

Non responder pathway update & immunisation changes

EoE Screening and Immunisation Team





Agenda

1. Launch of the updated 'Non-responder Pathway' across the East of England (EoE)
2. Samantha Onn – Child Health Information Services (CHIS)
3. Upcoming childhood immunisation programme changes

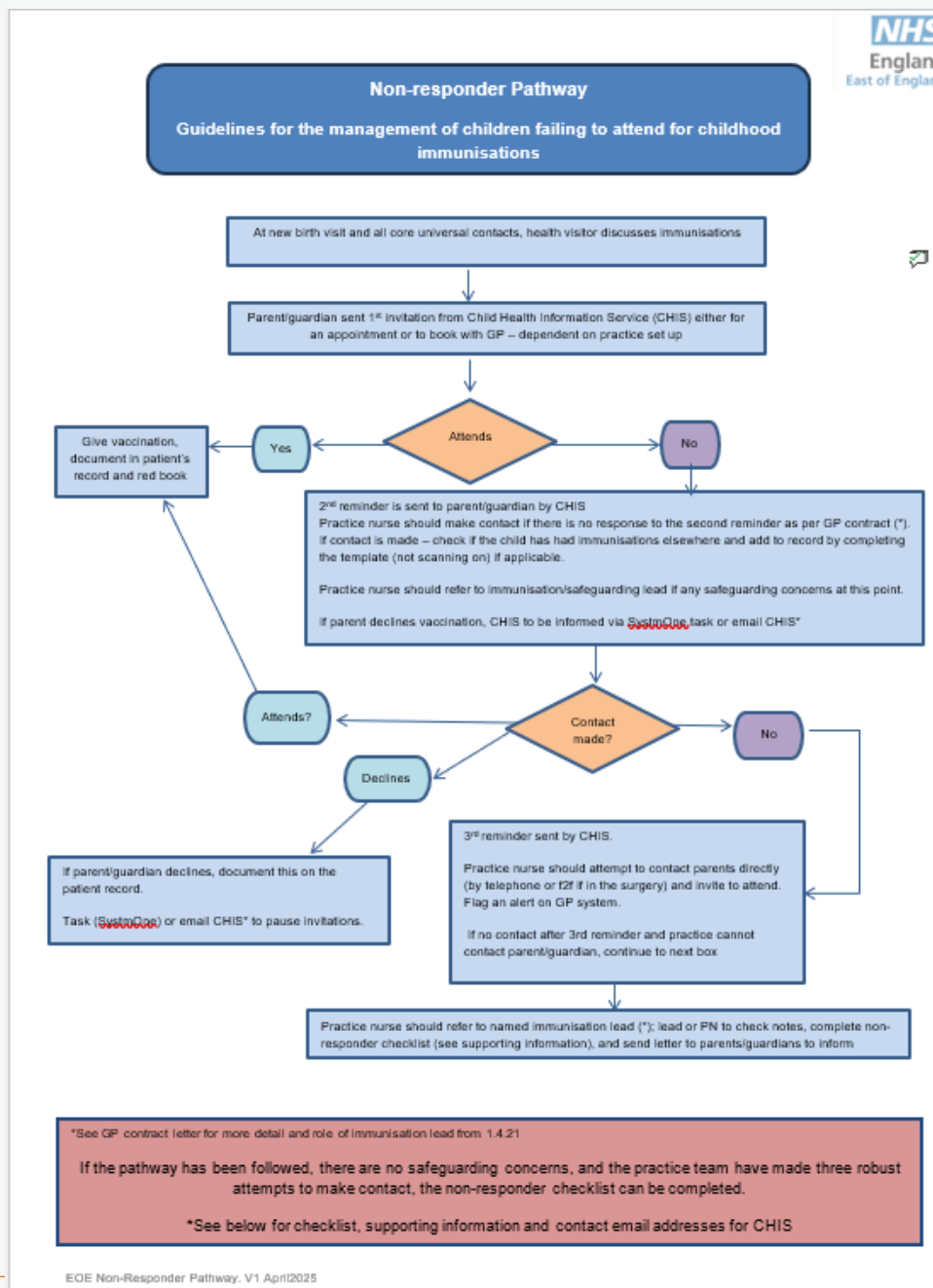


Non-responder Pathway

- Updated to “close the loop” for children who are not brought for immunisations and practices are unable to contact – previously there was no closure for those who practices cannot contact.
- Designed to help clear lists whilst safeguarding children and ensuring appointments are kept free
- This ensures all children can be offered vaccination in a timely manner for maximum protection
- Ensures children are not lost in the system and followed up at regular intervals

