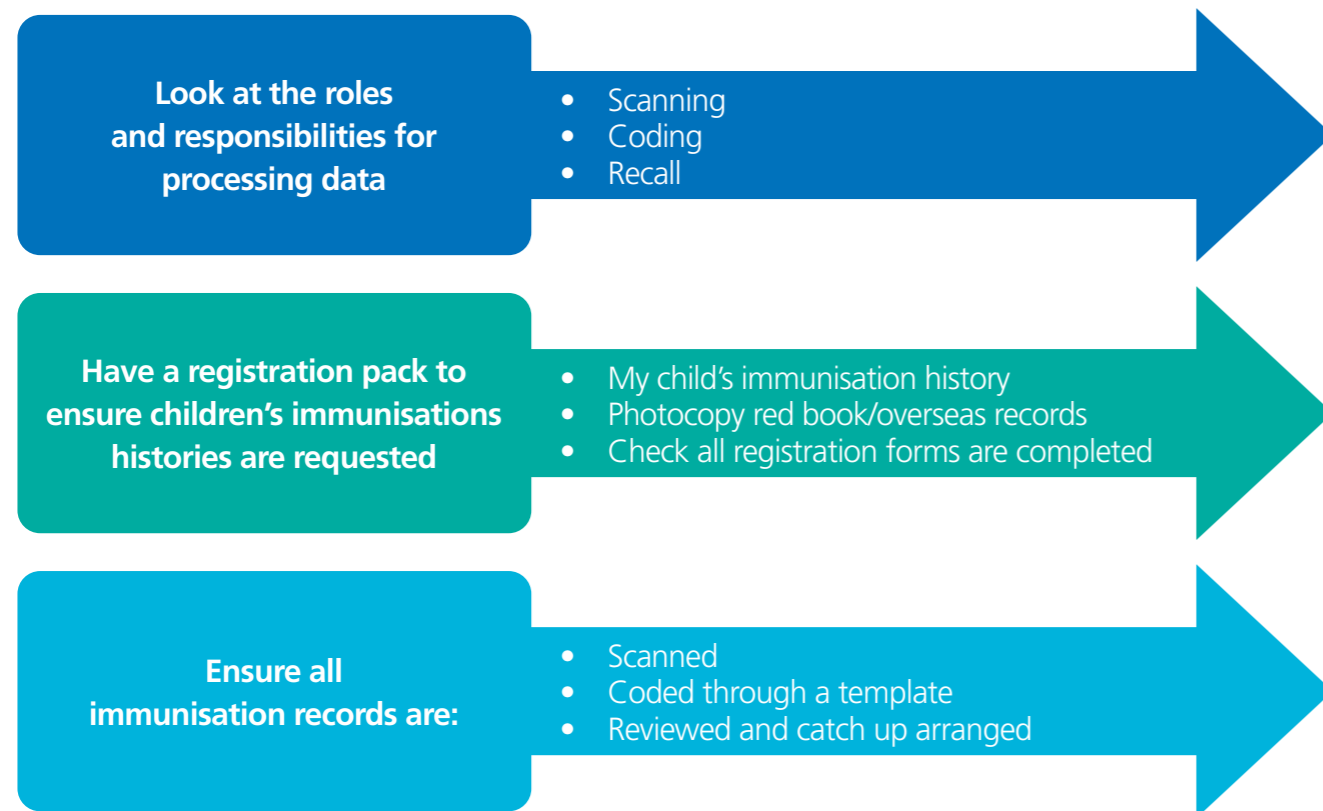
When parents return the completed registration form, reception staff should check immunisation histories are included. If the original documentation of immunisations given is supplied, a photocopy of the information should be taken, scanned into the notes and a copy sent to the PN for review/ actioning. This is particularly important for children who transfer in from abroad.

Please note: All immunisation histories need to be coded manually onto individual patient records using the correct code and most up to date template. Histories that are just scanned onto records will not populate through to the child's immunisation summary on their medical record or on CHIS records, which will impact on QOF targets. ([see more here](#))

Also note: currently weekly electronic transfers to CHIS only contain information regarding new immunisations given in the past two weeks and not historical immunisation so it is crucial to send histories to CHIS by email for accurate scheduling. When your practice uses data extraction via Apollo this will no longer be a requirement as histories will also transfer across to CHIS automatically via the daily data transfer.

The relevant Health Visiting team should be notified of the new registration via their generic NHS.net email account and an alert added to child's and parents' records if immunisations are not up to date.

Consider the workflow of immunisation histories



New registrations: from within the UK

Immunisations given usually drop in with the GP-to-GP transfer process. GP practice staff should ensure when accepting records that the immunisations have downloaded correctly. The information can sometimes become corrupted and will need to be recoded. Therefore for all new registrations:

- Obtain a complete immunisation history which is reviewed, scanned, and uploaded onto the child's medical record (using appropriate coding)
- Make an appointment for any catch-up immunisations required
- Send the immunisation history to CHIS once reviewed

Some GP practices de-register families as soon as they are aware they have moved and before the transfer of records and so immunisation histories are not forwarded. If not received, you will need to contact the previous practice to request an immunisation summary.

New patient registrations: from outside the UK

The immunisation history obtained should be reviewed by the PN and catch-up immunisations arranged as required (weblinks below may help). The immunisation schedules of other countries will differ from the UK, as schedules are set up to prevent whichever diseases are circulating within that country.

UK and international schedules comparison tool: [Comparison tool - GOV.UK](#)

World Health Organisation tool for comparing vaccination schedules: [WHO Vaccine Scheduler Tables](#)

Consider having a new registration appointment with a PN for children from outside the UK. Ensure the immunisation data has been reviewed in advance. **GP practices should email the immunisation history to CHIS once reviewed and translated.**

If catch up immunisations are required, PNs can refer to the following tools:

To vaccinate individuals with uncertain or incomplete immunisation status please use the following algorithm: [Algorithm on gov.uk website](#)

UKHSA Migrant health leaflet available in multiple languages - New to the UK? Get up to date with your vaccinations: [Immunisation information for migrants - GOV.UK \(www.gov.uk\)](#)

All parents should be informed of the UK schedule (PHE leaflets) and told when their child will next be due immunisations. This can be done by email or post. Signpost parents to the NHS website for more information about the UK immunisation schedule: [NHS Vaccinations](#)

Tools to aid translation of immunisation histories

If there are difficulties translating immunisation histories, practice staff can review the schedule from the WHO site for worldwide immunisation schedules and other sites given below and compare this with the child's record.

