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)37/2025

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)37/2025
Date: 31 October 2025

Dear Colleague

THE INTRODUCTION OF VARICELLA (CHICKENPOX) PROTECTION INTO THE ROUTINE CHILDHOOD IMMUNISATION SCHEDULE

ACTION REQUIRED

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.

1. We are writing to inform you of the introduction of a varicella containing vaccine into the routine childhood vaccination programme from 1 January 2026, following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI)[1].

2. From 1 January 2026 all children born on or after 1 July 2024, should be offered a combined measles, mumps, rubella and varicella (MMRV) vaccine instead of the MMR vaccine.

3. Our previous letter HSS(MD)15/2025, dated 6th May 2025 (https://www.health-ni.gov.uk/sites/default/files/2025-05/doh-hss-md-15-2025.pdf) already set out the

[1] JCVI statement on a childhood varicella (chickenpox) vaccination programme - GOV.UK

change in scheduled age for the second MMR dose, which was due to move from 3 years 4 months to 18 months of age from 1 January 2026.

4. The Department of Health has engaged with the Northern Ireland General Practitioners Committee (NIGPC) on the changes, however the NIGPC has not endorsed the changes to the vaccination scheme, but the Department intends to proceed to implement the new vaccination scheme.

5. Following the introduction of a varicella containing vaccine into the routine childhood vaccination there will also be a selective catch-up programme with MMRV, starting in November 2026, for older children to help accelerate control and to further reduce transmission in the population, as set out at paragraph 7 below. An IOS fee per dose will be payable for MMRV vaccinations delivered as part of the varicella selective catch-up programme.

Routine MMRV programme

6. The new routine MMRV programme will start on 1 January 2026 as follows (this is also set out in a table at **Annex A**):

   a. Two-doses of MMRV offered to children turning one year of age on or after 1 January 2026 (DoB from 1 January 2025). The first dose at one year, and the second dose at the new 18-month appointment.

   b. Two doses of MMRV offered to children aged over one year to 18 months on 1 January 2026 (DoB from 1 July 2024 to 31 December 2024) at the new 18-month appointment and at the 3-year 4-month routine appointment. To note - these children should have already received dose 1 of MMR at one year of age.

   c. One-dose MMRV offered to children aged over 18 months to 3 years 4 months on 1 January 2026 (DoB 1 September 2022 to 30 June 2024) at their 3-year 4-month routine appointment. To note - these children should have already received 1 dose of MMR at one year of age.

   d. Any child with an incomplete immunisation history for their age should be managed according to the UKHSA uncertain or incomplete immunisation algorithm, which is being updated to reflect these changes.

MMRV selective catch-up programme

7. A one-dose MMRV selective catch-up programme will be delivered between 1 November 2026 to 31 March 2028 as follows: (this is also set out in a table at **Annex A**):

   a. One dose should be offered to any children aged over 3 years 4 months to under 6 years on 1 January 2026 (DoB after 1 January 2020 to 31 August 2022) without a history of chickenpox disease or two doses of varicella vaccination.

b. **There is no requirement for practices to check the history for those who respond to the catch-up offer**.

c. However, eligible children do not require the MMRV catch-up if parents volunteer that the child has had previous chickenpox infection.

d. Children who have been privately vaccinated with either one or two doses of varicella vaccine can still receive the catch-up MMRV if eligible by age. However, eligible children do not require the MMRV catch-up if parents volunteer that the child has had two varicella vaccines and two MMR vaccines.

e. There are no safety concerns with giving the vaccine to a child who has already had chickenpox infection or previous varicella vaccination.

f. For children who have missed routine doses of MMR, these children should be brought up to date using the UKHSA uncertain or incomplete immunisation algorithm, which is being updated to reflect these changes.

8. The catch-up element should be delivered between 1 November 2026 until 31 March 2028.

Information relevant to both routine and selective MMRV catch up programmes

9. The programme will use two combined MMRV vaccines:
   - Priorix-Tetra® (GSK) and
   - ProQuad® (MSD).

10. The vaccines are considered clinically equivalent and interchangeable, although Priorix-Tetra® may be preferred for children who do not accept porcine gelatine.