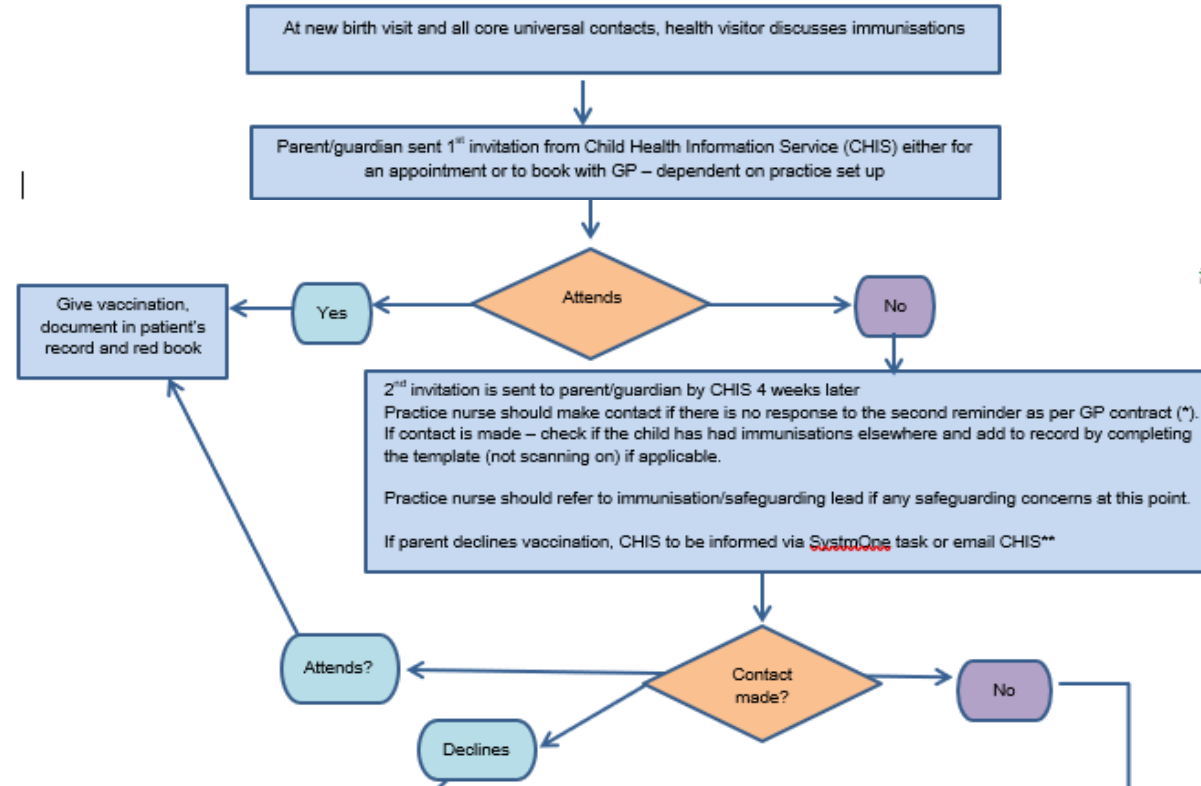
*** Currently used in Herts and BLMK areas**