[WHO immunization data portal](#)

[Vaccine-schedule.ecdc.europa.eu](#)

[Vaccineknowledge.ox.ac.uk/vaccination-schedules-other-countries](#)

[Gov.uk UK and International immunisation schedules comparison tool](#)

(This contains the top 20 Countries families most commonly immigrate from)

[Table of preventable disease terms in multiple languages \(pdf\)](#)

Please note that the practice interpreting services can also translate paper records.

The UK Health Security Agency advise – Best guess dates can be used if parents/carers do not have a physical record but are able to give a reliable verbal history during a discussion/assessment with a clinician. Although, if in any doubt about immunisation status start again.

Recording childhood immunisations

1

Following immunisation, the child's clinical records should be updated with all the relevant details: GP held record, the child's red book and CHIS informed. Also, record if the vaccinations have been given under a PGD/ PSD. See chapter 4 of the Green Book. The PN giving the immunisation is "always accountable for their own documentation and contemporaneous record keeping is essential".
[Best practice resource and checklist for managing childhood immunisation clinics Royal College of Nursing](#)

2

Immunisations should always be manually entered onto the GP practice system using the correct code and template. For any immunisations given in line with the UK Schedule or ad-hoc UK immunisations (such as Flu) use the correct EMIS/ Ardens/ TPP SystemOne childhood immunisation template.

3

For immunisation histories from overseas, for which you cannot use an Ardens template, any coding should be entered directly onto the record, using the correct SNOMED code here:
[Primary Care Reference Domain - Reference Sets](#).
If a child has had immunisations abroad, the exact dates (or at least the 1st day of the month and year) should be inputted onto the GP practice system.

4

There is also a suite of useful immunisation resources on the Ardens website to support childhood immunisations, including guidance on how to download and import system searches. For example, practices can set up automatic searches to report any immunisation coding errors. This can make a huge difference to hitting QOF targets and maximising CQRS payments.
[Ardens Childhood Immunisation Data Resources](#)

5

The IIUT have produced step-by-step guidance around coding immunisations onto Ardens/ EMIS, please make a request to [your locality IIU team](#) for this document if required.

Delivery of the childhood immunisation programme

Immunisation lead

As per the 2021 GP contract, there should be an immunisation lead within each surgery. This does not necessarily need to be a clinician. They should be knowledgeable of, and up to date with, the current immunisation schedule and be signed up for Vaccine Updates. The immunisation lead should be responsible for:

- Nominating a practice team member to engage with CHIS and be responsible for dealing with information requests from CHIS and for ensuring all children on the monthly incomplete immunisations report sent by CHIS are monitored and followed up
- Developing and maintaining a practice culture that all children with overdue immunisations must be followed up until an outcome is achieved. Such as, any required immunisations are given, it is established the immunisation is being refused or that the child has moved away
- Ensuring all PNs are trained and up to date with childhood immunisations and are following childhood immunisation best practice guidance
- Ensuring all immunisations given are coded accurately and completely in patient records
- Ordering vaccines
- Maintaining an up-to-date infection control policy accessible to all staff
[Best practice resources and checklist for childhood immunisation clinics - Royal College of Nursing](#)

Immunisation appointments

Ensure appropriate appointment time is allocated for vaccination. Consider other factors in deciding the time required for appointments such as explaining the vaccine or the presence of interpreters. Some surgeries prefer to run set vaccination clinics, but this can limit parental access and choice. **Sufficient, flexible ad-hoc appointments (during evening/ weekend access across PCNs) should also be made available, as per the 2023/24 GP Contract changes.**

[NHS England » Changes to the GP Contract in 2023/24](#)

Ensure appointments slots are available on the system for booking immunisation appointments 6 weeks in advance so enabling appointments to be given for the primary immunisation. Ensure text reminders of appointments are sent.

Parental consent

We recognise that working with families can be challenging when there are disagreements between parents about immunisation.

Who has parental responsibility?

When thinking about consent it is important to firstly establish who has [parental responsibility](#) (PR). A birth mother automatically has PR for her child from birth. Other parents usually have parental responsibility (PR) if they are either married or listed on the birth certificate.

Consent

- The parent/ guardian with PR does not necessarily need to be present at the time the immunisation is given
- The consent of one parent/ guardian with parental responsibility is usually sufficient for a child to receive an immunisation (see Section 2(7) of the Children Act 1989)
- **If parents disagree regarding consent, the immunisation should not be carried out until the dispute is resolved. Immunisation should only be given when both parents agree or there is a specific court approval that the immunisation is in the best interests of the child**
- **A parent/ guardian giving consent on behalf of an infant or child may change their mind at any time and withdraw consent.** Where consent is either declined or withdrawn, it is the duty of the healthcare professional to communicate effectively and share such knowledge and information with other members of the primary healthcare team.

[Parental rights and responsibilities-Gov.uk website](#)

[Ethical guidance for doctors for 0-18 years - General Medical Council website](#)

(paragraphs 22 to 33, 0-18 years: guidance for all doctors (2007))

Call and recall best practice

CHIS send out immunisation invitation letters to parents inviting them to book their child's vaccination. GP practices can support this process by following the best practice outlined below. Immunisations should not be given prior to their due date, e.g. PCV shouldn't be given before 12 weeks.

Practices should send text reminders prior to each set of immunisations e.g. "Appointment reminder: DATE TIME with NAME at NAME of GP. If you can no longer attend please reply CANCEL"

Cohort 1 (1st, 2nd, 3rd primary immunisations):

- 8-week immunisations can be booked at the same time as the postnatal review is booked
- The 6–8-week post-natal check with GP can be immediately followed by the 8-week immunisations
- The appointment for the 12-week immunisations can be made at the 8-week appointment by the PN
- The appointment for the 16-week immunisations can be made at the 12-week appointment by the PN
- If a child was not brought (WNB) to an immunisation appointment, phone the family to rebook an appointment

On the list from CHIS, these immunisations will show as 1P, 2P, 3P. See example table:

Immunisations Sets (as appears on schedule list from CHIS)	Age due	Parts explained
DIPH, PERT, TET, POL, HEPB, ROTA, MENB(1P)	8 weeks	(1P) 1st Part (dose)
PNEU(1P), DIPH, PERT, TET, POL, HEPB, HIB, ROTA(2P)	12 weeks	(1P) 1st Part (dose) (2P) 2nd Part (dose)
MENB(2P), DIPH, PERT, TET, POL, HEPB, HIB(3P)	16 weeks	(2P) 2nd Part (dose) (3P) 3rd Part (dose)
HIB, MENC, PNEU, MENB(1B), MMR(1B)	1 year	(1P) 1st Part (dose) (1B) Booster (dose)
DIPH, PERT, TET, POL, MMR(1B)	3 years 4 months	(1B) Booster (dose)

This schedule is subject to change, so please ensure you keep up to date with the most current UK vaccination schedule in line with guidelines.