11. A 'varicella-only' vaccine will not be offered in the routine or selective programmes.

12. The MMR vaccine will no longer be available for the routine childhood programme from 1 January 2026.

13. The MMR vaccine will however still be available for administration outside of the routine childhood programme (e.g. for catching up older individuals, i.e. DoB on or before 31 December 2019, who **have not** received two doses of MMR and are not eligible for MMRV).

14. If a child is late to the 12-month appointment (and presents on or after 1 January 2026), MMRV should be offered instead of first dose of MMR alongside other 12-month vaccinations.

15. A second MMRV dose would be offered at the 18-month appointment. In this case the child does not need a third dose at 3 years and 4 months. There should be at least 1 month gap between the two MMRV vaccinations.

16. MMRV vaccine will be available to order through the normal channels as with all childhood vaccination programmes. Providers should ensure that local stocks of vaccine are rotated in fridges so that wastage is minimised. It is recommended that practices hold no more than two weeks' worth of stock.

17. There is no clinical concern if the child receives a third MMRV vaccine at 3 years and 4-month appointment.

18. Children aged 6 years and above at the start of the programme (DoB on or before 31 December 2019) are not eligible for MMRV vaccination via the routine childhood MMRV programme.

19. Pre-existing arrangements remain in place for the provision of varicella-only vaccine for close contacts of those at high risk of complications from varicella infection, in line with Green Book guidance.

20. There will be a small number of children in the catch-up group aged over one year and under 18 months (DoB after 1 July 2024 to 31 December 2024) who will be eligible to receive three MMR-containing vaccines. There are no safety concerns with this approach.

21. Information and resources to support implementation can be found at **Annex B**. For any operational queries, please contact the PHA Immunisation Team at pha.immunisation@hscni.net

22. We would like to take this opportunity to thank everyone involved in the commissioning and operational delivery of the routine childhood immunisation programme in Northern Ireland.

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

MMRV vaccination eligibility by date of birth

Date of Birth	Age on 01.01.2026	New Programme from 01 January 2026	Child's full schedule for MMR/MMRV
01/01/2025 or later	1 year or under	Two doses MMRV on new routine schedule (12m and 18m)	12m – MMRV 18m – MMRV 3y4m – no MMR
01/07/2024 to 31/12/2024	**>** 1y to 18m	Two doses of MMRV at 18m and 3y4m (This cohort should have received dose 1 of MMR at 12m)	12m – MMR 18m – MMRV 3y4m – MMRV
01/09/2022 to 30/06/2024	**>** 18m to 3y4m	One dose of MMRV at 3y4m	12m – MMR 18m – not scheduled 3y4m – MMRV
01/01/2020 to 31/08/2022	**>** 3y4m to **<** 6y	Delayed selective catch-up from 01 Nov 2026 to 31 Mar 2028 for those who have **not** yet had chickenpox infection or a complete course (two doses) of varicella vaccination*	12m – MMR 3y4m – MMR MMRV offered between 01/11/2025 and 31/03/2028 if no history of chickenpox or two varicella vaccines
31/12/2019 or before	6y and older	Not eligible	12m – MMR 3y4m – MMR

**There is no requirement for practices to check the history for those who respond to the offer*

NB. Any child with an incomplete immunisation history for their age should be managed according to the UKHSA uncertain or incomplete immunisation algorithm.

Annex B

Information and resources to support implementation

1. The Joint Committee on Vaccination and Immunisation (JCVI)

At its meeting in October 2023, the JCVI recommended[2] that a universal 2-dose varicella (chickenpox) vaccination programme offering vaccination at 12 and 18 months of age using the combined MMRV (measles, mumps, rubella and varicella) vaccine be introduced into the routine childhood schedule and that this change should be aligned with the other childhood vaccination schedule changes in 2025 if possible.

Furthermore, at the February 2024 main JCVI meeting[3] following further cost-effectiveness analysis of a one-dose varicella catch up programme, the JCVI advised a universal varicella catch-up programme for all children aged up to and including 5 years. The Committee also advised a targeted catch-up programme should be undertaken for children aged from 6 years and up to and including 10 years with no history of chickenpox infection (based on parental recall) or prior varicella vaccination.

In March 2025, following the outcome of the MMRV tender process, it was determined that the original JCVI recommendations were not feasible due to limited vaccine availability within the planned window of implementation. The JCVI therefore advised[4] a modified routine and catch-up varicella programme based on the best use of available MMRV vaccine for public health at its June 2025 main committee meeting.

