

Dear Colleagues

## **CHANGES TO THE ROUTINE CHILDHOOD VACCINATION SCHEDULE AND THE SELECTIVE NEONATAL HEPATITIS B VACCINATION PROGRAMME FROM 1 JULY 2025**

1. This letter provides information on forthcoming changes to the routine childhood vaccination schedule and the selective neonatal hepatitis B programme occurring in July 2025 and January 2026. This includes 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 Menitorix® \(Hib/MenC\) in the UK](#), and advice from the Joint Committee on Vaccination and Immunisation (JCVI) on a number of changes to the national childhood immunisation programme to optimise the overall protection of children.
3. The following changes will come into effect nationally from **1 July 2025** (see [Table 1](#)):
  - Cessation of routine Hib/MenC (Menitorix®) offer to those turning 12 months
  - The second MenB dose will move from 16 weeks of age to 12 weeks of age. Concomitantly, the first PCV13 dose will move from 12 weeks of age to 16 weeks of age
  - Removal of the monovalent HepB dose offered at one year of age from the selective neonatal HepB programme schedule
  - Dry Blood Spot (DBS) / blood sample testing for HepB surface antigen (HBsAg) can be undertaken anytime between one year and 18 months of age.
4. In addition, the following changes will come into effect nationally from **1 January 2026** (see [Table 2](#)):
  - Introduction of an additional (4th dose) of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months
  - The second MMR dose will move from 3 years 4 months to the new routine 18-month appointment.

**From Chief Medical Officer  
for Scotland  
Interim Chief Nursing Officer  
Chief Pharmaceutical Officer**  
Professor Sir Gregor Smith  
Anne Armstrong  
Professor Alison Strath

06 May 2025

SGHD/CMO(2025)7

### **Addresses**

#### **For action**

NHS Board Immunisation  
Coordinators  
NHS Board Medical Directors  
Nurse Directors, NHS Boards  
Directors of Public Health  
Infectious Disease Consultants  
CPHMs  
Secondary Care Clinicians  
Paediatricians  
Obstetricians  
Midwifery  
Health Visitors  
General Practitioners  
Directors of Pharmacy

#### **For information**

NHS Board Chief Executives  
Consultant Physicians  
Public Health Scotland  
NHS 24  
Scottish General Practitioners  
Committee

### **Further Enquiries to:**

#### **Policy Issues**

Vaccination Policy Team  
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#### **Medical Issues**

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#### **PGD/Pharmaceutical and Vaccine**

#### **Supply Issues**

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5. Further details and rationale for the changes to the childhood schedule from 1 July 2025 and 1 January 2026 is set out in [Table 1](#) & [Table 2](#) below:

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

No	Population affected	Change to be implemented	Rationale for the change
1	Children born on or after 1 July 2024	Cessation of routine Hib/MenC (Menitorix) offer to those turning 1 year old.	The manufacturer has ceased production of Menitorix vaccine. There is no other Hib/MenC vaccine available on the UK market. ( <a href="#">See table 2, change 1</a> 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	Children attending for their second routine visit at 12 weeks	Bring forward the second MenB dose from 16 weeks of age to 12 weeks of age.  Move the first PCV13 dose from 12 weeks of age to 16 weeks of age.	Following a recent clinical study and a review of the epidemiology, JCVI has advised bringing forward the second dose of MenB vaccine to provide earlier protection against this serious and 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	Infants eligible for the selective neonatal HepB programme, born on or after 1 July 2024	Remove the monovalent HepB dose offered at one year from the selective neonatal HepB programme schedule.  Dry Blood Spot (DBS) / blood sample testing for HepB surface antigen (HBsAg) can be undertaken anytime between one year and 18 months of age.	The addition of a dose of hexavalent vaccine at 18 months from 1 January 2026 (see <a href="#">Table 2</a> ), replaces the need to receive a dose of monovalent HepB vaccine at one year.