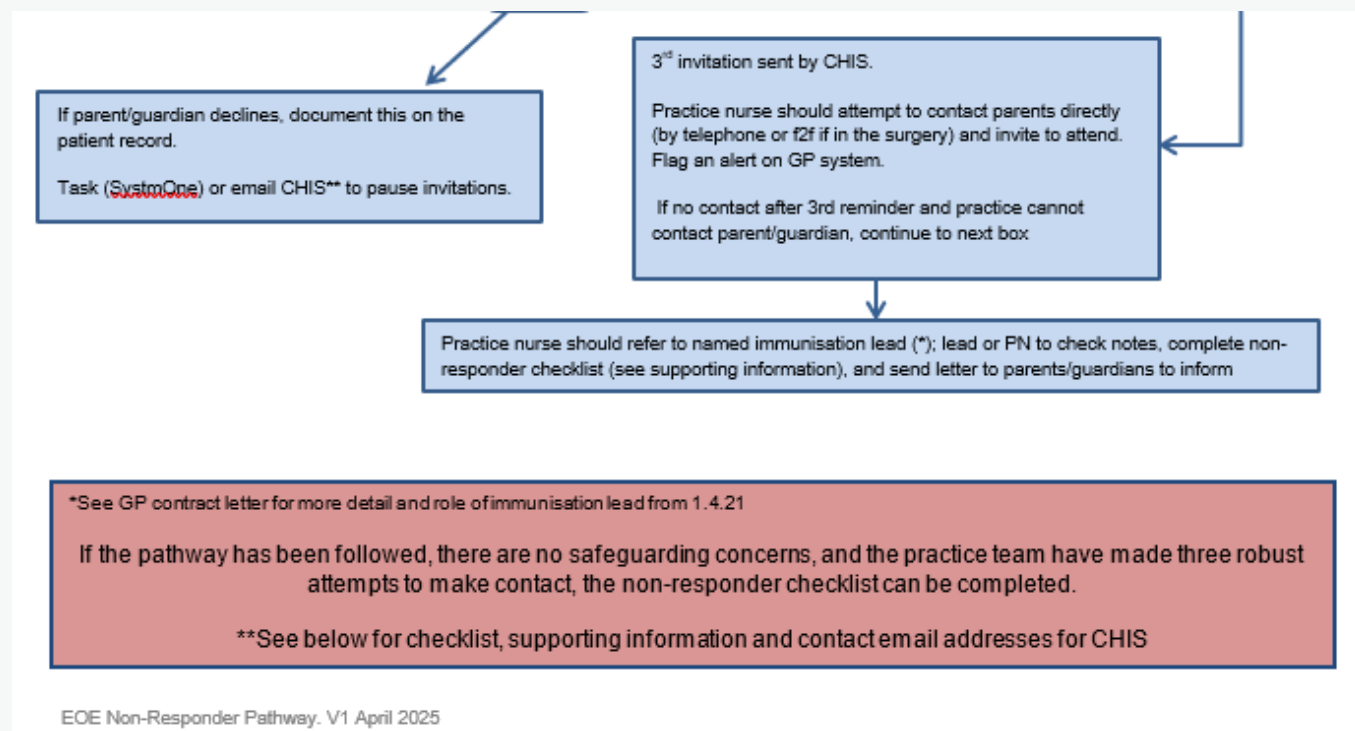
What is the pathway?



Non-responder Pathway

Guidelines for the management of children not brought for childhood immunisations







What do practices need to do?

- Regularly address their non responder list sent by child health.
- Call in children for outstanding immunisations.
- Attempt to make contact to get an outcome from parents/guardians
- Liaise with Child Health to ensure children's records updated appropriately

Supporting Information

Supporting Information

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ICB	Email Address for CHIS
Bedfordshire, Luton, and Milton Keynes ICB	
Hertfordshire and West Essex ICB	hct.eoechis.blmk-hwe@nhs.net
Mid and South Essex ICB	
Suffolk and North East Essex ICB	hct.eoechis.mse-snee@nhs.net
Cambridgeshire and Peterborough ICB	
Norfolk and Waveney ICB	hct.eoechis.cp-nw@nhs.net

- The purpose of this pathway is to assist practice teams and CHIS to ensure that all children receive adequate invitations and minimise the risk of children left unvaccinated due to non-response.
- The practitioner should ensure that they have followed all steps and that robust attempts to contact the parent/guardian have been made. Initial invitation or contact can be via letter or text, but the third contact must be a telephone call or face to face conversation as per the GP contract (*).
- If at any point there are any safeguarding concerns, the practitioner should raise these with the practice safeguarding lead (and 0-19 team if appropriate), following the practice safeguarding policy.
- If at any point, the parent/guardian responds but declines immunisation, the practitioner should inform CHIS. The practice can use decline read codes but avoid use of the "immunisations refused" read code, and do not add into the immunisation template. Please contact CHIS, if the parents/guardians insists that all letters and contacts are stopped permanently. These will be dealt with on a case by case basis.
- If the pathway and checklist have been followed, the practice should contact CHIS, who can pause invitations and record a "frequent non-attender" code. This code is for CHIS use only. This will pause invitations until the next immunisations are due or the child reaches their 5th birthday.
- Children who decline or are paused due to non-response, will be re-invited when they reach the next age of immunisations due up until their 5th birthday.
- CHIS will provide names on a monthly basis to practices of children at 21 months who have been suspended AND missing immunisations (as a separate report to the recalls in clinic lists of those without a suspension). This gives opportunity for contact before 24 months when PCV/MenB vaccines can no longer be offered to those not in at-risk groups.
- The Community and School Aged Immunisation Service (CSAIS) have their own pathway for invitations and declines for HPV and teenage booster programmes.

[NHS England » GP Contract](#)

[Letter template](#)* - "2021 GP contract specifies standards for call/recall for immunisations.

