Child and Adolescent Vaccination: Current and Future Issues



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5th November 2025

UNITE- CPHVA Annual Professional Conference

Plan

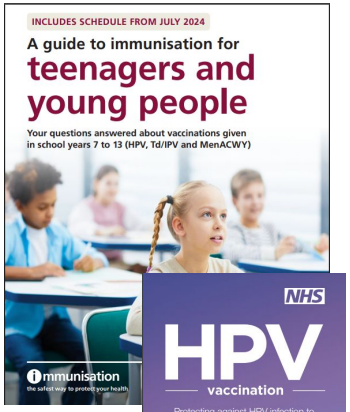
- Review current vaccine schedule for 0-19s
- Recent and future changes to schedule
- Highlight key issues in vaccine uptake
- Disease outbreaks – pertussis and measles
- What can you do?
- What's next for health visiting and vaccination?

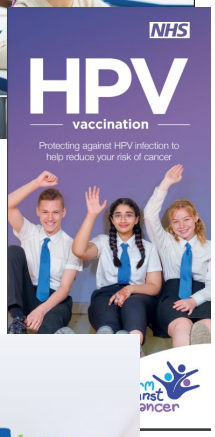


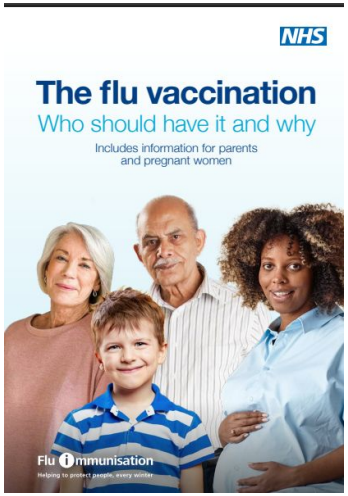


















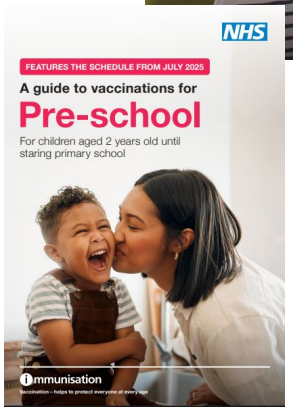
The Coronavirus (COVID-19) vaccine will be offered from October to people aged 75 and over, residents in care homes for older people and anyone aged 6 months and over who is immunosuppressed to protect them ahead of winter. Appointments will be available to book from early September.

Who is being offered COVID-19 vaccination?

COVID-19 is more serious in older people and in people who are immunosuppressed. This winter it is expected that many respiratory infections, including COVID-19 and flu may be circulating at high levels – this may put increasing pressure on hospitals and other health care services. For these reasons, people aged 75 years and over, those in older adult care homes, and those aged 6 months and over who are immunosuppressed are being offered a COVID-19 vaccine from October.

The vaccination programme is targeted at those at high risk of the complications of COVID-19 infection, who may have not been vaccinated for a few months. As the number of COVID-19 infections may increase over the winter, this should help to reduce your risk of being admitted to hospital with COVID-19. The vaccine may also provide some protection against mild COVID-19 infection but such protection does not last for long.







https://www.gov.uk/government/collections/immunisation

Routine Childhood & Adolescent Immunisation Schedule –2025 -1

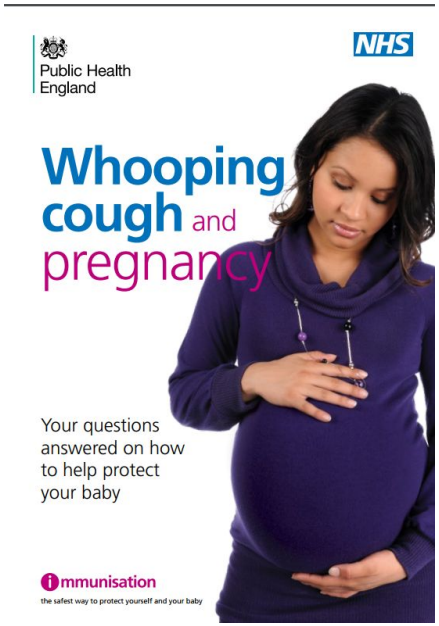
Age	Vaccine
0	BCG (selective)
0	Hepatitis B (high risk infants)
4 weeks	Hepatitis B (high risk infants)
8 weeks	DTaP/IPV/Hib/hepB & MenB & rotavirus
12 weeks	DTaP/IPV/Hib/hepB & MenB & rotavirus
6m onwards	COVID-19 (immunosuppressed)
16 weeks	DTaP/IPV/Hib/hepB & PCV
12-13 months	PCV & MenB & MMR
18 months	DTaP/IPV/Hib/hepB & MMR

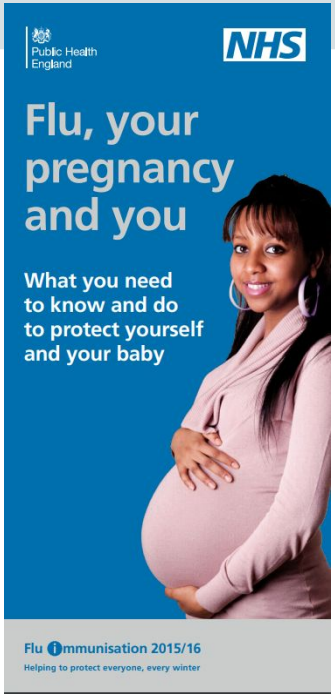
Routine Childhood & Adolescent Immunisation Schedule –2025 -2

Age	Vaccine
2 – yr 11	Influenza vaccine
3 yrs 4 months	DTaP/IPV (or dTaP/IPV)
12-13 yrs	HPV (1 dose)
13-14 yrs	Men ACWY
13-14 yrs	Td/IPV
17-25 (freshers etc)	Men ACWY (ensure had MMR x 2)

Vaccines in pregnancy programme

Pertussis vaccine	‘Flu vaccine
Every pregnancy 16-32 weeks (usually 20 weeks) Uptake 71.3% (Jan-March 2025) (in London uptake has improved by 24% in one year)	Every pregnancy in ‘flu season at any stage of pregnancy Uptake 32.1% (2023-24)