Cohort 2 (no earlier than 1 year):

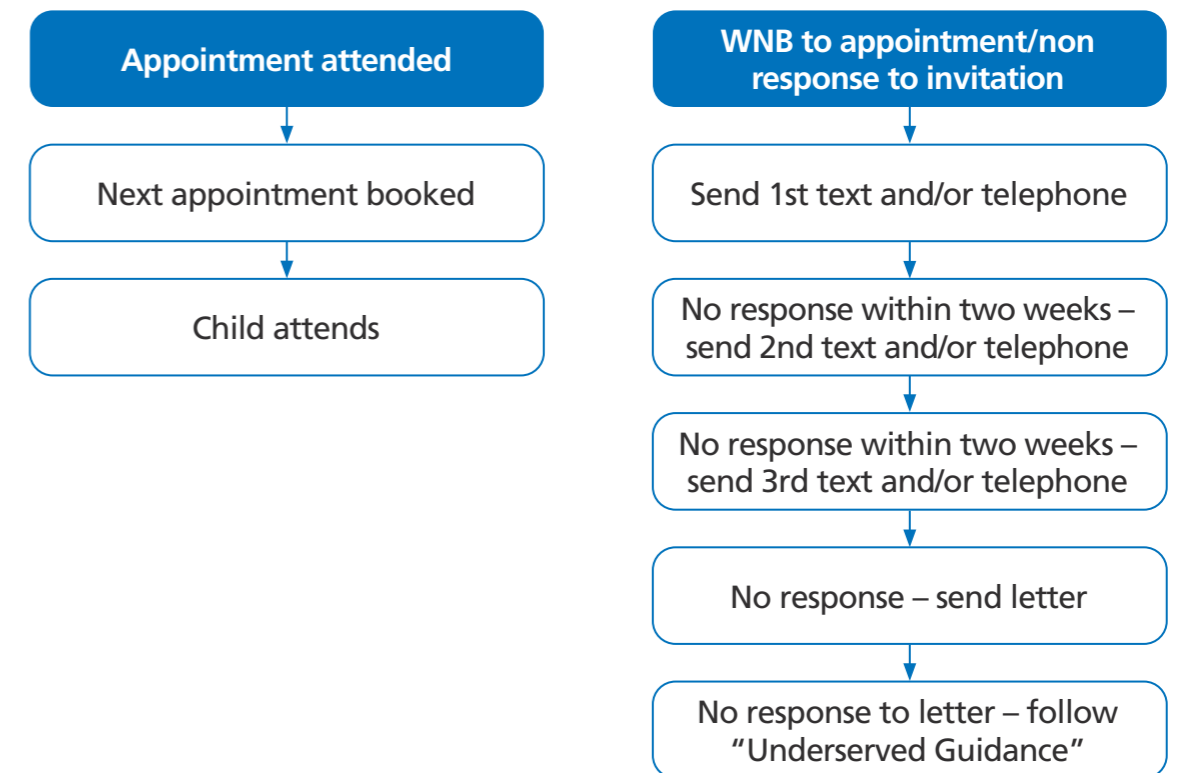
- Practice to monitor CHIS list and text/ phone parent if appointment not booked/ attended
- On the list it would show as MMR 1P, Hib/ Menc, Men B, Pneu 1B, please refer to table above for explanation of parts
- If a child was not brought (WNB) to an immunisation appointment, phone the family to rebook an appointment

Cohort 3 Preschool booster (no earlier than 3 years 4 months):

- GP practice to monitor CHIS list and text/ phone parent if appointment not booked/ attended
- On the list it would show as 1B, please refer to table above for full booster set due at pre-school age
- If a child was not brought (WNB) to an immunisation appointment, phone the family to rebook an appointment

Missed immunisation appointments

All practices should have a robust process in place to follow up non response from invitation or missed immunisation appointments. The diagram below gives an example of such a process.



WNB / No response to invitation CHIS will continue to send further invitations every 28 days.

Tackling non-attendance and identifying ghost patients

Families can have difficulties in getting to the surgery for set immunisation clinics, making it look like they are no longer around as they do not attend. First, improve access by offering ad-hoc appointments at both ends of the day. CHIS will already be sending letters inviting these families for immunisation, so try to use other methods of contacting them, e.g. text/ telephone/ email.

However, if there has not been a response from parents, they may have moved and not updated the surgery with their new address. When repeated efforts have been made to contact families without success, the following steps should be taken:

- 1) **An alert should be added** to the patient's/ parents' notes stating that they are a non-responder for vaccinations. This should then alert practitioners to remind patients of immunisations due if they do attend the surgery for another reason.
- 2) **Review patient/ family records** – Have any of them been seen recently in the surgery? Check to see if another family now registered at the practice is recorded as living at same address.
- 3) **Liase with health visiting team** to establish if they have had any recent contact/ indication of the family moving away.

De-registration should be considered if the child/ family has not responded to repeated contact attempts, and they have not been active within the GP practice for **one year**.

Making Every Contact Count (MECC)

Use every opportunity to check children's immunisation status: for example, when attending the surgery for a flu vaccine.

Put an alert on child's and parents' medical records regarding missing immunisations to prompt staff to discuss at next appointment.

Training

All staff involved in childhood immunisation services should be appropriately trained (NICE, 2022). It is recommended they complete competency standards as outlined below. In order to ensure the on-going delivery of a high quality, safe and effective immunisation programme that achieves a high level of uptake, it is important that all practitioners involved in immunisation are knowledgeable of and confident in immunisation policy and procedures. To gain this, they need to receive comprehensive foundation training, regular updates, supervision and support with the aim of confidently competently and effectively promoting and administering vaccinations.

