From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD)15/2025

FOR ACTION
Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Our Ref: HSS(MD)15/2025
Date: 6 May 2025

ACTIONS REQUIRED

CHANGES TO THE ROUTINE CHILDHOOD VACCINATION SCHEDULE FROM 1 JULY 2025

Chief Executives must ensure this information is drawn to the attention of all staff involved in the childhood vaccination programme.

The SPPG must ensure this information is cascaded to all General Practitioners and practice managers for onward distribution to all staff involved in the childhood vaccination programme.

Dear Colleague

Changes to the routine childhood vaccination schedule from 1 July 2025

1. We are writing to inform you of significant changes to the routine childhood vaccination schedule and to the selective hepatitis B (HepB) programme occurring from July 2025 and January 2026, including the introduction of a new routine vaccination appointment at 18 months of age.

2. These changes are required as a result of the discontinuation of the manufacture of the Menitorix® (Hib/MenC) vaccine. This has prompted the Joint Committee on Vaccination and Immunisation (JCVI) to recommend and advise on other aspects of the childhood immunisation programme to optimise the overall protection of children in the UK- Changes to the childhood immunisation schedule: JCVI statement.

3. The Department of Health will engage the Northern Ireland General Practices Committee on the following changes. The Department of Health is also working with colleagues in Strategic Planning and Performance Group (SPPG) and the Public Health Agency (PHA) on the plans for implementation of these changes. Further information on the agreed implementation plans will be provided once this has been agreed, including professional training, guidance and support.

4. We ask that you share this information with all those involved in commissioning and delivering the childhood vaccination programme to allow them to begin planning for this change, and to take action as required. A summary of the planned changes to the childhood schedule during 2025/2026 are shown in the tables below:

   Table 1. Changes to the routine childhood schedule and to the selective neonatal HepB programme from **1 July 2025**

No	Change to be implemented	Population affected	Rationale for the change
1	**Cessation of routine Hib/MenC (Menitorix®) offer to those turning 1 year old.**	Children born on or after 01.07.24	The manufacturer is ceasing production of Menitorix® vaccine. There is no other Hib/MenC vaccine available on the UK market. (See table 2, change 4 below for replacement of Hib dose). JCVI has agreed that protection against MenC is no longer required in this age group due to the excellent population control provided by vaccination of adolescents. Sustaining coverage of MenACWY in adolescents is important to maintain indirect protection.
2	**Move the first PCV13 dose from 12 weeks of age to 16 weeks of age.** **Bring forward the second MenB**	Children attending for their second routine visit at 12 weeks	Following a recent clinical study and a review of the epidemiology, JCVI have recommended bringing forward the second dose of MenB vaccine to provide earlier protection against this serious and

	dose from 16 weeks of age to 12 weeks of age.		sometimes fatal infection. To avoid increasing the number of injections at this second visit, the first dose of PCV13 will be moved to the 16-week visit. The short delay in PCV13 is unlikely to be significant due to excellent overall control of the serotypes covered by PCV13.
3	**Remove the monovalent HepB dose offered at one year from the selective neonatal HepB programme schedule.**	Infants eligible for the selective neonatal HepB programme, born on or after 01.07.24	The addition of a dose of hexavalent vaccine at 18 months from 01 January 2026 (see Table 2), replaces the need to receive a dose of monovalent HepB vaccine at one year.

Table 2: Changes to the routine childhood schedule from **1 January 2026**

No	Change to be implemented	Population affected	Rationale for the change
1	**Introduction of an additional (4th dose) of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months.**	Children born on or after 01.07.24	To replace the Hib dose no longer given at the 1-year appointment. This will help to provide longer term protection against Hib infection.
2	**Move the second MMR dose from 3 years 4 months to the new routine 18-month appointment.**	Children born on or after 01.07.24	The second MMR dose is being moved forward in the schedule to help improve uptake and provide earlier protection.

