

## 11 Immunisation Schedule

- **11.1** The schedule for primary immunisation with DPT and Hib and polio starts at two months, with an interval of one month between each dose<sup>1</sup>. This allows completion of the primary course at an early age, which provides the earliest possible protection against whooping cough and Hib which are most dangerous for the very young. No booster dose of pertussis vaccine or Hib is currently recommended; the fourth DT and polio booster continues to be given before school entry.
- **11.2** This accelerated schedule was adopted following recognition that one of the most frequent reasons for low vaccine uptake was the mobility of young families who move out of districts before their children had completed primary courses. This problem was compounded by the variation in schedules between Health Authorities. The schedule at two, three and four months removes this problem by providing uniformity; starting the programme early, and having short intervals reduces the opportunities for failing to complete a course.
- **11.3** Studies comparing the antibody levels of diphtheria, pertussis, tetanus and poliomyelitis one year after the third dose showed adequate levels of antibodies for both accelerated and extended schedules.
- **11.4** Studies undertaken to monitor adverse events associated with the accelerated schedule have shown that there are fewer adverse events when compared to the former extended schedule.
- **11.5** Every effort should be made to ensure that all children are immunised even if they are older than the recommended age-range; no opportunity to immunise should be missed. The number of doses needed for Hib depends on the child's age (see 15.3). Hib vaccine is not recommended for those over four years.
- **11.6** When such opportunistic immunisation has been carried out, it must be reported to the Health Authority (HA), NHS Trust or Health Board as an unscheduled immunisation.
- **11.7** If any course of immunisation is interrupted, it should be resumed and completed as soon as possible.
- **11.8** The schedule for routine immunisation is given below. Details of the procedure for each vaccine are given in the relevant chapters and should be consulted.

<sup>1</sup> In some parts of Scotland, the schedule is started at two months and should be completed by six months, with intervals between injections of not less than one month.

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Vaccine	Age	Notes
D/T/P and Hib Polio	1st dose 2 months) 2nd dose 3 months) 3rd dose 4 months)	Primary Course
Measles/mumps/ rubella (MMR)	12-15 months	Can be given at any age over 12 months
Booster DT and polio, MMR second dose	3-5 years	Three years after completion of primary course
BCG	10-14 years or infancy	
Booster tetanus diphtheria and polio	13-18 years	

Children should therefore have received the following vaccines:

By 6 months:	3 doses of DTP, Hib and polio.
By 15 months:	measles/mumps/rubella.
By school entry:	4th DT and polio; second dose measles/mumps/rubella.
Between 10 and 14 years:	BCG.
Before leaving school:	5th polio and tetanus diphtheria (Td).

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Adults should receive the following vaccines:

Women sero-negative for rubella:	rubella.
Previously unimmunised individuals:	polio, tetanus, diphtheria.
Individuals in high risk groups:	hepatitis B, hepatitis A, influenza, pneumococcal vaccine.

## Bibliography:

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