Checklist

Report any
safeguarding
concerns as per
your practice
protocol

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Checklist

Please complete this checklist and upload into the child's medical record

- ☐ Ensure the non-responder pathway has been completed: three robust attempts to contact have been made and documented in detail. This must include telephone and letter contact as per the GP contract (*)
- ☐ Ensure that there are no safeguarding concerns
- ☐ Ensure that there is an alert on the child's notes regarding non-attendance for immunisation
- ☐ Check the child's scanned notes to see if there are any uncoded past immunisation events
- ☐ Check that the telephone numbers and address on other household member's records match the child's record

If after completion of these steps there is still no conclusion or contact made with the family to discuss immunisation, proceed to contacting CHIS via task or email (see supporting information page). The invitations will then be paused until the next immunisations are due.

The below letter template can be used to send notification to parent's/guardians that immunisations are being paused due to non contact.

Signed: Role:

Letter Template

For use when attempts to contact have been made but cannot get an answer.

- This is to be sent by the practice to the patient once all the above steps are followed and no contact is made.
- You do not need this signed or returned and you do not need it in writing for declines.
- The purpose of the letter is to inform parents that invites will be paused but the offer of vaccination remains open.

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Letter Template

Dear Parent/Carer,

Re: Name

Address and

Date of Birth of child

We have attempted to contact you to discuss immunisations for your child, however, we have been unable to speak to you on these occasions.

As we have not successfully made contact with you, we will pause inviting your child for immunisation on a temporary basis until *(Insert next immunisations due)*.

For most vaccines, it is never too late to have your child immunised so if you would now like to make an appointment for your child please contact us on the number above. These vaccines are important to ensure that your child remains well and that their health is protected.

If you would like more information about immunisations to help you make your decision your Doctor, Practice Nurse or Health Visitor will be pleased to talk with you.

Further information is available at:

[NHS vaccinations and when to have them - NHS](#)

We look forward to hearing from you.

Yours sincerely

Job role

Leaflets to send could include the following:

- A guide to immunisations up to one year of age.
<https://www.gov.uk/government/publications/immunisations-between-12-and-13-months-of-age>
- <https://www.gov.uk/government/publications/a-guide-to-immunisations-for-babies-up-to-13-months-of-age>
- Pre-school vaccinations: a guide to vaccinations from 2 to 5 years
<https://www.gov.uk/government/publications/pre-school-vaccinations-a-guide-to-vaccinations-from-2-to-5-years>



Coding and Documentation

Ensure everything is fully documented.

- Can use “decline” codes, but do not use “refusals”



Recording histories

Ensure histories are recorded and not just scanned into notes

Next slide shows an example of how to do this: Credit to HCT for putting together this slide.

Adding histories:

Add date vaccine given

Find vaccine – check the obsolete box if an old vaccine

Add the dose descriptor

If you have the batch and expiry, add. If not, add a “-” to the batch number box.

“Added from history provided by parent – given abroad”

If you are adding another vaccine given on the same date, click “Ok & another”. If not, click ok.

The screenshot shows the 'Record Vaccination' form with the following fields and annotations:

- Date and Time:** 'Exact date & time' dropdown, 'Wed 06 Mar 2024', '16:31'. A warning message states: 'Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button'. A link 'Hide Warning' is present.
- Include:** Checkboxes for 'Generics' (checked), 'Branded' (checked), and 'Obsolete' (unchecked). An arrow points to the 'Obsolete' checkbox with the annotation: 'Find vaccine – check the obsolete box if an old vaccine'.
- Vaccination:** A dropdown menu.
- Part:** 'No parts found' dropdown. An arrow points to this field with the annotation: 'Add the dose descriptor'.
- Batch number:** A text input field. An arrow points to this field with the annotation: 'If you have the batch and expiry, add. If not, add a “-” to the batch number box.'.
- Expiry date:** A date picker.
- Dose:** A text input field.
- Drawer:** A dropdown menu.
- Drawer supervisor:** A dropdown menu.
- Reason:** 'Routine Measure' dropdown.
- Area:** 'Not Applicable' dropdown.
- Nature of risk:** A dropdown menu.
- Protocol:** A dropdown menu.
- Site:** 'Unspecified' dropdown.
- Method:** 'Unspecified' dropdown.
- Notes:** A text area. An arrow points to this field with the annotation: '“Added from history provided by parent – given abroad”'.
- Parent present:** A dropdown menu.
- GMS status:** Radio buttons for 'Practice GMS' (selected), 'Other GMS', and 'None'.
- Record consent:** A checked checkbox.
- Consent notes:** A text area.
- Set recall to 'Seen':** An unchecked checkbox.
- Produce FP10:** An unchecked checkbox.
- Buttons:** 'Ok', 'Ok & Another', and 'Cancel'. An arrow points to the 'Ok' button with the annotation: 'If you are adding another vaccine given on the same date, click “Ok & another”. If not, click ok.'



