

17 November 2010



## Vaccinations at 12 and 13 months of age

Dear Colleague

This letter contains information about a simplification to the routine childhood immunisation schedule that should be brought in as soon as practicable for your area.

### JCVI recommendation

At the October 2010 meeting the Joint Committee on Vaccination and Immunisation recommended that vaccines currently given at 12 and 13 months of age (MMR, PCV 13 and Hib/MenC) should be given at the same visit, between 12 and 13 months of age (i.e. within a month after their first birthday) to simplify the routine childhood immunisation schedule.

### Background

At the June 2009 meeting of the Joint Committee on Vaccination and Immunisation evidence was presented to the committee showing that Hib/Men C, MMR and PCV vaccines could be safely administered at the same time, and that that co-administration did not adversely affect the immune response elicited by the vaccines. This led the JCVI to recommend flexibility in the routine schedule. The minutes relating to this can be found at :

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@ab/documents/digitalasset/dh\\_116040.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_116040.pdf)

The flexibility of the schedule was explained to the field in Vaccine Update June/July 2009, page 3:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_104326.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_104326.pdf)

Since the JCVI gave its advice in 2009 the vaccine used for protection against Pneumococcal disease has changed from PCV 7 to PCV 13. However, the advice is equally applicable to PCV13.

From the Chief Medical Officer (interim), the Chief Nursing Officer and the Chief Pharmaceutical Officer

Professor Dame Sally C. Davies DBE  
FMedSci

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Dame Christine Beasley DBE RN

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Dr Keith Ridge  
BPharm MSc PhD DSc(Hon) FRPharmS

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Richmond House  
79 Whitehall  
London SW1A 2NS

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PL/CMO/2010/3, PL/CNO/2010/4,  
PL/CPHO/2010/2

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#### For action

- PCT Directors of Public Health
- Immunisation Co-ordinators
- General Practitioners
- Lead Nurses at PCTs
- Practice Nurses

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#### For information

- Chief Executives of Strategic Health Authorities
- Chief Pharmacists/Pharmaceutical advisers of PCTs
- Medical Directors of NHS Trusts
- Chairs of Primary Care Trusts
- Regional Directors of Public Health
- Directors of Nursing
- Chairs Infection Control Committees
- Consultants in Communicable Disease Control
- All Pharmacists

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At the October 2010 meeting the JCVI discussed the schedule further, alongside a research project

investigating the attitudes of parents to the childhood vaccinations at 12 and 13 months of age and the recent findings from Miller et al, and decided that in order to simplify the schedule and reduce the number of visits parents had to make, the schedule should be changed to ensure all practices offered the three vaccines in one visit.

Hib/Men C, MMR and PCV should now be offered together at one appointment when a child is between 12 and 13 months of age. The appointment should not take place before the child's first birthday.



**Professor Sally Davies**  
**Interim Chief Medical Officer**



**Dame Christine Beasley**  
**Chief Nursing Officer**



**Dr Keith Ridge**  
**Chief Pharmaceutical Officer**

Date 19 November 2010

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**For further information**, please contact:  
[dhmail@dh.gsi.gov.uk](mailto:dhmail@dh.gsi.gov.uk)

**Address**  
Immunisation Branch  
Department of Health  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG

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**Further copies of resources including this letter can be ordered via:**

Department of Health Publications:  
[dh@prolog.uk.com](mailto:dh@prolog.uk.com)  
[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)  
Telephone: 0300 123 1002  
Or write to Department of Health  
PO Box 777, London SE1 6XH

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**To doctors and practice nurses: for correction or changes of address, practice or name**, please contact:

The Medical Mailing Company  
PO Box 60, Loughborough  
Leicestershire LE11 0WP  
Tel: Freephone 0800 626387

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**For changes to pharmacists contact details**

please write to:  
Registration Dept.  
RPSGB  
1 Lambeth High Street  
London SE1 7JN

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This letter is also available at:  
<http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/index.htm>

## **Annex 1: Vaccinations at 12 and 13 months of age.**

### **1. Advice from JCVI**

At their October meeting this year (06 October 2010) the JCVI considered combining the administration of Hib/MenC, PCV and MMR vaccinations at a single visit between 12 and 13 months of age (i.e. within a month after their first birthday) in the routine childhood immunisation schedule. The committee had previously seen reassuring evidence on the immune response and safety of the three vaccines given at the same time. However, JCVI suggested that attitudinal research should be conducted on parents' views to giving three vaccinations at one time before making any formal modification to the schedule.