Immunisation eLearning training – free to access eLearning for Healthcare, NHS Health Education England: e-lfh.org.uk/programmes/immunisation

[Overview | Vaccine uptake in the general population | Guidance | NICE](#)

[Gov.uk/government/collections/immunisation - immunisation-training-resources-for-healthcare-professionals](https://www.gov.uk/government/collections/immunisation-immunisation-training-resources-for-healthcare-professionals)

[Free e-learning on Immunisation from Health Education England](#)

The National Minimum Standards and Core Curriculum for Immunisation (Feb 2018) is a very useful handbook. Everyone involved in immunisation is encouraged to read and refer to it and make use of the Competency Assessment Tool (Feb 2022) at the link below:

[Immunisation Knowledge and Skills Competence Assessment Tool - Royal College of Nursing website](#)

[National Minimum Standards and Core Curriculum for Immunisation Training on the Royal College of Nursing website](#)

All staff should keep themselves up to date with current news and updates regarding vaccines by reading the Vaccine Update Newsletter available:

[Vaccine update newsletter collection - Gov.uk website](#)

New legislation for the Falsified Medicines Directive FMD can be found here:

[Guidance on application of the Falsified Medicines Directive: Safety Features in](#)

Tackling immunisation health inequalities

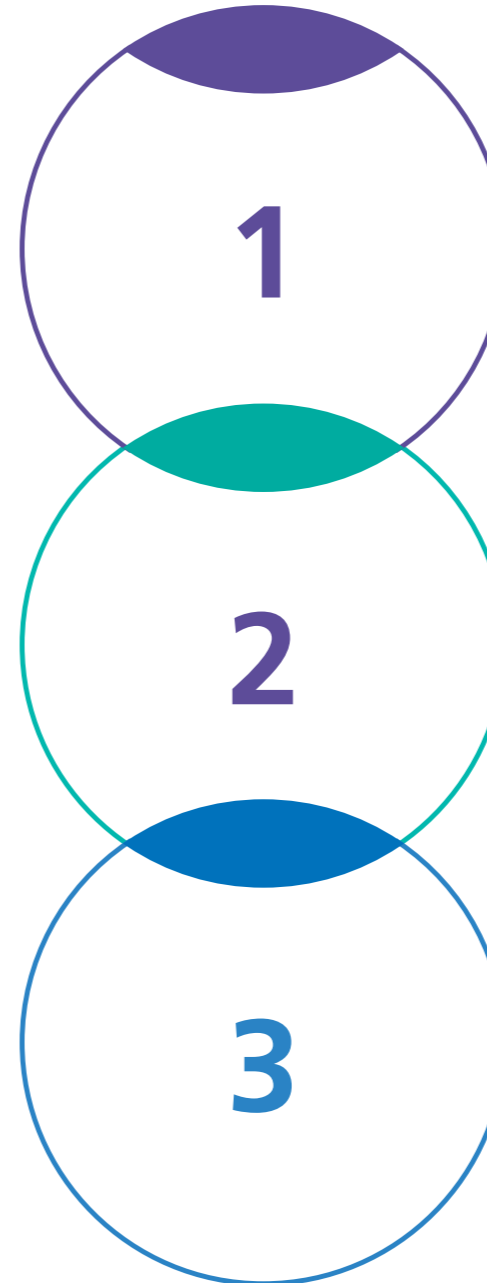
“Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.” ([The Kings Fund, updated 2022](#)). This is due to unfair and preventable inequalities in access to and experience of NHS services. Some groups may need additional support to achieve equitable access.

Everyone in primary care can make a difference and has a part to play in reducing health inequalities.

- Know who the underserved communities are in your local population, discuss this at practice meetings – link in with charities and community groups
- Assess your PCN's engagement with inclusion health groups experiencing the worst health inequalities (useful 10-minute [Inclusion Health Tool for Primary Care Networks](#))
- Reach out to people in inclusion health groups and invite them to Patient Participation Groups to hear their voice, then adapt services to be more accessible to improve patient experience
- Engage with local community champions to support inclusion health groups with information on and access to immunisations
- Use a variety of different methods to contact parents/ carers such as texting, making phone calls and using translation services if English is not their first language, as different methods can be more accessible
- Offer an online appointment booking system or a dedicated immunisations email address
- Use simple, plain English for patients who have low health literacy, offer leaflets with diagrams
- Offer longer appointments/ clinical phone calls to patients with complex care or communication needs

CHIS Accessible Letters initiative

In 2023 CHIS are thrilled to be offering families a variety of accessible immunisation invite letters including EasyRead, yellow paper, simplified sentences, large font and braille.



Why?

We know that 43% of adults do not understand written health information ([hee.nhs.uk](#)), a potential barrier to childhood immunisation uptake.

Who?

Parents/carers with disabilities, low literacy or those who have English as a second language will have their communication needs met through these personalised immunisation invites.

How?

Clinicians should contact CHIS via email, with the NHS number of the child (aged 0-5) stating the communication preference of the parent (EasyRead / Braille Grade 1 / Braille Grade 2 / Large Font sizes: 16, 20, 24, 28. Plus, Yellow background can be added in addition to other options or on its own). Parents/carers are also able to contact CHIS directly, following the instructions at the bottom of regular immunisation invite letters.

Patient Group Directives (PGDs)

Ensure that all PGDs are up to date, signed and easily accessible either on a shared drive or in an immunisation folder. PGD for children should be kept for 25 years after they expire (adults 8 years) for reference. PGD enquiries should be submitted to the local NHSE screening and immunisation team.

Dealing with immunisation concerns

Vaccine concerns – talking with parents

In 2019, the WHO listed vaccine concerns as one of the top 10 threats to global health. Research consistently demonstrates that parents trust advice given by health professionals the most. They trust advice that has been given by health professionals far more than information accessed through the internet or social media. Very few parents/carers actually decline vaccinations. Some understandably have questions and want an opportunity to be able to ask and discuss these with a health professional. Amongst the very small group of parents who do decide not to immunise, 25% change their minds and get their child immunised once they have had a conversation with a health professional.

It is helpful to:

- Ensure accessible, timely appointments are available for families to discuss concerns
- Take the time to listen carefully to concerns and respond with evidence-based information
- Be clear, be open and know the facts
- Use of the word “**recommendation**” by a health care professional is very powerful
- Signpost to the Vaccine Knowledge Project (details below)
- Keep the door open – it’s never too late for a parent to change their mind

Key resources to respond to immunisation enquiries

The Green Book Online: [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/green-book-online-immunisation-against-infectious-disease-2017.pdf)

Professional Travel vaccine enquiries should be submitted to **NATHNAC**
tel: +44 (0) 20 7383 7474 [TravelHealthPro.org.uk](https://www.travelhealthpro.org.uk)

Vaccine Knowledge Project – Signpost parents to this Oxford University evidence-based site on vaccines and infectious diseases. It has lots of clear information and FAQs on complex topics backed up with references to high quality research and can also be downloaded free as an App. ([weblink here](#)) or [Vaccine Knowledge on the App Store \(apple.com\)](#)

Regional Health Protection/ Screening and Immunisation Teams:

Enquiries should be emailed to the relevant address. The mailboxes are monitored Monday to Friday, and the teams aim to respond to all enquiries within 3 working days.