**Table 2: changes to the routine childhood schedule from 01 January 2026**

No	Population affected	Change to be implemented	Rationale for the change
1	Children born on or after 1 July 2024	Introduction of an additional (4 <sup>th</sup> dose) of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months.	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	Children born on or after 1 July 2024	Move the second MMR dose from 3 years 4 months to the new routine 18-month appointment.	The second MMR dose is being moved forward in the schedule to help improve uptake and provide earlier protection.

6. **Please Note:** In November 2023, the JCVI [recommended](#) a universal varicella (chickenpox) vaccination programme that should be introduced as part of the routine childhood schedule. This recommendation is currently under consideration and does **not** form part of the advice detailed within this CMO letter.
7. Finally, we would like to thank you for your professionalism and support in delivering these important childhood immunisation schedule changes to the routine childhood immunisation programme.
8. Further information is set out in the annexes below:

[Annex A](#) The New Routine Childhood Vaccination Schedule

[Annex B](#) Changes to the Selective Neonatal HepB Immunisation Pathway for Babies Born to HepB Infected Mothers

[Annex C](#) Changes to the Schedule – Scheduling Vaccinations and Eligibility

[Annex D](#) Further Guidance on Changes to the Schedule

[Annex E](#) Communications and Information for Patients and Healthcare Practitioners

Yours sincerely,

*Gregor Smith*

*Anne Armstrong*

*Alison Strath*

Professor Sir Gregor Smith  
**Chief Medical Officer  
for Scotland**

Anne Armstrong  
**Interim Chief Nursing  
Officer**

Professor Alison Strath  
**Chief Pharmaceutical  
Officer**

## THE NEW ROUTINE CHILDHOOD VACCINATION SCHEDULE

Table 3. Detail of the new routine childhood vaccination schedule (changes shown in blue)

Routine appointment (at age)	Old routine schedule	New routine schedule	Changes
8 weeks	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> DTaP/IPV/Hib/HepB</li> <li>• 1<sup>st</sup> MenB</li> <li>• 1<sup>st</sup> Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> DTaP/IPV/Hib/HepB</li> <li>• 1<sup>st</sup> MenB</li> <li>• 1<sup>st</sup> Rotavirus</li> </ul>	None
12 weeks	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> DTaP/IPV/Hib/HepB</li> <li>• 1<sup>st</sup> PCV13</li> <li>• 2<sup>nd</sup> Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> DTaP/IPV/Hib/HepB</li> <li>• 2<sup>nd</sup> MenB</li> <li>• 2<sup>nd</sup> Rotavirus</li> </ul>	<b>From 01 July 2025:</b> Move 2 <sup>nd</sup> MenB to 12 weeks Move 1st PCV13 to 16 weeks
16 weeks	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> DTaP/IPV/Hib/HepB</li> <li>• 2<sup>nd</sup> MenB</li> </ul>	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> DTaP/IPV/Hib/HepB</li> <li>• 1<sup>st</sup> PCV13</li> </ul>	
1 year	<ul style="list-style-type: none"> <li>• Hib/MenC</li> <li>• 2<sup>nd</sup> PCV</li> <li>• 1<sup>st</sup> MMR</li> <li>• 3<sup>rd</sup> MenB</li> </ul>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> PCV</li> <li>• 1<sup>st</sup> MMR</li> <li>• 3<sup>rd</sup> MenB</li> </ul>	<b>From 01 July 2025:</b> Remove offer of Hib/MenC for children born on or after 01 July 2024
<b>18 months (new appointment)</b>		<ul style="list-style-type: none"> <li>• 4<sup>th</sup> DTaP/IPV/Hib/HepB</li> <li>• 2<sup>nd</sup> MMR</li> </ul>	<b>From 01 January 2026:</b> Introduce new 18-month appointment for 4 <sup>th</sup> DTaP/IPV/Hib/HepB dose and 2 <sup>nd</sup> MMR dose for children born on or after 01 July 2024
3 years 4 months	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> MMR</li> <li>• dTaP/IPV</li> </ul>	<ul style="list-style-type: none"> <li>• dTaP/IPV</li> </ul>	<b>From 01 January 2026:</b> Move 2 <sup>nd</sup> MMR dose to 18 months for children born on or after 01 July 2024.  Children aged 18 months to 3 years 4 months on 1 January 2026 (DOB on or before 30 June 2024) will remain on the current MMR 2nd dose schedule and be offered their 2nd MMR dose at 3 years 4 months