UCL
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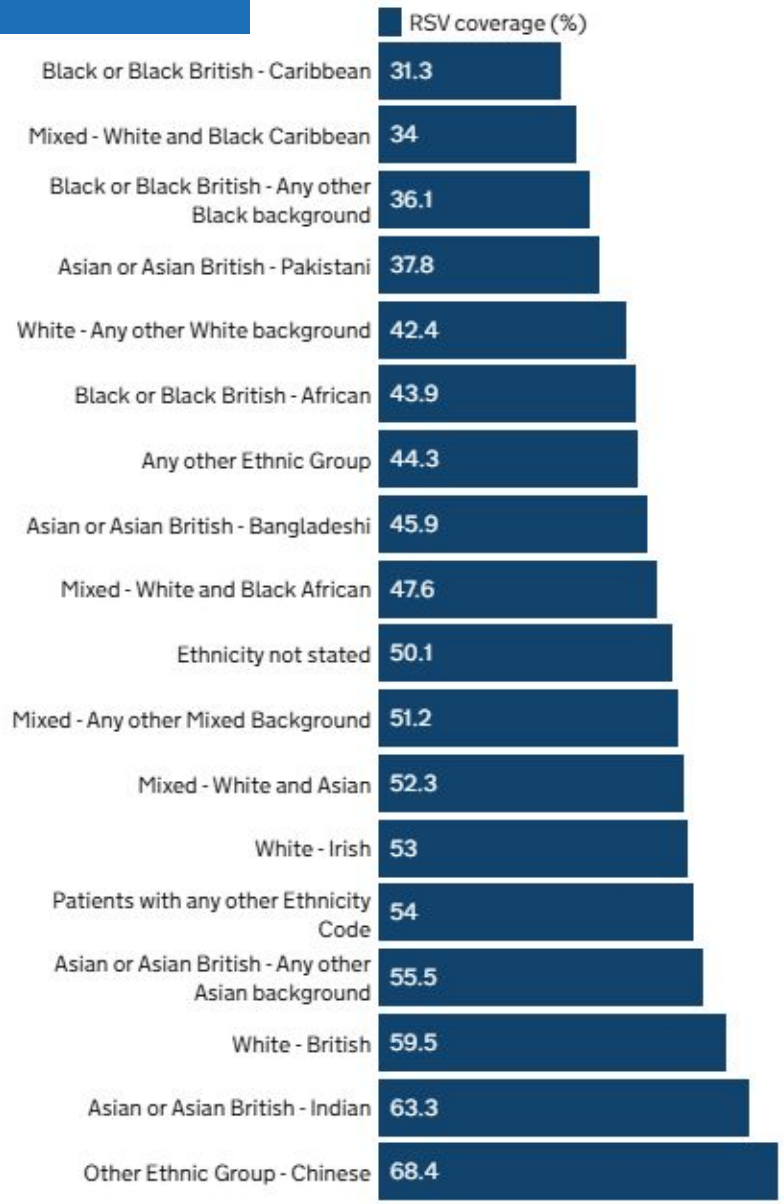
Respiratory Syncytial Virus Vaccine (RSV)



- RSV poses a significant burden on the health system during the RSV ‘season’ from October to March in the UK
- 33,500 hospitalisations and up to 30 deaths among children under 5 years each year
- Infants most at risk of severe disease in first 3 months
- Protection either by monoclonal antibodies to high risk infants
- Maternal vaccination - offered at 28 weeks – 53% in June 2025

Respiratory syncytial virus (RSV) maternal vaccination coverage in England: June 2025

Updated 30 October 2025



Source: UKHSA

COVID-19 vaccine in pregnancy

- Being pregnant is not an indication for the autumn 2025 campaign but pregnant women who are also immunosuppressed due to disease or treatment are at increased risk and should be offered the vaccine.

https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners/covid-19-vaccination-programme-information-for-healthcare-practitioners

Changes to schedule this year

1. Removal of Hib/MenC @12 months

   Manufacturer decision

   – Men C disease now well controlled
   – MenACWY vaccine in adolescence will continue to offer indirect protection to other age groups (reducing carriage)

2. New vaccine visit at 18 months 6-in-1 & MMR

- Hib booster still needed for herd immunity
- High risk children needing 4th dose hepB (blood test 12-18 months)
- 2nd dose MMR brought forward – evidence for higher uptake if given earlier

What’s coming next?



Introduction of varicella vaccine





- Very common infection
- Usually mild and self-limiting
- Complications – secondary bacterial infections (group A strep), pneumonitis, encephalitis, stroke, death
- Pregnant women, neonates, immunocompromised most at risk
- Virus can reactivate as herpes zoster

- Vaccine to be introduced 2026 (Jan 1st)
- MMRV
- Vaccine developed in 1970s
- 2021 - used in 44 countries
- USA for 30 years (disease declined by 97%)
- Small increased risk of febrile convulsions with first dose (1 additional febrile seizure/ 2,300 vaccines)

Correspondence

Introduction of a routine varicella (MMRV) vaccination programme for children at one year and at 18 months

Published 31 October 2025



- Two doses MMRV at 12 and 18 months
- Catch up for children under 6 years

https://www.gov.uk/government/publications/introduction-of-a-routine-varicella-mmrv-vaccination-programme/introduction-of-a-routine-varicella-mmrv-vaccination-programme-for-children-at-one-year-and-at-18-months

Two main issues re Vaccine Uptake:

1. Uptake generally high but **wide** variation and inequalities by geography and social group

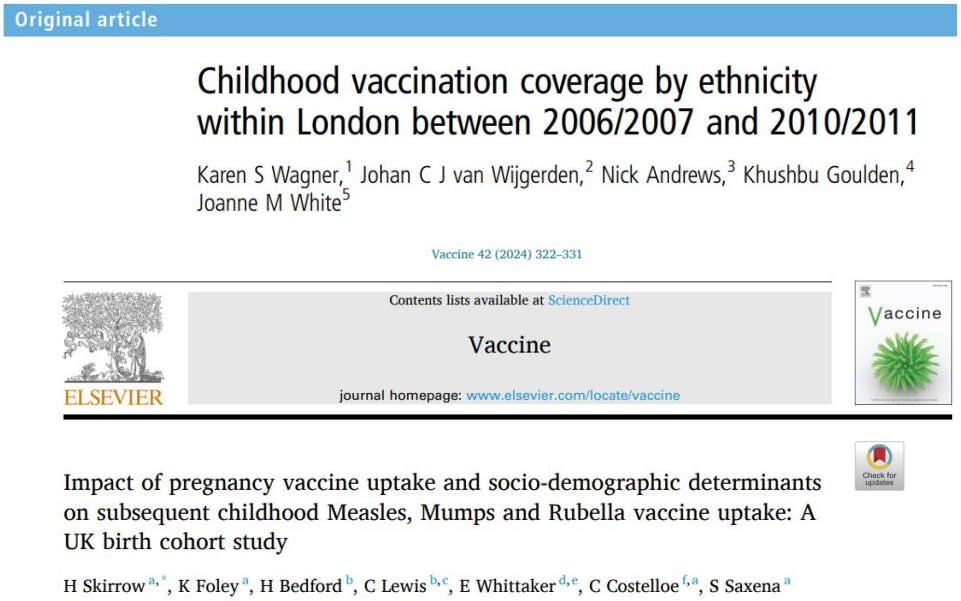
Percentage of children vaccinated (completed courses) 2024/5

Target uptake for all vaccines = 95%

Country/LA	DTaP/IPV/Hib/HepB at 12 months %	MMR 1 at 2 years % (MMR 2 @5 years)
UK	91.7	89.3 (84.4)
England	91.4	88.9 (83.7)
London	86.3	80.8 (69.6)
Bristol (City)	92.9	87.9 (85.3)
Liverpool	84.3	80.6 (75.5)
Sunderland	97.2	96.2 (92.7)
W. Sussex	93.8	92.1 (87.8)
City and Hackney	61.5	65.3 (58.3)

https://ukhsa-dashboard.data.gov.uk/cover/childhood-vaccinations

Inequalities in vaccine uptake



Original article

Childhood vaccination coverage by ethnicity within London between 2006/2007 and 2010/2011

Karen S Wagner,[1] Johan C J van Wijgerden,[2] Nick Andrews,[3] Khushbu Goulden,[4] Joanne M White[5]

Vaccine 42 (2024) 322–331

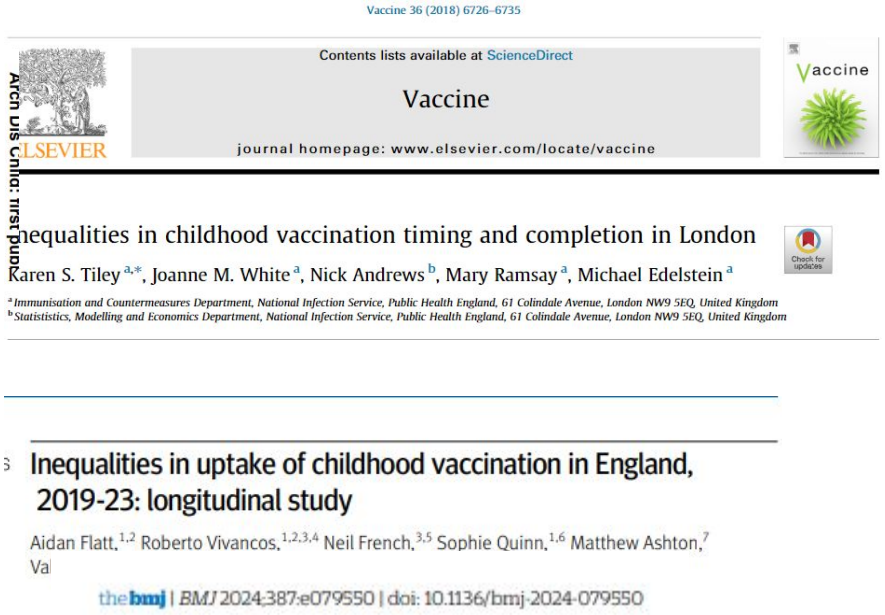
Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Impact of pregnancy vaccine uptake and socio-demographic determinants on subsequent childhood Measles, Mumps and Rubella vaccine uptake: A UK birth cohort study

H Skirrow [a,*], K Foley [a], H Bedford [b], C Lewis [b,c], E Whittaker [d,e], C Costelloe [f,a], S Saxena [a]



Vaccine 36 (2018) 6726–6735

Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Arch Dis Child: first publ

Inequalities in childhood vaccination timing and completion in London

Karen S. Tiley [a,*], Joanne M. White [a], Nick Andrews [b], Mary Ramsay [a], Michael Edelstein [a]

[a] Immunisation and Countermeasures Department, National Infection Service, Public Health England, 61 Colindale Avenue, London NW9 5EQ, United Kingdom
[b] Statististics, Modelling and Economics Department, National Infection Service, Public Health England, 61 Colindale Avenue, London NW9 5EQ, United Kingdom

Inequalities in uptake of childhood vaccination in England, 2019-23: longitudinal study

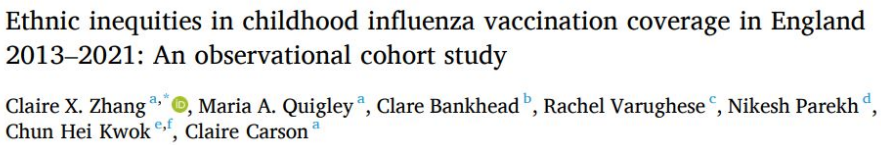
Aidan Flatt,[1,2] Roberto Vivancos,[1,2,3,4] Neil French,[3,5] Sophie Quinn,[1,6] Matthew Ashton,[7] Va

the bmj | BMJ 2024;387:e079550 | doi: 10.1136/bmj-2024-079550



Ethnic inequities in routine childhood vaccinations in England 2006–2021: an observational cohort study using electronic health records

Claire X. Zhang,[a,*] Clare Bankhead,[b] Maria A. Quigley,[a] Chun Hei Kwok,[c] and Claire Carson[a]



Ethnic inequities in childhood influenza vaccination coverage in England 2013–2021: An observational cohort study

Claire X. Zhang [a,*], Maria A. Quigley [a], Clare Bankhead [b], Rachel Varughese [c], Nikesh Parekh [d], Chun Hei Kwok [e,f], Claire Carson [a]

Vaccine uptake lower in:

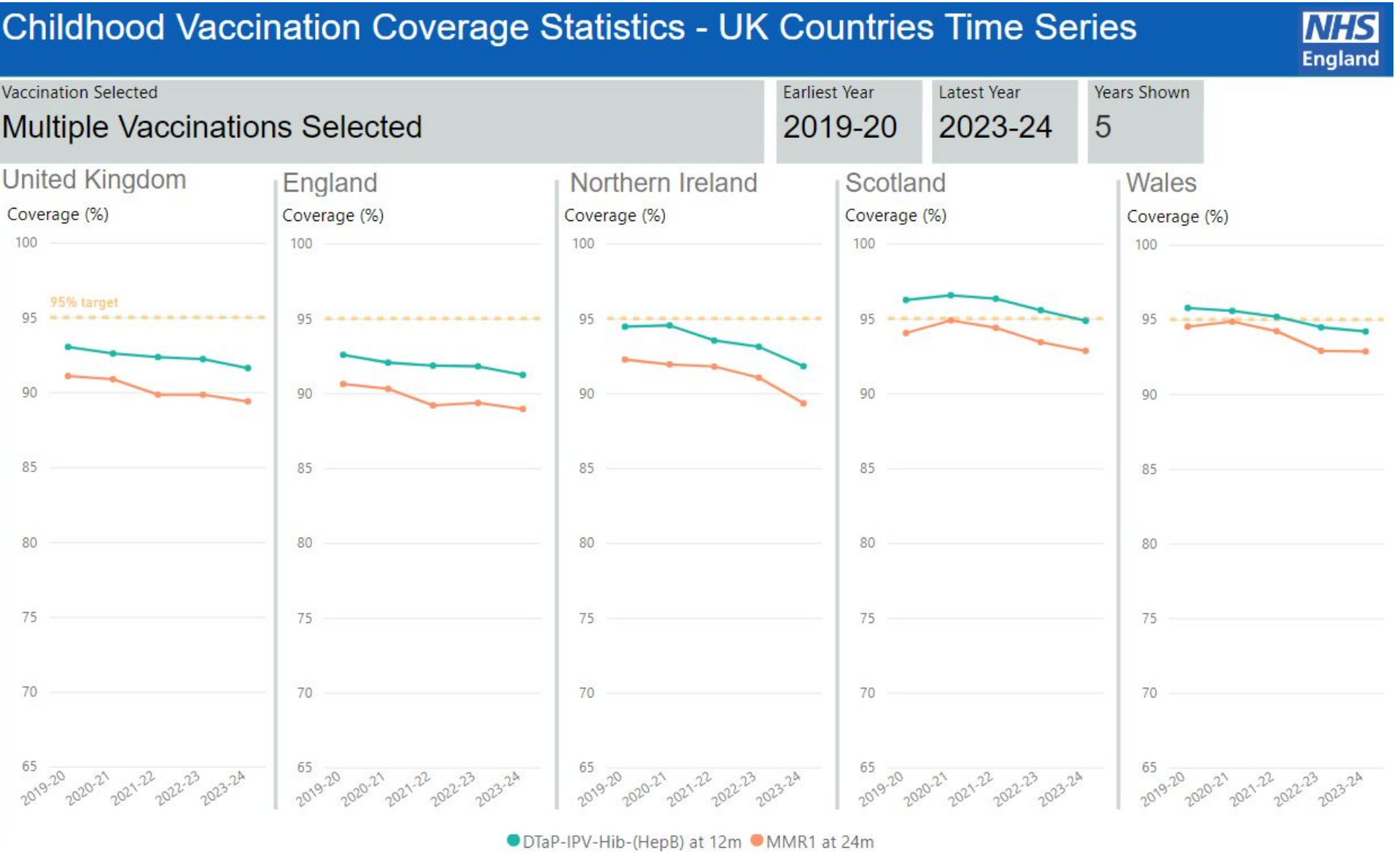
- Children in most deprived areas
- Children of younger mothers (20 yrs or younger)
- Children of Black or Black British ethnicity
- Children of mothers vaccinated in pregnancy more likely to have MMR vaccine
- Inequalities are increasing

Two main issues re Vaccine Uptake:

1. Uptake generally high but **wide** variation and inequalities

2. Decline in uptake since 2013

Vaccine uptake in UK countries 2012/13 – 2023/24



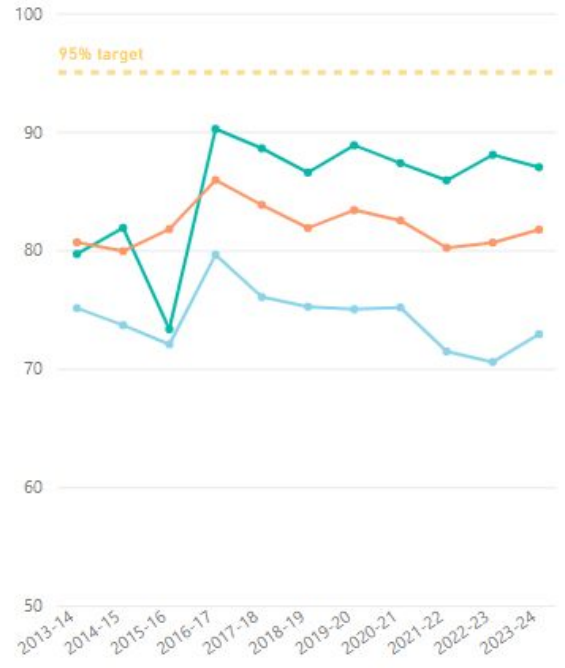
Childhood Vaccination Coverage Statistics - Local Authority Time Series

NHS England

Vaccination Selected	Earliest Year	Latest Year	Years Shown
Multiple Vaccinations Selected	2013-14	2023-24	11

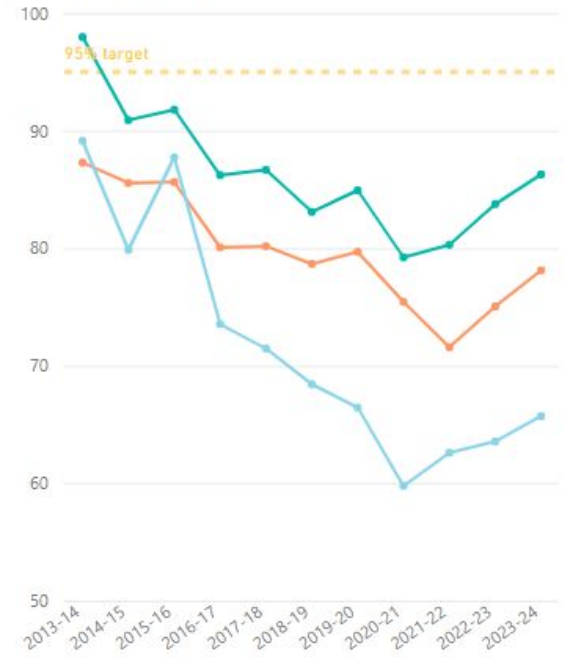
Barnet

Local Authority coverage (%)