From 1 July 2025 - Cessation of Hib/MenC (Menitorix®) 12-month dose offer

5. **From 1 July 2025,** children turning one year of age on or after 1 July 2025 (DOB on or after 01.07.2024) will not be offered the combined Hib-MenC vaccine Menitorix® when they attend for their one-year-old vaccination appointment. The other vaccines due at this appointment (MenB, PCV13 and 1st dose MMR) should be given as usual.

6. Children who turn one year of age on or before 30 June 2025 (DOB on or before 30.06.2024) should continue to be offered Menitorix® at their 12-month appointment as usual, until the supply is exhausted. Children in this age group who present late for their one-year appointment, and after Menitorix® stocks are depleted, should be offered a fourth dose of Hexavalent alongside the other vaccines scheduled at one year of age (i.e. MenB, PCV13 and 1st dose MMR).

MenB and PCV13 vaccination changes

7. **From 1 July 2025**, the offer of the second dose of MenB vaccine at 16 weeks of age, will be moved to 12 weeks of age, and the offer of the first dose of PCV13 vaccine at 12 weeks of age will be moved to 16 weeks of age.

8. These changes provide earlier immunological protection against vaccine-preventable serogroup B invasive meningococcal disease without compromising longer term immunological protection and may provide better immunological protection against invasive pneumococcal disease during infancy.

9. Children who have completed their 12-week PCV13 vaccination prior to 1 July 2025, will remain on the current schedule and be invited for their second MenB at 16 weeks. Children who have not yet received their 12-week vaccinations by 1 July 2025, will be invited under the new schedule. This includes children who attend late for their 12-week vaccinations.

Changes to the selective neonatal Hepatitis B (HepB) vaccination programme

10. Following the changes to the childhood immunisation schedule, the JCVI have further recommended a change to the selective HepB vaccination programme. Children on this pathway would otherwise be offered an unnecessary 7th HepB-containing dose (as a component of the hexavalent vaccine) routinely at 18 months from 1 January 2026.

11. Children on the selective programme turning one year of age on or before 30 June 2025 (DOB on or before 30.06.2024) should be offered a dose of monovalent HepB vaccine as usual.

12. **From 1 July 2025**, the monovalent dose offered at one year will be removed from the selective neonatal HepB programme schedule. Children turning one

year of age on or after 1 July 2025 (DOB on or after 01.07.2024) will not be offered monovalent HepB when they attend for their 12-month vaccination appointment. These children will instead wait to 18 months of age to be offered their 6th HepB vaccine in the form of a hexavalent vaccine.

From 1 January 2026 - introduction of a new 18-month routine vaccination appointment

13. **From 1 January 2026,** children turning one year of age on or after 1 July 2025 (DOB on or after 01.07.2024) will not be offered the combined Hib-MenC vaccine Menitorix® when they attend for their 12-month vaccination appointment (they should still have received the other vaccines due at that age). These children should be offered a new 18-month routine vaccination appointment (starting from 01 January 2026) for a 4th dose of hexavalent (DTaP/IPV/Hib/HepB) vaccine, given alongside MMR2.

Move the second MMR dose (MMR2) to 18 months of age from 3 years 4 months

14. **From 1 January 2026** children turning 18 months on or after 1 January 2026 (DOB on or after 01.07.2024) will be offered their 2nd MMR dose when they attend for the new 18-month appointment.

15. Children aged 18 months to 3 years 4 months on 1 January 2026 (DOB on or before 30.06.2024) will remain on the current MMR 2nd dose schedule at 3 years 4 months.

16. Children who missed out on either dose remain eligible for life. **Annex A** sets out information on the new routine childhood vaccination schedule. **Annex B** provides information on the changes to the selective neonatal HepB immunisation pathway for babies born to HepB positive mothers.

JCVI recommendation to add a varicella (chickenpox) programme to the infant vaccination schedule

17. In November 2023, JCVI recommended adding a varicella (chickenpox) programme to the infant vaccination schedule using a combined, Measles, Mumps Rubella and Varicella (MMRV) vaccine. - JCVI statement on a childhood varicella (chickenpox) vaccination programme.