## CHANGES TO THE SELECTIVE NEONATAL HEPB IMMUNISATION PATHWAY FOR BABIES BORN TO HEP B INFECTED MOTHERS

**Table 4. Summary of changes from 01 July 2025**

Age	Vaccine	Change
At birth	Monovalent hepatitis B (Engerix B/ HBvaxPRO)	None
4 weeks	Monovalent hepatitis B (Engerix B/ HBvaxPRO)	None
1 year		<ul style="list-style-type: none"> <li>• Remove monovalent Hepatitis B (Engerix B/HBvaxPRO) vaccine dose<sup>&amp;</sup></li> <li>• DBS / blood sample test for HepB surface antigen to be completed between one year and 18 months of age</li> </ul>

<sup>&</sup>This final HepB dose will be provided by the additional routine Hexavalent dose (4th dose of DTaP/IPV/Hib/HepB) offered at 18 months.

## CHANGES TO THE SCHEDULE – SCHEDULING VACCINATIONS AND ELIGIBILITY

### Cessation of Hib/MenC (Menitorix®) one year old dose

9. From 01 July 2025, children turning one year of age on or after 01 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 (see [paragraph 13](#) below). The other vaccines due at this appointment (MenB, PCV13 and 1st dose MMR) should be given as usual.
10. **Please Note:** 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 one-year 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

11. From 01 July 2025:
  - a. The offer of the first dose of PCV13 vaccine at 12 weeks of age will be moved later to 16 weeks of age
  - b. The offer of the second dose of MenB vaccine at 16 weeks of age will be moved earlier to 12 weeks of age
  - c. Children who have already received 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
  - d. Children who have not yet received their 12-week vaccinations by 1 July 2025, will be offered the vaccines in line with the new schedule. This includes children who attend late for their 12-week vaccinations.

### Changes to the selective neonatal HepB immunisation pathway and blood test for HepB surface antigen

12. From 01 July 2025:
  - a. Eligible children turning one year of age on or after 01 July 2025 (DOB on or after 01.07.2024) should not be offered monovalent HepB vaccine when they attend for their 1 year vaccination appointment. These children will instead wait until 18 months of age to be offered an additional dose of HepB as part of the hexavalent vaccine (see [paragraph 13](#))
  - b. Eligible 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 a dose of monovalent HepB vaccine as usual (alongside the other vaccines given at this age) on or after their first birthday
  - c. The timing of the blood test for HepB surface antigen will change as follows:
    - i. For eligible children born on or after 01 July 2024, the DBS / blood sample test should continue to be performed but can be undertaken

- at any time between 1 year and 18 months of age, for example at an opportunistic healthcare attendance or at a routine appointment
- ii. The requirement to record the results of the baby's blood test for HepB surface antigen in their primary care record remains unchanged.

### **Introduction of a new 18-month routine vaccination appointment for a 4th hexavalent (DTaP/IPV/Hib/HepB) dose**

13. From 01 January 2026, children turning one year of age on or after 01 July 2025 (DOB on or after 01.07.2024) will not have received the combined Hib-MenC vaccine Menitorix® when they attended for their one-year-old 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 (see [paragraph 14](#)).

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

14. From 01 January 2026:
- a. Children turning 18 months on or after 01 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 (see [paragraph 13](#)).
  - b. Children aged 18 months to 3 years 4 months on 01 January 2026 (DOB on or before 30.06.2024) will remain on the current MMR 2nd dose schedule at 3 years 4 months.
  - c. Children who missed out on either dose remain eligible for life.
15. **Please Note:** All of the other vaccines due at these appointments (MenB, PCV13 and MMR) should be given as usual. Please see [Table 3](#) in [Annex A](#).