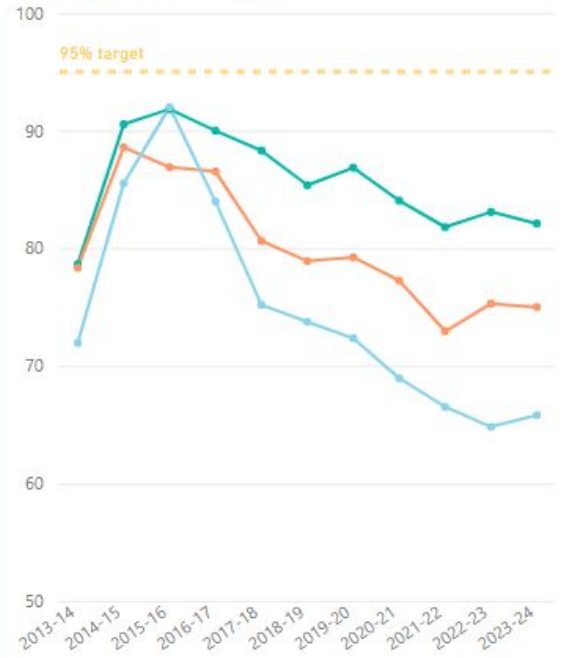
Camden

Local Authority coverage (%)



Enfield

Local Authority coverage (%)



DTaP-IPV-Hib-(HepB) at 12m MMR1 at 24m MMR2 at 5y

HPV vaccine coverage by NHS commissioning region and sex for year 8 students 2023 to 2024 academic year

HPV vaccine uptake fell during pandemic, some recovery but still not reached pre-covid levels.

Dose 1 for yr 8 females in England =72.9% (17.0% lower than highest year 2014/15 90%)

Disparity between females and males



https://www.gov.uk/government/statistics/human-papillomavirus-hpv-vaccine-coverage-estimates-in-england-2023-to-2024/human-papillomavirus-hpv-vaccination-coverage-in-adolescents-in-england-2023-to-2024

Laboratory **11 to 2025**



https://www.gov 25/laboratory-confirmed-cases-

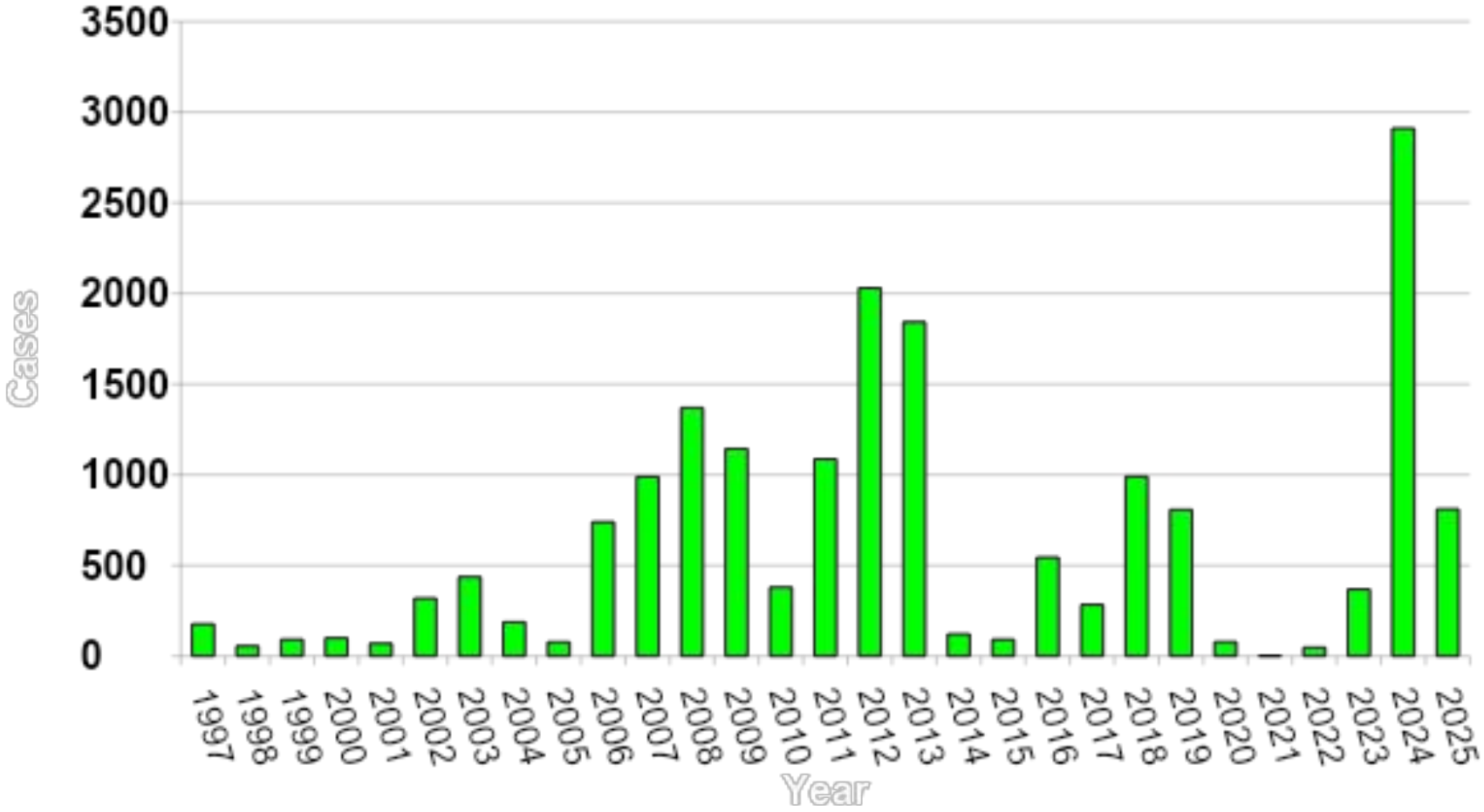
Baby dies of whooping cough after mother not vaccinated while pregnant