In July 2010 mothers and fathers of babies up to 11 months and health professionals were interviewed to explore their attitudes to combining the 12 and 13 month immunisations. This qualitative research found that offering parents a choice between the two schedules could generate more questions than answers, and seemed unwise. In light of the findings it was recommended that the introduction of the simplified schedule should be part of the normal process of improvements to the schedule.

The committee noted that the results of new attitudinal research indicated that simplification of the schedule would be acceptable to parents. Whilst there was no direct evidence, the simplification might be expected to increase uptake as parents would not need to return for a further visit. Some PCTs have already started to schedule all three vaccines in one visit, but assessing the possible impact on uptake in these PCTs may be difficult and it may take time for sufficient data to accumulate to be informative.

The committee concluded that the boosters of Hib/MenC and PCV13 should now be offered with MMR in one visit between 12 and 13 months of age (i.e. within a month after their first birthday). These vaccinations should not be given earlier than 12 months of age. Recent clinical trials have shown that co-administration did not adversely affect the immune response elicited by the vaccines, and no safety concerns around co-administration were identified. It is important that information systems can correctly schedule and record these vaccinations given from the first birthday (12 full calendar months of age). As usual, the vaccinations should ideally be given in separate limbs, or, if given in the same limb at least 2.5cm from each other. The vaccines should not be mixed in the same syringe.

Should some parents refuse three vaccinations at one visit, it would be preferable if MMR and PCV13 were given first followed by Hib/MenC at a further visit.

Health professionals will need to be ready to reassure parents that -

- combining vaccinations into one appointment and giving three at a time is safe
- the fact that MMR is one of these makes no difference, because MMR is safe
- there is a good reason for the change: though the current system is effective and safe, changing it will be an improvement
- there are significant benefits to baby and parent in having one fewer appointment and reduced distress

## **2. Vaccine supply and storage**

GP practices will need to ensure all three vaccines are ordered so they are available for a visit soon after a child's first birthday. It is recommended that vaccine is ordered via the ImmForm website at [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk). Surgeries should only hold two to four weeks of stock locally as over ordering can lead to vaccine being wasted.

Vaccines should be stored in the original packaging at +2 C to +8 C and protected from light. More information on the ordering, storing and handling of vaccines is available as a DH protocol available at [www.dh.gov.uk/PublicHealth/Immunisation/index.htm](http://www.dh.gov.uk/PublicHealth/Immunisation/index.htm).

## **3. Scheduling vaccines**

It is important that these vaccines (Hib/MenC, PCV booster and MMR) are not routinely scheduled by Child Health Information Systems (CHISs) or GP systems before the first birthday. Some CHIS and GP systems may be defining 'a month' as '4 weeks' and therefore it is possible that vaccines scheduled for '12 months' may in fact be calling up children at 48 weeks. All CHIS and GP systems should therefore review the scheduling for this age to ensure that no child is called up before their first birthday (i.e. before 12 full calendar months).

## **4. Monitoring vaccine uptake**

GP practices and Child Health Departments will need to ensure all three vaccines are carefully recorded in the patients electronic records and are correctly coded.

## **5. Publicity and information materials**

The routine childhood immunisation schedule poster will be amended and reprinted.

In addition all new prints of the core childhood immunisation leaflets will reflect the updated schedule on the back.

## **6. Immunisation against infectious disease 2006 (the 'Green Book')**

Revisions to the appropriate chapters will be available online by the end of November 2010.

## **7. Consent**

Health professionals should ensure that for each child who attends an immunisation session, appropriate information and advice about all three vaccines is given to the person with actual or delegated parental responsibility and that that person's consent is obtained. Individuals bringing their child for immunisation should be given a reasonable opportunity to discuss any concerns before their child is immunised.

For further information on consent, please see Chapter 2 of the 2006 edition of *Immunisation against infectious disease* (the 'Green Book').

## **7. Contractual arrangements, service reviews and funding**

The arrangements, reviews and funding for these childhood immunisations remain the same.

Some PCTs may operate Local Enhanced Service agreements with GP practices that offer an additional payment for the completion of the fifth visit. Immunisation Coordinators will need to make amendments to any such arrangements to allow for the fact that the fourth and fifth visit will now be combined.