Thames Valley Email: england.tvatpublichealth@nhs.net
South West Email: england.swicars@nhs.net
Cheshire and Merseyside Email: england.cm-imms@nhs.net

Specific concerns parents may raise

Porcine in vaccinations:

The issue of pork ingredients in some vaccines has raised concerns among some groups. This leaflet has been developed to provide information about vaccines that contain this product. [Leaflet on vaccines and porcine gelatine](#) – available also in Urdu, Bengali and Arabic

Too many immunisations at the same time:

From birth, a baby’s immune system protects them from the germs in their environment. Studies have proven it is safe to have several vaccinations at one time. If a parent/guardian asks for vaccines to be given separately, it is putting the child at greater risk if a vaccination is delayed. In this case recommend the routine vaccination schedule.

Allergies – I’m worried my baby may have allergies. Can he/ she be vaccinated?

Yes, your child can be vaccinated. Asthma, eczema, hay fever, food intolerances and allergies do not prevent your child from having any vaccine in the immunisation programme.

Is my baby well enough to be vaccinated?

If the baby has a minor illness, such as a cold or cough without a fever they should have their vaccinations as normal. If the baby has a fever delay the vaccination until recovered.

Prematurity

Premature babies may be at greater risk of infection. They should be immunised in line with the routine schedule at 8 weeks, no matter how premature they were.

Flu vaccination

Depending on the age of the child, vaccination is given by GP practices or in school. Some children who are immunocompromised or have certain medical conditions are eligible for a flu injection from 6 months old. Otherwise, children from 2 years of age are eligible for nasal flu vaccination. The nasal flu programme is delivered annually from September to March. Children who have turned 2 years of age by the 1st of September of the current year are eligible.

When an immunisation is being declined

It is good clinical practice to get a signed immunisation(s) decline form from the parent/ carer (see [Appendix 4: Parent decline form](#)). This should then be scanned into the child's medical record to ensure the practice has an accurate record and audit trail. A copy of the signed decline form should also be emailed to CHIS so it can be documented. The form can be tailored to surgery requirements. Many GP practices have added their logo and uploaded to their system so they can be printed off during a consultation. The form contains link to the Vaccine Knowledge site.

As part of the process of obtaining the completed immunisation(s) decline form, a clinician should discuss with the parent/ carer the importance of immunisations for protecting their child, explore their reasons for not wanting the immunisation to be given and document these reasons for decline on the practice system.

- **Offer trusted immunisation information leaflets to parents/ carers**
The GP practice Immunisation Lead should order leaflet stock.
[Ordering immunisation leaflets from UKHSA website](#)
- **Signpost to trusted websites**
The following websites contain accurate and up-to-date information on vaccinations which parents may find useful if they are considering declining childhood immunisations.
[WHO resource: Understanding the Risks and Responsibilities of Choosing Not to Vaccinate your Child](#)

The UKHSA advise there is no national guidance stating that a signed confirmation of decline must be obtained from a parent/ carer and there is no legal requirement for written consent. However, it is good practice as an immuniser to record discussions and outcomes in the patient notes, which are legal documents that can be requested by a court.

[Consent section in the Green Book - pdf](#)

Email declines: CHIS can accept email declines from parents. Print email, scan into medical record and email a copy to CHIS. Signed decline letters from parents are also accepted by CHIS.

Verbal declines: There will be instances where the parent/ carer refuses to sign an immunisation(s) decline form or to put their decline in writing. CHIS can accept an email from a clinician confirming that an informed discussion about immunisations has been had between a clinician and parent including:

- the risk/ benefits of vaccination have been discussed
- signposting the parent to evidence-based information
- listing what immunisations are declined
- the parents are aware they can restart the immunisation programme at any time
- the consultation has been fully documented in the child's medical record
- immunisations are coded as declined on the medical record

Please ensure sufficient information is included

Please note:

- **For all declines parents/carers must be informed that their child can restart the immunisation schedule at any time.**
- **The practice should ensure that all declines are periodically reviewed by a clinician (these can be identified from the monthly list of children with missing immunisations sent from CHIS). Parents/ carers should be offered advice and support and have the opportunity to discuss again the benefits of immunisations and their concerns about it.**
- **The risks to children of being unimmunised should be highlighted to parents/ carers.**

Vaccine ordering and storage

Each surgery should have an infection control policy with details of ordering, storing and handling of vaccines and what to do if there is a refrigeration failure.

Always consider best practice around the ordering, receipt, and storage of vaccines. Vaccine wastage through mis-ordering, delay in refrigeration, breakdown of the cold chain, going beyond use-by dates, and fridge failures cost the NHS millions of pounds every year. The following links provide further guidance/ information.

[Link to Public Health England Guidance on what to do if issues with vaccine storage management are identified during a CQC inspection](#)

Top tips for vaccine ordering and storage:

- Vaccines must be stored at temperatures between 2-8°C.
- Plan vaccine ordering ahead to ensure sufficient stock for the next 2-4 weeks.
- Do not over stock the vaccine fridge.
- Follow your local policy on the management of vaccination fridges and cold chain protocol.
- Segregate vaccines within the vaccine fridge into childhood, adult and travel vaccinations. If possible have separate fridge for childhood vaccines.
- Arrange childhood immunisations within the fridge in line with the vaccination schedule.
- The following link provides further guidance/information on vaccine ordering and storage:

[Assets.publishing.service.gov.uk-Protocol for ordering storing and handling vaccines March 2014.pdf](#)

[Vaccine incident guidance: Responding to errors in vaccine storage, handling and administration \(publishing.service.gov.uk\)](#)

Immunisation Programmes

Hepatitis B Immunisation

The Hepatitis B immunisation schedule for the routine childhood immunisation programme and the immunisation programme for babies born to Hepatitis B positive mothers.

Age	Routine Childhood Programme	Babies born to Hepatitis B infected mothers
Birth	✗	✓ Monovalent Hep B
4 weeks	✗	✓ Monovalent Hep B*
8 weeks	✓ 6 in 1	✓ 6 in 1
12 weeks	✓ 6 in 1	✓ 6 in 1
16 weeks	✓ 6 in 1	✓ 6 in 1
1 year of age	✗	✓ Monovalent Hep B ✓ Test for HBsAg

*** Practices should ensure that babies born to Hepatitis B infected mothers are identified to ensure they receive a timely dose of Hepatitis B at 4 weeks of age**

Those children with uncertain or incomplete Hepatitis B histories should be opportunistically caught up as per recommended schedule.

Practice must ensure they keep up to date and follow the most up to date guidance for Neonatal Hepatitis B Immunisation programme.