Eleven infants died of whooping cough in 2024

Maia Davies
BBC News

31 August 2025

Measles - confirmed cases
England & Wales 1996 to 23 October 2025



https://ukhsa-dashboard.data.gov.uk/vaccine-preventable-diseases/measles

Measles 2024

HEALTH

London at 'real risk' of measles outbreak with tens of thousands of cases

Poor vaccination rates have left children vulnerable to the infection

Kat Lay, Health Editor

Friday July 14 2023, 2.00pm, The Times

Health London



About one in ten children have not had both MMR doses when they start school; in London it is one in five

ALAMY

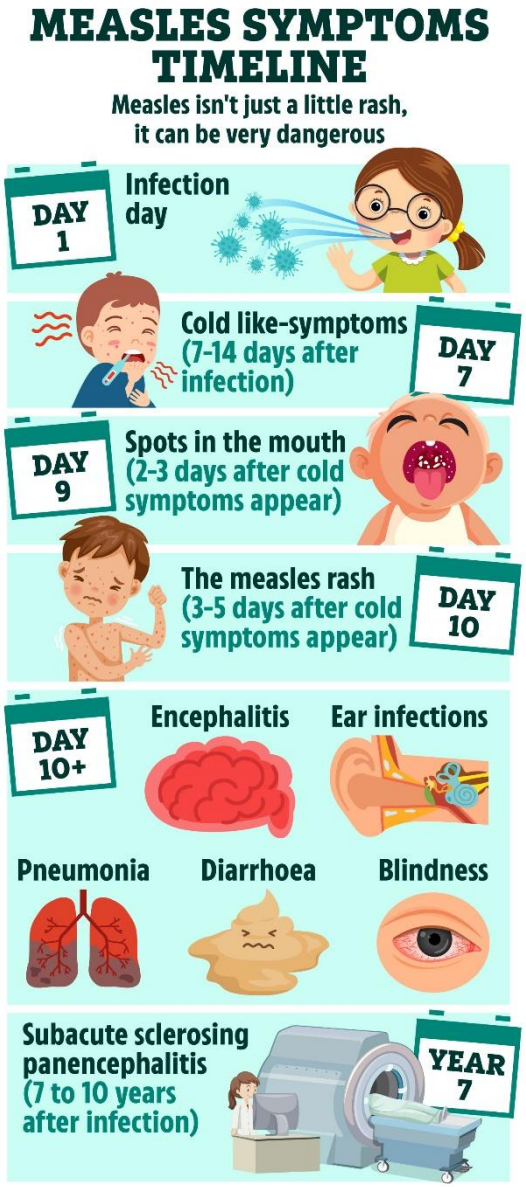


- 2,911 lab confirmed cases
- 61% in children 10 years and under
- 32% young people and adults over 15 years
- 323 in under 1 yr
- I death (young person)

- Cases in all regions
- 45% London
- 20% W. Midlands

https://www.gov.uk/government/publications/measles-epidemiology-2023/confirmed-cases-of-measles-in-england-by-month-age-region-and-upper-tier-local-authority-2024

Measles 2025 (to 23/10/2025)




AS CHILD DIES:

MEASLES ALARM ACROSS NATION

Call to up vaccine rates

By ALEX DIAZ

FEARS of measles spreading like wildfire are growing after a child infected with the virus died amid plunging vaccine rates.

The youngster was a patient at Liverpool's Alder Hey Children's Hospital, which has seen 17 cases in the past few weeks.

Infections are increasing across the country as low MMR (measles, mumps and rubella) vaccination rates leave children vulnerable.

And the risk is rising as people mix and travel during the summer holidays, experts say.

Major outbreaks in Birmingham and London contributed to 2,911 measles cases in England last year, the highest number since 2012.

The child who died, whose name and gender were not revealed, was thought to have had other serious health problems. It was not clear whether they were vaccinated.

So far this year there have been 529 confirmed cases in England, with 359 in the month to July 3.

Professor Matt Ashton, Liverpool's director of public health, said: "The measles virus has the potential is highly infectious and can easily spread to the unprotected community.

Surge in cases . . . at Alder Hey

- 811 confirmed cases
- 70% in under 10s
- 25% over 15 yrs
- 50% London (13% in Hackney)
- 6% Bristol
- I child death (Liverpool)

MMR pop-up vaccine clinics available in the Black Country

23 January 2024

You are here: Home › News and events › Latest news › MMR pop-up vaccine clinics available in the Black Country

Due an increase in measles cases across the West Midlands, more pop-up vaccination clinics have been set up in the Black Country to help ensure people are up to date with their measles, mumps and rubella (MMR) jab.

Children aged five and over and any adults who are yet to receive both doses of the MMR vaccine are invited to come forward.

Measles is a highly infectious disease which can lead to serious complications such as severe lung infections and inflammation of the brain. It also damages and suppresses the whole immune system, meaning children can be left much more susceptible to catching other illnesses.



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New community film spotlights the need for measles vaccination in our area

29th January 2024

A new film about the measles, mumps and rubella (MMR) vaccine launches in Bristol today, a collaboration between the Bristol Somali community and community health partners. The timely video launches as local health leaders are urging people to check if they have had their MMR vaccine following a national rise in measles cases.

The short film, titled 'Let's talk about MMR' is aimed at people aged 17 to 30 of Somali heritage. It features young people from the Somali community, including Dr Asha Mohamed from University Hospitals Bristol & Weston (UHBW), discussing the symptoms and possible side effects of catching measles, mumps and rubella. It also explains how two doses of the MMR vaccine provides very high protection against these serious illnesses.



NEWS

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Health

Measles campaign features children pleading for jabs in England

29 February





What is driving the decline?

Antivax myths blamed for fall in life-saving child vaccinations

Eleanor Hayward
Health Correspondent

The uptake of lifesaving childhood vaccinations has plummeted to its lowest for a decade amid fears that antivax

2010-11, and is down from a peak of 92.
per cent in 2013-14.

Uptake of the second dose, offered a
the age of three years and four months
has fallen to 85.7 per cent, also the low
est level for a decade.