18. As has been shown in other countries which include varicella in their routine vaccination programme, a 2-dose schedule is predicted to rapidly and dramatically decrease the number of cases of varicella seen in childhood. The programme will prevent severe cases of varicella and other serious complications of varicella which while rare may have otherwise resulted in hospitalisation or other serious outcomes.

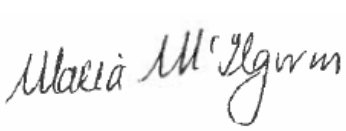
19. The introduction of MMRV is subject to UKHSA procuring a vaccine at a cost-effective price. If the vaccine is procured at a cost-effective price, it is intended that two doses of MMR will change to two doses of MMRV at one year and 18 months. At this stage we are unable to confirm MMRV will be added to the childhood schedule. Further details will follow on how this element will be implemented once the outcome of the procurement programme is known.

20. The Department of Health is working with the Strategic Planning and Performance Group (SPPG), and the Public Health Agency (PHA), on options for the implementation of a varicella programme. Further information will be provided should this programme be confirmed.

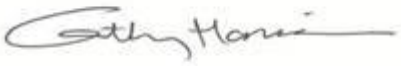
21. We would like to take this opportunity to thank everyone involved in the commissioning and operational delivery of the regional childhood vaccination programme.

Yours sincerely

Prof Sir Michael McBride
Chief Medical Officer



Prof Maria McIlgorm
Chief Nursing Officer



Prof Cathy Harrison
Chief Pharmaceutical Officer

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This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

Annex A: The new routine childhood vaccination schedule.

Table 2. Detail of the new routine childhood schedule (changes shown underlined)

Routine appointment (at age)	Old routine schedule	New routine schedule	Changes
8 weeks	• 1st Hexavalent • 1st MenB • 1st Rotavirus	• 1st Hexavalent • 1st MenB • 1st Rotavirus	None
12 weeks	• 2nd Hexavalent • 1st PCV13 - to be moved • 2nd Rotavirus	• 2nd Hexavalent • 2nd MenB • 2nd Rotavirus	**From 1 July 2025:** Move 1st PCV13 dose to 16 weeks while 2nd MenB will move to 12 weeks
16 weeks	• 3rd Hexavalent • 2nd MenB - to be moved	• 3rd Hexavalent • 1st PCV13	**From 1 July 2025:** Move 2nd MenB to 12 weeks, while 1st PCV13 will move to 16 weeks
one year	• Hib/MenC – to cease • PCV booster • 1st MMR • MenB booster	• PCV booster • 1st MMR • MenB booster	**From 1 July 2025:** remove offer of Hib/MenC for children born on or after 01 July 2024. (If national supply of Menitorix® exhausts, infants who are coming forward late for their 12-month appointment (i.e. age > one year) should be offered a hexavalent vaccine instead when they attend their routine 12-month appointment.)

18 months - new appointment		• 4th hexavalent dose (DTaP/IPV/Hib/HepB) • 2nd MMR	**From 1 January 2026:** Introduce new 18-month appointment for 4th dose of hexavalent vaccine and MMR 2nd dose for children born on or after 1 July 2024
3 years 4 months	• 2nd MMR to be moved • dTaP/IPV	• dTaP/IPV	**From 1 January 2026:** 2nd dose MMR moved to new 18 months appointment

Annex B: The new selective hepatitis B schedule for the additional vaccines offered as part of the selective pathway

Table 3. Summary of changes to the selective Hepatitis B schedule changes from 01 January 2026 (changes shown underlined)

Age	Test	Vaccine / test offered	Change
At birth		Hepatitis B (Engerix B/HBvaxPRO)	None
4 Weeks		Hepatitis B (Engerix B/HBvaxPRO)	None
one year			• Remove monovalent Hepatitis B (Engerix B/HBvaxPRO) vaccine dose[1]

[1]Final HepB dose is provided by the additional routine Hexavalent dose offered at 18 months.