2. Funding and service arrangements

Routine vaccinations and immunisations are delivered as an additional service under the GMS Contract. The changes to the routine childhood programme, described in this letter, will be reflected in the Green Book.

Practices should continue to offer these services in line with vaccination and immunisation standards and core contractual requirements, including undertaking call/recall for patients as they become eligible. Commissioners will need to ensure all commissioned services including (but not limited to) the child health immunisation service providers and 0-19 vaccination services, are informed of these changes.

It is proposed that an Item of Service payment of £10.06 will be provided for the additional (4th dose) of DTaP/IPV/Hib/HepB (hexavalent) vaccine to be provided at the new 18 month appointment from 1 January 2026, which will also see the move of the second dose of MMRV from 3 years 4 months.

[2] JCVI statement on a childhood varicella (chickenpox) vaccination programme - GOV.UK (www.gov.uk)
[3] JCVI Minutes of the meeting held on 07 February 2024
[4] JCVI Minutes of the meeting held on 04 June 2025

Funding arrangements for childhood vaccinations are outlined in the General Medical Services Statement Of Financial Entitlements (Northern Ireland) 2022/23. Microsoft Word - Statement of Financial Entitlements - 2022 23, which will be updated to reflect these new arrangements.

Additional funding will be provided for delivering the selective catch-up programme. It is proposed that an IOS fee of £10.06 per dose would be payable for MMRV vaccinations delivered as part of the varicella selective catch-up programme (set out at paragraphs 7 and 8 above).

3. Vaccine supply

MMRV vaccine will be available to order in the same way as all childhood vaccinations. Providers should ensure that local stocks of vaccine are rotated in fridges so that wastage is minimised. It is recommended that practices hold no more than two weeks' worth of stock.

The programme will use two combined MMRV vaccines, Priorix-Tetra® (GSK) and ProQuad® (MSD). The vaccines are considered clinically equivalent and interchangeable. However, Priorix-TETRA may be preferred for children who do not accept porcine gelatine and can be preferentially ordered by practices in the same way that MMR is.

See Green Book chapter 3 for more information on storage, distribution and disposal of vaccines: the green book, chapter 3 - GOV.UK

4. Patient Group Directions (PGDs)

Updated PGD templates will be produced for both MMR and MMRV to authorise for their commissioned services. This will be published by the SPPG/PHA PGD Development Team and will be available for GP practices and Trusts prior to the launch date of the programme. The PGD will be developed in line with national PGD and The Green Book.

5. Immunisation Against Infectious Disease (the Green Book)

Detailed clinical guidance on varicella and MMRV vaccination will be covered in the following chapters of the Green Book:

- Measles: Chapter 21
- Mumps: Chapter 23
- Rubella: Chapter 28
- Varicella: Chapter 34

In addition, the following chapters will also be updated to align with the changes:

- UK Immunisation schedule: Chapter 11

6. Training and information resources for healthcare practitioners

Health professionals responsible for all aspects of programme delivery should follow the advice detailed in the Immunisation Against Infectious Disease (the Green Book) for policy, programme management and clinical guidance.

The PHA should ensure that training materials, including educational slides are developed and made available to those delivering the programme in advance.

GP practices and public health nursing teams should ensure that their staff are appropriately trained to deliver the MMRV vaccine programme under the regional PGD and are aware of the training resources available to them.

7. Patient information materials

Communications materials are being developed to support the introduction of the MMRV vaccine and will be disseminated.

8. Consent

9.

Guidance on informed consent can be found in chapter 2 of the Green Book available at: https://www.gov.uk/government/publications/consent-the-green-book-chapter-2.

10. Reporting suspected adverse reactions

Healthcare professionals and members of public are asked to report suspected adverse reactions through the online Yellow Card scheme (www.mhra.gov.uk/yellowcard) by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am – 5pm Monday to Friday.

11. Surveillance and reporting

Coverage of one and two doses of MMRV vaccine will be collected. GP practice-level MMRV vaccine coverage will be based on data uploaded to CHS. All providers administrating the vaccine should complete the Clinic Sheet (CHS6) and return to CHS local office in a timely manner to allow for vaccines administered to be recorded on the system.