VACCINE PLEA TO MOST VULNERABLE



Get your child jabbed! Alert after alarming drop in uptake of MMR

Fears over drop in childhood jabs uptake

by Laura Donnelly

HEALTH chiefs have warned of an extremely worrying" drop in childhood vaccinations such as MMR since the pandemic.

Latest figures show falls in 13 of 14 routine immunisations, including those which protect against diphtheria, pertussis, tetanus, polio, disease caused by Haemophilus influenzae type b and hepatitis B, with uptake levels for some of the main jabs far below recommended levels.

The figures show uptake for the measles, mumps and rubella (MMR) vaccine among two-year-olds was just 89.2 per cent in 2021-22 – down from 90.3 per cent the year before. They also show just 85.7 per cent of children had received their 2nd dose of MMR vaccine by their fifth birthday, falling from 86.6 per cent in the previous year.

It follows warnings that too many children have missed jabs, amid disruption caused by Covid. Health experts are predicting a surge in such illnesses among children whose early years were dominated by "social distancing".

Dr Vanessa Saliba, consultant epidemiologist at the UK Health Security Agency, said: "Measles is highly contagious and can be dangerous, and it is extremely worrying that we are seeing levels of uptake of the MMR vaccine falling among young children."

30 Sun Friday, September 30, 2022

CHILD VACCINES AT DECADE LOW

CHILDHOOD vaccine rates are at their lowest for a decade, NHS figures show.

Health chiefs warn previously widespread diseases such as measles, mumps and polio could surge again as a result.

Britain now falls well short of the 95 per cent coverage needed for herd immunity.

Dr Vanessa Saliba, from the UK Health Security Agency, said drops in coverage are "extremely worry-

Worrying fall

Major disease outbreak fears amid fall in child vaccine rates

By Kate Pickles
Health Correspondent

FALLING vaccination rates mean the UK can expect "significant outbreaks" of deadly childhood diseases, experts warn.

Doctors fear Victorian diseases including typhoid are being primed for a comeback after uptake in 13 out of 14 routine vaccinations fell last year.

Uptake of the measles, mumps and rubella (MMR) jab dropped to 89.2 per cent last year – the lowest since 2011. The six-in-one vaccine, which tackles polio and tetanus, had the lowest coverage since 2008 at 91.8 per cent.

There have recently been cases of polio detected in London which has worryingly coincided with the fall in immunity.

Health leaders warned that even this small decline could lead to a surge in diseases that had been largely confined to history. Helen Bedford, professor of child public health at UCL, said the fall was of "great concern".

"This leaves us with the concerning double whammy of many children being unprotected and the inevitability of disease rates increasing," she said.

Most childhood jabs are given before the age of five at GP surgeries. The World Health Organization gives the target to vaccinate at least 95 per cent of the population to create herd immunity.

The UK Health Security Agency urged parents to check their children's jabs are up to date.

Flu jab plea after only four in 10 children got vaccine in 2021

Daniel Keane Health Reporter

JUST four in 10 children aged two or three in London were vaccinated against seasonal flu last winter, data from NHS Digital showed, as fears grow of a "twindemic" this year.

About 41.6 per cent of those in the age group had received the jab between September 2021 and March 31 this year – the lowest figure of any region in the UK.

It marks a decrease of five per cent on the year before and comes as health officials warned of an "unpredictable" flu season this winter with low levels of immunity.

The NHS recommends that 95 per cent of children in the age group are jabbed against the disease.

All GP practices in England offer the nasal spray flu vaccine to children aged between two and three to protect them against flu, which can lead to serious problems including bronchitis and pneumonia. It is also available free on the NHS for primary school children and some secondary school aged children with long-term health conditions.

The South-East had the highest level of flu vaccination coverage at 57.3 per cent, followed by the South West on 56.8 per cent and then the East Midlands on 54.4 per cent.

Dr Yvonne Young, of the UK Health Security Agency, has warned that the two illnesses could cause "serious illness and hospitalisation" and said the "best protection" was to get vaccinated.

Quick read:

Royal College of Paediatrics and Child Health 2025

Vaccination in the UK: access, uptake and equity

Findings from the RCPCH Commission on Immunisation, 2024-25

- In the UK, where vaccine confidence is still relatively high, **under vaccination is more often due to difficulties accessing services for practical or logistical reasons.**

- The report underscores the importance of understanding these access-related barriers, as these can discourage families - particularly those already uncertain about vaccination - from actively pursuing immunisation for their children.

Ref:
https://www.rcpch.ac.uk/resources/vaccination-access-uptake-equity-2025#downloadBox

What is driving decline?

- Multiple factors
  - Vaccine confidence high though recent small declines (UKHSA)
  - Younger parents may be more hesitant
  - Parents/public have more vaccine questions post covid/lack of available information
  - Mis/dis information on social media
  - Difficulties with access remain the most important cause of poor uptake
    - pressure on GP
    - reduction in HV numbers (40% decline since 2015)
    - inconsistent/uninformative reminders; knowing what's due when
    - making appointments; getting to appointments
    - effects of poverty
- No evidence for major anti-vaccine movement in UK

What is needed for high vaccine uptake

Understanding the local community

- **vaccination services**
  - well organised; accessible; family friendly
  - good IT systems - identify eligible/send reminders/monitor uptake
  - reminders;
  - positive experience

- **health professionals**
  - well informed, enthusiastic, confident vaccine communicators

- **the public**
  - socio-economic, cultural, political factors
  - attitudes to diseases and vaccines especially safety
    - vaccination means disease not immediate threat
    - not a priority/other pressures
    - cultural/religious views
    - lack of trust in govt/big Pharma/health care system
    - needle phobia
    - previous negative experience

What can you do?

- Use opportunities to check vaccination status
  - Is this child/young person/adult up to date?
  - new migrants/refugees/asylum seekers/LAC

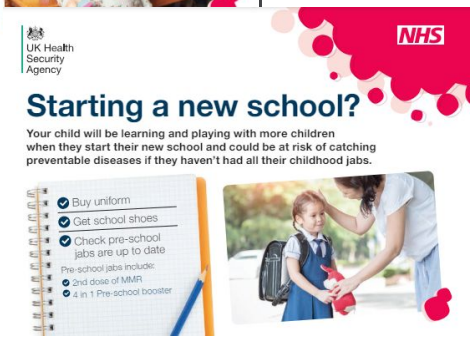
- Two doses MMR vaccine needed for best protection – over 18 months of age – I month interval
- No upper age limit

- If unsure safe to give vaccine even if previously vaccinated

- Talking with parents – concerns/questions etc

- Recommend W/C vaccination in pregnancy – never too late!