### **Immunisation Against Infectious Disease (the Green Book)**

16. The following Green Book chapters will be updated and published on GOV.UK ahead of the programme changes taking effect:
- a. For the hexavalent (DTaP/IPV/Hib/HepB) vaccine:
    - [Diphtheria: Chapter 15](#)
    - [Tetanus: Chapter 30](#)
    - [Pertussis: Chapter 24](#)
    - [Polio: Chapter 26](#)
    - [Hib: Chapter 16](#)
    - [Hepatitis B: Chapter 18](#)
  - b. In addition, the following chapters will also be updated to align with the changes:
    - [Measles: Chapter 21](#)
    - [Mumps: Chapter 23](#)
    - [Rubella: Chapter 28](#)
    - [Meningococcal: Chapter 22](#)
    - [Pneumococcal: Chapter 25](#)
    - [UK Immunisation schedule: Chapter 11](#)

## FURTHER GUIDANCE ON CHANGES TO THE SCHEDULE

### Patient Group Directions (PGD)

17. Updated national specimen Patient Group Directions (PGD) will be produced and issued to NHS boards. These will be made available on the Public Health Scotland website at: [Publications - Public Health Scotland](#)

### Consent

18. Information on informed consent for vaccination can be found in chapter two of the Green Book available at: [Consent: Chapter 2](#)

### Reporting of adverse reactions

19. Suspected adverse reactions (ADRs) to vaccines should be reported via the Yellow Card Scheme available at: [Yellow Card | Making medicines and medical devices safer. Chapter 9](#) of the Green Book gives detailed guidance on which ADRs to report and how to do so. Additionally, [chapter 8](#) of the Green Book provides detailed advice on managing ADRs following vaccination.
20. Any serious or unusual suspected adverse incidents, errors or events during or post vaccination must follow pre-determined procedures. In addition, teams must keep a local log of reports and discuss such events with the local Immunisation Co-ordinator.

### Data collection

21. Maintenance of comprehensive and accurate data is a key factor in determining the effective delivery of all vaccination programmes.
22. NHS Boards should continue to record all childhood immunisations given under this programme.
23. As with other national immunisation programmes, PHS, using data held within SIRS will calculate and publish childhood immunisation uptake rates for each NHS Board and nationally.

### Funding Arrangements

24. In line with [Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan](#), all new immunisation programmes being introduced, or step changes to the vaccination system in Scotland, are carefully assessed as to the feasibility, clinical impact and financial implication for health boards, with the potential for any additional funding considered to support this activity. This process is underway for the new childhood visit at 18 months. Health boards will be advised of the outcome in due course.

## COMMUNICATIONS AND INFORMATION FOR PATIENTS AND HEALTHCARE PRACTITIONERS

### Communications materials

25. An information leaflet to support informed consent will be available for parents/carers. Health boards can order copies of the printed leaflet via their local Health Information Resource Service.
26. Public information, including information to support informed consent for each vaccine within the childhood immunisation schedule can be found at [Pregnancy and baby | NHS inform](#)
27. Information leaflets for parents / carers will be available in other languages and alternative formats (e.g. audio and Easy Read) at [Pregnancy and baby | NHS inform](#). PHS will consider requests for other languages and formats. Please contact 0131 314 5300 or email [phs.otherformats@phs.scot](mailto:phs.otherformats@phs.scot).
28. Further resources for health professionals can be found at [Baby and child - Immunisations - Public Health Scotland](#)

### Workforce education resources for healthcare practitioners

29. NHS Education for Scotland in partnership with Public Health Scotland will make available educational resources to help support healthcare practitioners with these changes to immunisation schedules. This will include a live webinar which will be recorded and updates to vaccines specific learning as required. These resources will all be available at: [Immunisation | Turas | Learn \(nhs.scot\)](#)