Helpful links and information to share with GP practice staff for further information if required: [Public Health England leaflet on Hepatitis B vaccine for at risk infants](#)

Babies on the selective neo-natal pathway require testing for Hepatitis B infectivity (HBsAg) at 1 year of age with their immunisations. Dry blood spot packs will be sent to GP practices from CHIS in good time for the 12-month immunisations and test. When the test is completed, the sample is sent to Colindale laboratory. To contact CHIS regarding Hep B vaccinations and DBS testing please get in contact via email and state in title "Hep B Failsafe Team"; email CHIS: [locality CHIS team](#).

Further useful links:

[The hexavalent DTaP IPV Hib HepB combination vaccine \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/614142/green-book-chapter-18-hepatitis-b.pdf)

[The Green Book on Immunisation - Chapter 18 Hepatitis B \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/614142/green-book-chapter-18-hepatitis-b.pdf)

[Guidance on the hepatitis B antenatal screening and selective neonatal immunisation pathway - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-on-the-hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway)

[How to take a dried blood spot sample - guide for health professionals \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/614142/green-book-chapter-18-hepatitis-b.pdf)

[Hepatitis B dried blood spot \(DBS\) testing for infants - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants)

Meningitis B Immunisation

There is a national request to maximise efforts to increase coverage of MenB vaccination during early childhood (the most at-risk group) and raise awareness of susceptibility amongst adolescents and university aged students. [Latest quarterly COVER data](#) shows a decline in coverage of MenB vaccination in infants. Coverage of the MenB booster measured at 24 months is lower than that for the PCV booster, Hib-MenC booster or MMR vaccination given at this age.

BCG Immunisation – Protecting babies against Tuberculosis

In the UK, BCG is only routinely offered to babies who are more likely to encounter TB either because they live in an area with high TB rates or because their parents/ grandparents came from a country with high rates of TB. Although TB is no longer common in the UK, worldwide it kills around 2 million people per year.

As BCG is a live vaccine it should not be offered until the SCID result is available usually by 28 days, although this is often available earlier. SCID positive babies should not receive live vaccines. See page 40 for more information on SCID. BCG will be given in a community BCG clinic or an appointment given for the baby to return to the hospital of birth for vaccination.

Useful weblinks:

[Green Book Chapter 32: Tuberculosis on Gov.uk website](#)
[TB - at risk countries - Gov.UK](#)

Measles, Mumps and Rubella Immunisation

In 2019 the UK lost its measles free status, so please consider if all your registered patients have had 2 valid MMR vaccinations.

- MMR is routinely given at 1 year and 3 years 4 months, but there is no upper age limit to offering the MMR vaccines. Please note the first dose due at 12 months should not be given early even by 1 day unless travelling to a high-risk area. Doses given before 12 months needs to be repeated

- The second MMR can be given earlier than 3 years 4 months (between 15 and 18 months there should be at least a 3-month gap between the two doses and from 18 months old there needs to be at least a gap of 1 month), this may impact on COVER data
- Central MMR stock can be used for patients of any age and practices should maximise all opportunities to ensure that patients who are not yet protected are fully vaccinated
- For those aged 15 years or younger catch up is covered under the global sum

For those aged 16 and over an item of service fee can be claimed manually via the CQRS MMR programme for each dose of MMR administered. This includes patients born before 1970 who have no history of measles or MMR vaccination.

[Public Health England UK Measles and Rubella elimination strategy \(2019\)](#)

The measles flyer is available in 20 languages aimed at school-age children
[Measles promotional flyer with translations - on the Gov.UK website](#)

MMR National Catch-up Campaign


In February 2022 the UKHSA launched a National MMR Catch-Up Campaign in response to uptake rates dropping during the COVID-19 pandemic, with the second dose MMR uptake rate at the lowest levels in a decade.



The flyer features a photograph of a wooden toy box filled with colorful toys, including a yellow car and a red and white ball. To the right of the image, the text reads: "Don't let Measles, Mumps and Rubella into your child's world". Below this, it says: "Protect your child with both doses of the MMR vaccine. Book with your GP or find out more at nhs.uk/MMR". The NHS logo is in the top right corner, and the "MMR vaccines protect Help us help you" logo is in the bottom right corner.

There are lots of ways primary care colleagues can get involved and support this campaign. It is important that all staff are aware of this campaign and the resources available, as well as supporting the booking of appointments.

Due to the raised profile of MMR, staff should be prepared to have clinical discussions with parents about the importance of children being protected from MMR. Facts like "Measles is a highly infectious viral disease which can lead to serious complications such as pneumonia and encephalitis (inflammation of the brain)" can make the diseases "more real" to parents.



As part of the national campaign, UKSHA have produced reminder postcards which can be sent to parents whose children are due to start in the summer term, as well as posters. There can be many reasons why children have missed out on their vaccines during the pandemic. It is important that all general practice staff are aware of the campaign and the resources available.

As a result of the campaign, practices are likely to receive an increase in enquiries from parents regarding their child's MMR status. General practice staff need to be encouraged to be prepared to have clinical conversations regarding the importance of children being protected from Measles, Mumps and Rubella. Facts like 'Measles is a highly infectious viral disease which can lead to serious complications such as pneumonia and encephalitis (inflammation of the brain) can make the diseases "more real" to parents. Practices can help promote the campaign by displaying promotional resources in their surgeries and on their websites, it is important that all staff within general practices are aware of this and can support in the booking of appointments.

Helpful links to information and resources

Link to Public Health England UK Measles and Rubella elimination strategy (2019):
[UK Measles and Rubella elimination strategy 2019 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/uk-measles-and-rubella-elimination-strategy-2019.pdf)

The measles flyer is available in 20 languages aimed at school-age children. Link to the measles promotional flyer with translations on the gov.uk website:

[Measles-dont-let-your-child-catch-it-flyer-for-schools](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/measles-dont-let-your-child-catch-it-flyer-for-schools.pdf)

[NHS - Conditions/vaccinations/mmr-vaccine/](https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/)

[Vaccinations - Measles Mumps Rubella - general leaflet for all](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/vaccinations-measles-mumps-rubella-general-leaflet-for-all.pdf)

[Around-1-in-10-children-starting-school-at-risk-of-measles](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/around-1-in-10-children-starting-school-at-risk-of-measles.pdf)

[Green Book of Immunisation - Chapter 21 Measles \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/green-book-of-immunisation-chapter-21-measles.pdf)

UKSHA 'Back to school' resources Posters:
[Back to nursery Poster - Health Publications](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/back-to-nursery-poster-health-publications.pdf)

[Back to primary school poster - Health Publications](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/back-to-primary-school-poster-health-publications.pdf)

[Back to secondary school poster - Health Publications](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/back-to-secondary-school-poster-health-publications.pdf)

[Back to nursery postcard - Health Publications](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/back-to-nursery-postcard-health-publications.pdf)

[Back to primary school postcard - Health Publications](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/back-to-primary-school-postcard-health-publications.pdf)

[Back to secondary school postcard - Health Publications](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411117/back-to-secondary-school-postcard-health-publications.pdf)

TOP TIP: Share with general practice staff that vaccinations remain the best defence against infection, so it is very important that children attend their routine vaccination appointments and both adults and children catch up on any they may have missed.