Health visitors and vaccination

- What are health visitors currently doing with respect to vaccination? – dearth of research

UKHSA survey of 3,272 parents in 2025

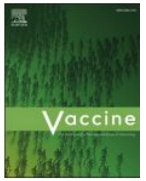
- 33% said information from HVs made them feel vaccination important (TOP of list of options)
- 35% HVs most trusted source of vaccine information
- 51% said they had talked with HV about vaccines before 1st vaccine

Vaccine 62 (2025) 127462

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Vaccine

journal homepage: www.elsevier.com/locate/vaccine



"*I want to chat with a person*": a qualitative longitudinal cohort study in England exploring drivers of sub-optimal childhood vaccination uptake

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Importance of discussing vaccination with HCWs

- 53% felt more confident about vaccines after discussion with HCW
- After discussion with HCW 15% changed their mind and decided to vaccinate (79% did not change mind (to vaccinate) (3% changed mind and decided not to vaccinate)

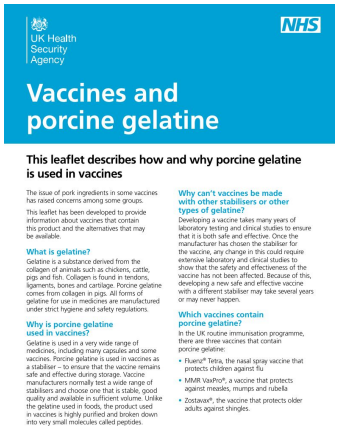


- https://www.gov.uk/government/publications/childhoodvaccines-parental-attitudes-survey-2025/childhood-vaccines-parental-attitudes-survey-2025-findings)

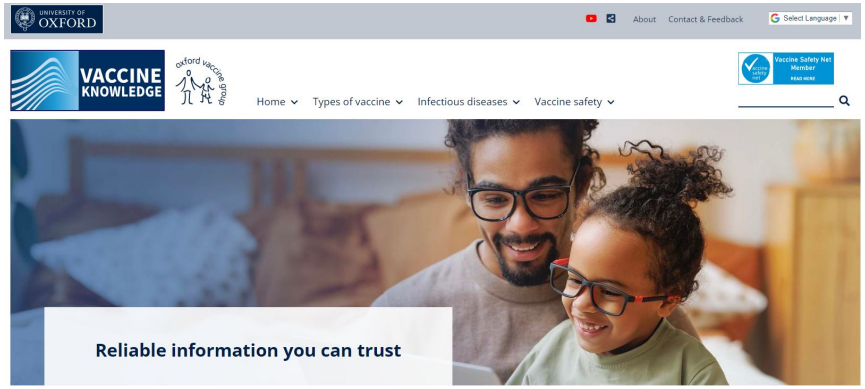
- **Talking with parents about vaccination**

- Answering questions and concerns/allaying fears is critically important
  - Questions and concerns are predictable
  - Many resources available to support these conversations









https://www.gov.uk/government/collections/immunisation

https://vaccineknowledge.ox.ac.uk/home

https://www.healthpublications.gov.uk/Home.html

Making every contact count



Your child will be offered the following vaccines

Age Due	Immunisation
8 weeks	**DTaP/IPV/Hib/HepB and MenB and Rota*** (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, *Haemophilus influenzae* b [Hib] vaccine, hepatitis B vaccine and meningococcal B vaccine and rotavirus vaccine)
12 weeks	**DTaP/IPV/Hib/HepB and PCV and Rota*** (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, *Haemophilus influenzae* b [Hib] vaccine, hepatitis B vaccine, pneumococcal conjugate vaccine and rotavirus vaccine)
16 weeks	**DTaP/IPV/Hib/HepB and MenB** (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, *Haemophilus influenzae* b [Hib] vaccine, hepatitis B vaccine and meningococcal B vaccine)
One year	**Hib/MenC** (*Haemophilus influenzae* b [Hib] and meningococcal C vaccine) **PCV** (pneumococcal conjugate vaccine) **MenB** (meningococcal B vaccine) **MMR** (measles, mumps, rubella)
Annually from 2 years old	**Influenza Vaccine** (The eligible age groups in childhood are kept under review and advice is updated each year)
3 years 4 months	**DTaP/IPV or dTaP/IPV** (diphtheria or low dose diphtheria, tetanus, acellular pertussis, inactivated polio vaccine) PRE-SCHOOL IMMUNISATIONS **MMR** (measles, mumps, rubella vaccine)
12 and 13 years (School year 8)	**HPV** (human papillomavirus vaccine) (two doses at least 6 months apart)
Around 14 years (School years 9/10)	**dT/IPV** (low dose diphtheria, tetanus, inactivated polio vaccine) TEENAGE BOOSTER **MenACWY** (meningococcal ACWY vaccine)

Some babies need BCG* and/or extra hepatitis B vaccines. If in doubt discuss this with your midwife/health visitor.

The immunisations your child is offered may change with time. Your health visitor or practice nurse will talk to you and give you written information about immunisations. A range of leaflets about vaccination at different ages are here: https://www.gov.uk/government/collections/immunisation.
Information on vaccination is also available at nhs.uk: http://www.nhs.uk/conditions/vaccinations/.

**BCG and Rota vaccines should only be given after checking SCID screening result.*

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Are you protected against rubella (German measles)? If not, you need to have had two doses of MMR, to protect you and future babies.

August 2021



- Checking vaccine status
- Reminding parents of vaccines due
- Directing to vaccination services or advice re making appointments
- ? Administering vaccines



You understand the needs of your local population









Labour

Build an NHS fit for the future

We will also enable vaccinations for babies and children as part of health visits.

Wes Streeting

Saturday June 07 2025, 9.55pm,
The Sunday Times

"Our society has made huge leaps and bounds over the past century in combating and even eradicating disease through immunisation. We now need a renewed focus to reverse the worrying trend of falling childhood vaccination rates over the past decade."

He said changing the rules for health visitors would "put them on the front line in the fight against preventable disease", adding: "This commonsense step will help protect kids, setting them up for a healthy, happy life."

