

Changes to the routine childhood and adult vaccination and immunisation schedules in 2025-26

As per the recently published [Changes to the GP Contract in 2025/26](#) letter, there are a number of changes regarding the vaccinations and immunisations programme. These are summarised below:

1. Following recommendations by The Joint Committee on Vaccination and Immunisations (JCVI), the following changes will be made to the routine childhood and adult schedules in 2025/26:
 - a. two changes to the childhood vaccination schedule, driven by the discontinuation of the Menitorix (Hib/MenC) vaccine, including:
 - i. an additional dose of Hib-containing multivalent (6-in-1) vaccine, offered at a new immunisation visit at 18 months of age.
 - ii. the second dose of MMR vaccine brought forwards from 3 years 4 months to the new immunisation visit at 18 months of age to improve coverage.
 - b. the exchange of MenB and PCV vaccines within the childhood schedule (subject to final ministerial agreement).
 - c. a change to the adult shingles programme, reflecting new evidence on the effectiveness of the vaccination for a broader severely immunosuppressed (SIS) cohort.
 - d. the potential introduction of a varicella vaccine, subject to final ministerial agreement in quarter 2 of 2025/26.
 - e. an amendment to the requirement to record the dried blood spot test for at risk babies, allowing that recording to take place between 12 and 18 months.
2. The detailed changes to the routine childhood schedule can be found at annex E (within the letter and also in the below table) and will be supplemented with further guidance. All changes (to both the childhood and adult routine schedules) will be included in an amended version of the SFE in 2025/26.
3. In response to feedback from GPC England and reflecting the key role that general practice plays in efforts to increase uptake in childhood vaccinations, the Item of Service (IoS) fee for routine childhood immunisations that are part of essential services will increase by £2 to £12.06 in 2025/26. There will be an evaluation during 2025/26 of the effect that these changes have on activity, uptake and inequalities in uptake.

4. The 2025/26 SFE will list all the vaccinations and immunisations which are in scope of the increase in the Item of Service fee. c.£17.8m of the funding generated through the retired QOF indicators (see paragraph 4a of this annex) will be used to cover the estimated costs of this increase.
5. The SFE will also be amended to address inconsistencies in the treatment of patients that move practice. Currently, if a patient receives a vaccination at their practice and subsequently moves to a new practice in month, either only the new practice is paid or no practice is paid, depending on the receiving GP system supplier. The SFE will make clear that the receiving practice will be paid for the intervention. This is consistent with the approach to payments for departing patients taken elsewhere in the GP contract.

Annex E - programme changes to routine childhood schedule:

Programme	Programme change effective from	Proposed changes outlining who practices will be required to offer and provide vaccination to and when
Cessation of Hib/MenC 12-month dose	1 July 2025	Children who turn 12 months on or before 30 June 2025 will remain eligible for Menitorix® until stock levels are depleted, then the infant should be offered a Hexavalent vaccine (to replace the 12-month Hib dose)
		Children who turn 12 months on or after 01 July 2025 will not be offered a 12-month Hib/MenC vaccine but instead will receive a routine Hexavalent dose at a new 18-month appointment. This change will start from 01 January 2026 when the new 18-month visit will begin in the childhood vaccination schedule. DBS test recorded for Hep B at risk babies between 12 and 18 months.
MMR programme	1 January 2026	Children turning 18 months on or after 01 January 2026 will receive their 2nd MMR dose at their new 18-month appointment.

<p>schedule change and catch-up</p>		<p>Children aged 18 months to 2 years 6 months on 01 January 2026 will be invited to a brought forward appointment for their 2nd MMR dose between 01 January 2026 and 31 October 2026.</p>
		<p>Children aged 2 years and 7 months to 3 years 4 months on 01 January 2026 will receive their 2nd MMR dose at their existing scheduled 3 years 4 months appointment before 31 October 2026.</p>
<p>Varicella introduction and catch-up (subject to final policy decision)</p>	<p>1 January 2026</p>	<p>Children turning 12 months on or after 01 January 2026 will receive two doses of MMRV (at 12 and 18 months)</p> <p>Children turning 18 months on or after 01 January 2026 will receive one dose of MMRV (to complete their two-dose MMR schedule)</p> <p>Children aged 18 months to 3 years 4 months on 01 January 2026 will receive one dose of MMRV instead of their 2nd MMR dose. Of this cohort:</p> <ul style="list-style-type: none"> • those aged 18 months to 2 years 6 months will be invited to a brought forward appointment for their 2nd MMR dose (as MMRV) between 01 January 2026 and 31 October 2026, and • those aged 2 years 7 months to 3 years 4 months on 01 January 2026 will receive their 2nd MMR dose (as MMRV) at their existing scheduled 3 years 4 months appointment before 31 October 2026. <p>Children aged 3 years 4 months to less than 6 years will be invited for a universal single catch-up dose of MMRV. Appointments to be scheduled from 01 January 2026 and completed by 31 March 2027.</p> <p>Children aged 6 years to less than 11 years will be invited to receive a single dose of MMRV if they have no history of chicken pox. Appointments to be scheduled from 01 January 2026 and completed by 31 March 2027.</p> <p>From 01 April 2027, an opportunistic or on request offer will remain for varicella (as a single dose of MMRV) to all children aged 3 years 4 months to less than 11 years before 01 January 2026 who have no history of chicken pox.</p>