SCID Screening – Severe Combined Immunodeficiency

From September 2021 all GP practices receive notification of newborn blood spot results including SCID for all babies from their local CHIS by 42 days of age. This is following the introduction of screening for SCID to the newborn bloodspot screening as part of a national evaluative trial.

Laboratories who are not involved in the SCID evaluative trial will provide a result that states “SCID not offered”. However, some babies born out of area may have been tested for SCID. It is therefore important that GP practices check the SCID results of ALL babies. SCID screening has implications for administering the 8-week rotavirus vaccine as individuals diagnosed with SCID cannot receive live vaccinations.

- Screening results must be added manually to the child’s medical record so that they are available for the 8-week routine immunisation appointment
- Immunisers should make all reasonable effort to check the record for a SCID screening outcome before administering rotavirus vaccine
- If there is no result on the baby’s electronic health record, contact CHIS to check the baby’s results
- If SCID is not suspected, or SCID screening is declined or not offered, or if no result can be found, rotavirus vaccine should be administered at 8 weeks and 12 weeks of age. If SCID suspected, or the result of a repeat test is awaited, BCG vaccine and rotavirus vaccine should be deferred until you have sight of a letter from an immunologist saying that SCID has been excluded, this deferral does not include inactivated vaccines which can be given
- Practices need to set up robust processes to ensure there are no delays with babies having the required immunisations, e.g. Rotavirus which can cause diarrhoea and vomiting. Administering the Rotavirus vaccine where appropriate significantly reduces the risk of a child becoming seriously ill with this virus
- SCW CHIS will send reports to practices weekly detailing screening results

The following guidance includes a useful algorithm for the process of checking for SCID screening results at the routine 8-week appointment.

Rotavirus vaccine and SCID newborn screening evaluation – information for GPs and PNs:
[Rotavirus-vaccine-and-scid-newborn-screening information for GPs and practice nurses on the gov.uk website](#)

Further resources

The following documents can be accessed online and should be reviewed regularly.

The Complete Routine Immunisation Schedule:
[The complete-routine-immunisation-schedule-Gov.UK](#)

Uncertain or Incomplete Immunisation Status Algorithm:
[Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK \(www.gov.uk\)](#)

A Visual Guide to Vaccines:
[Visual-guide-to-vaccines-poster](#)

A guide to immunisations for babies up to age 13 months of age:
[Immunisations: babies up to 13 months of age - GOV.UK \(www.gov.uk\)](#)

A guide to immunisations for Pre School-Children:
[Pre-school vaccinations: guide to vaccinations from 2 to 5 years - GOV.UK \(www.gov.uk\)](#)

Childhood immunisations masterclasses available to you

Our suite of video masterclass sessions can be accessed anytime on the SCW IT Training Website and cover various topics related to immunisation processes to improve uptake.

TO REGISTER please email: scwcsu.masterclasses@nhs.net

The flyer features the NHS and SCW logos at the top. Below the title, it lists several bullet points: 'All healthcare professionals served by SCW CHIS are invited to access a new suite of Bite-size masterclass sessions to learn best practice around childhood immunisations.', 'Online video resources to support practice immunisation uptake', 'Future releases include: Session 6 - Engaging with families, Session 7 - Live 'ask the expert' Q&A', and 'For more information visit our website: scwcsu.masterclasses@nhs.net'. A 'REGISTER NOW' button is also present. On the right side, it lists 'Our Bite-size masterclass sessions include: Session 1 - Introduction to Improving Immunisation Uptake Team and Child Health Information Services, Session 2 - Top tips for improving immunisation uptake, Session 3 - New registrations, Session 4 - The UK childhood immunisation schedule, deciphering overseas immunisation histories and Severe combined immunodeficiency (SCID), and Session 5 - Data cleansing and ghost patients'. At the bottom, there are three circular images of people and a QR code with the text 'Scan to find out how we can help you'.

Childhood immunisation Standard Operating Procedures (SOP)

SCW CHIS IIUT has created a generic format SOP for best practice in childhood immunisations, which can be adapted and used by individual practices. Practices can request a copy of this from their local team’s contacts. [\(see here\)](#)

Appendix 1: Contact details



Locality	Email	Phone number
East Cheshire West Cheshire Liverpool & Sefton St Helens, Knowsley & Halton Warrington Wirral	SCW Child Health Information Services (CHIS): scwcsu.candmchis@nhs.net SCW Improving Immunisation Uptake Team (IIUT): scwcsu.iiut.cheshireandmerseyside@nhs.net C&M Immunisation Clinical Advisory Team: england.cm-imms@nhs.net	CHIS: 0300 561 1850 IIUT: 0300 561 1855
Oxfordshire Buckinghamshire Berkshire	SCW CHIS: generalqueries.chis@nhs.net SCW IIUT: scwcsu.improvingimmsuptake@nhs.net TV Immunisation Clinical Advisory Team: england.tvpublichealth@nhs.net	CHIS: 0300 561 1851 IIUT: 0300 561 1855
Swindon	SCW CHIS: scwcsu.childhealth@nhs.net SCW IIUT: scwcsu.improvingimmsuptake.bgs@nhs.net SW Immunisation Clinical Advisory Response Service: england.swicars@nhs.net	CHIS: 0300 561 1853 IIUT: 0300 561 1855
Bath & Northeast Somerset	SCW CHIS: banes.chis@nhs.net SCW IIUT: scwcsu.improvingimmsuptake.bgs@nhs.net SW ICARS: england.swicars@nhs.net	CHIS: 0300 561 1853 IIUT: 0300 561 1855
Gloucestershire	SCW CHIS: chis.gloucester@nhs.net SCW IIUT: scwcsu.improvingimmsuptake.bgs@nhs.net SW ICARS: england.swicars@nhs.net	CHIS: 0300 561 1853 IIUT: 0300 561 1855
Wiltshire	SCW CHIS: scwcsu.wiltshirechis@nhs.net SCW IIUT: scwcsu.improvingimmsuptake.bgs@nhs.net SW ICARS: england.swicars@nhs.net	CHIS: 0300 561 1853 IIUT: 0300 561 1855
Devon, Cornwall & Isle of Scilly	SCW CHIS: SCW.dcios.swchis@nhs.net SCW IIUT: scwcsu.improvingimmsuptake.southwest@nhs.net SW ICARS: england.swicars@nhs.net	CHIS: 0300 561 0595 IIUT: 0300 561 1855
Bristol, North Somerset, Somerset & South Gloucestershire	SCW CHIS: SCW.bnsssg.swchis@nhs.net SCW IIUT: scwcsu.improvingimmsuptake.southwest@nhs.net SW ICARS: england.swicars@nhs.net	CHIS: 0300 561 0595 IIUT: 0300 561 1855

If you cannot see your locality listed, it is likely SCW do not provide CHIS in your area at this time.

Appendix 2: Example of CHIS Immunisation Invite Letter



Vaccinations for your child - a reminder to you

Your child is due for vaccinations. It is important to have these at the right time as they protect against serious illnesses.



Please contact your GP practice to make an appointment for childhood vaccinations.

Vaccinations due:

Your child will be due for «Insert immunisation name» from «Date»



Your GP practice is:

«ClinicName» on telephone number: «ClinicTelNo»

If possible, please bring:

- This letter
- The Personal Child Health Record (Red Book)
- Their newborn bloodspot screening results letter, if this is for the first immunisation appointment
- Written consent, if someone else who is not the parent/ carer brings your child for immunisation

For more information on vaccinations speak to your practice nurse or health visiting team. Or visit:

- www.nhs.uk/vaccinations
- <https://vk.ovg.ox.ac.uk>

The nurse will advise you on the vaccinations required. This may be slightly different to the vaccinations listed in this letter, but this will be explained to you at the appointment.

Child Health Information Services cannot book or change an appointment for you but if you have difficulty getting an appointment you can call us on **0300 561 1853**.

Thank you,
Your Local Child Health Information Service (CHIS)

Appendix 3: My Child's Immunisation History



Following UK Immunisation Schedule? YES/ NO (Please delete). If No, please state which country ...

Name:

Date of birth:

GP:

NHS number:

Routine Childhood Immunisations	Age usually given	Date Give (dd/mm/yy)			Indicate if Declined
1 st Diphtheria, tetanus, pertussis, polio, Hepatitis B and Hib	2 months				
Meningococcal B Part 1					
Rotavirus					
2 nd Diphtheria, tetanus, pertussis, polio, Hepatitis B and Hib	3 months				
Pneumococcal (PCV) Part 1					
Rotavirus					
3 rd Diphtheria, tetanus, pertussis, polio, Hepatitis B and Hib	4 months				
Meningococcal B Part 2					
Hib / Men C (Menitorix)					
1 st MMR (Measles, Mumps, Rubella)	12-13 months				
Pneumococcal (PCV) booster					
Meningococcal B Part 3					
2 nd MMR	3 yrs 4 months approx.				
4 th Diphtheria, tetanus, pertussis, polio (Pre-School Booster)					
Human Papillomavirus vaccine (HPV)	12-18 yrs	1 st	2 nd	3 rd	
5 th Diphtheria, tetanus, polio (School leavers booster)	13-18 yrs				
Meningitis ACWY					

NON ROUTINE VACCINES	Date given (dd/mm/yy)	BCG Clinical Assessment Outcome	
		Required (meets criteria)	Not Required (does not meet criteria)
Mantoux test			
BCG			
Meningitis C			
Hib Booster (Haemophilus Influenza B)			
Flu			
Hepatitis B	1 st 2 nd 3 rd		
Neo natal Hepatitis B	1 st 2 nd 3 rd 4 th 5 th		

BCG CRITERIA QUESTIONS

- Has the child had a BCG immunisation?
- Does the child have a parent or grandparent from a country with high rates of TB, who they have regular contact with?
- Was the child born or have they lived in a country with high rates of TB for more than a total of 3 months of their life?

Other Vaccines received/ Other Information			
Date of Bloodspot Screening Test:		Outcome codes	
Please enter outcome codes below		2: Test declined	
Condition	Code	Condition	Code
Cystic Fibrosis		MSUD	
Hypothyroidism		IVA	
MCADD		GA1	
Phenylketonuria		HCU	
Sickle Cell			

UNDER 2 years: Neonatal hearing test Date:

HV/ SHN Name: Date:

Please return this form to via email wherever possible to the correct CHIS email address covering your area: [locality CHIS team](#).

Appendix 4: Immunisation Parent Decline Form



We understand you have concerns regarding the immunisations your child is due. Please see below details for the "Vaccine Knowledge" website. It contains evidence based independent information about immunisations, such as frequently asked questions and ingredients etc, which may help answer your queries Vaccineknowledge.ox.ac.uk. This is available to download free as an app – search Vaccine Knowledge.

If having discussed any queries/concerns with your health care professional, you still do not want your child to be vaccinated, please complete the form (to the right), deleting any vaccinations you do not want given. Please sign the form and return to the surgery. Parents who decline immunisations can change their mind at any time. There is no upper age limit for immunisation.

We would recommend that this form is uploaded to your Practice system retaining the SCW header and CHIS address etc.



**South, Central and West
Commissioning Support Unit**

Child Health Information Services Team
(Local CHIS address)
Tel: (Local CHIS contact number)
Email: (Local CHIS email address)

IMMUNISATION DECLINE

This form should only be used when the offer of immunisation(s) are declined. Please ensure that all relevant information is provided.

Child's Surname: NHS Number:

First Names: Date of Birth:

D	D	M	M	Y	Y	Y	Y

Sex: M F

Address:

 Post Code:
GP: HV (if appropriate):

Please place an X next to the immunisation(s) for which you decline.

Combined vaccines including:

6in1: Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Hib & Hepatitis B

I would like to decline for my child to be vaccinated at this time, against the diseases indicated.

Hepatitis B

Meningitis B

Name (Parent/Care Giver):.....

Rotavirus

Hib/Meningitis C

Signature:.....

MMR (Measles, Mumps and Rubella (German Measles))

Date:.....

Pre-school booster: Diphtheria, Tetanus, Pertussis, Polio

Pneumococcal

Parents/Care Givers are reminded that they may change their minds at any time. There is no upper age limit for the 6-in-1, MMR and Pre School-Booster immunisations. Please return this form to the Child Health Information Service team, where possible using the e-mail address at the top of the form.

NHS South Central and West Commissioning Support Unit



This guide has been written and produced by
SCW CHIS's Improving Immunisation Uptake Team.

We are happy for the content of this guide to be shared freely, provided that
acknowledgement is given to SCW as the source of the material.

NHS South, Central & West – Improving Immunisation Uptake Team [Contact details](#)

Please do visit our webpage for information about our service, recent case studies and other tools/ resources
from the team: <https://www.scwcsu.nhs.uk/services/improving-immunisation-uptake>