What happens next?

- Child Health will send lists back to surgery for review on regular basis
- Children will be temporarily paused invitations but reinvited at next scheduled immunisations due.
- Update CHIS if at any point a “decline” is given



England

Child Health Information Services

Samantha Onn

Immunisation team





England

2025/2026 Childhood Programme Updates

Immunisation team



Routine Childhood Schedule Changes

On 30th April UKHSA published a letter detailing the changes to the routine schedule. Some of these changes will begin on **1 July 2025** and others on **1 January 2026**.

This session aims to highlight the changes and what that means for you in practice.

From	Change to be implemented
1 July 2025	<ul style="list-style-type: none">• First PCV13 dose moved from 12 weeks of age to 16 weeks of age. Second MenB dose brought forward from 16 weeks of age to 12 weeks of age• Cessation of routine Hib/MenC (Menitorix®) offer to those turning 12 months for those born on or after 1 July 2024• Removal of monovalent HepB dose at one year for infants on the selective HepB pathway schedule born on or after 1 July 2024
1 January 2026	<ul style="list-style-type: none">• Introduction of an additional (fourth dose) of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months for children born on or after 1 July 2024
1 January 2026	<ul style="list-style-type: none">• Second MMR dose moved from 3 years 4 months to the new routine 18-month appointment for children born on or after 1 July 2024

In the EoE, the selective Hep B pathway and DBS is managed by HCT CSAIS



Routine Childhood Schedule Changes

MenB

From 1 July 2025, changes are being made to the infant schedule at 8, 12 and 16 weeks of age:

- The Meningococcal B vaccine, previously offered at 8 and 16 weeks will be offered at 8 and 12 weeks of age

Following introduction of the routine MenB vaccination the peak of infection has shifted from 5 to 6 months to 1 to 3 months of age. This means it would be beneficial to move the second dose of MenB at 12w to provide earlier protection.

Although previously an 8-week interval between doses of MenB vaccine was recommended, evidence from a recent study showed a good response was made when the 2 doses were given 4 weeks apart



Routine Childhood Schedule Changes

PCV

From the 1 July 2025

- The pneumococcal conjugate vaccine (PCV13) previously offered at 12 weeks of age will be offered at 16 weeks of age

Moving the PCV dose to 16 weeks avoids increasing the number of injections at the second vaccination appointment at 12 weeks.

Young children will be protected by very high levels of herd immunity against the pneumococcal vaccine serotypes until they receive their dose of PCV13 at 16 weeks.



Routine Childhood Schedule Changes

Implementing the changes

From 1 July 2025:

- children who have not yet received their 12-week vaccinations by 1 July 2025, should be vaccinated as per the new schedule timings (second MenB at 12 weeks and first PCV13 at 16 weeks)
- children who have already received their 12-week PCV13 vaccination prior to 1 July 2025 should remain on the previous schedule and be invited for their second MenB vaccine at 16 weeks of age



Routine Childhood Schedule Changes

Overview of changes in the second year of the routine schedule Men C

Manufacturing of Hib/MenC (Menitorix®) vaccine has been discontinued

- this is a commercial decision made by the manufacturer (GSK)
 - as this is the only Hib/MenC vaccine available, changes to the routine infant schedule are necessary
 - the UKHSA estimates that the central stock of this vaccine will be depleted by mid-2025
-
- in light of this, after thorough consideration, the JCVI has advised that MenC vaccine is no longer required in the childhood schedule
 - this is due to the success of Meningococcal C containing vaccine programmes and the subsequent decline of invasive Meningococcal C disease
 - a further significant decline in the spread and detection of invasive meningococcal disease (IMD) was seen because of the implementation of social distancing and lockdown measures as part of the response to the COVID-19 pandemic
 - modelling work found that indirect protection against MenC disease in infants is sustained by the adolescent MenACWY programme (that began in 2015).
-
- there is still a continued need for a dose of Hib vaccine during the second year of life

Routine Childhood Schedule Changes

Overview of changes in the second year of the routine schedule

Hib

- prior to the introduction of the Haemophilus influenzae type B (Hib) vaccine, about 1 in 600 children developed Hib disease prior to their fifth birthday.
- in the pre-vaccine era, the most common presentation of invasive Hib disease was meningitis (60% of all cases), but it also presented as epiglottitis (15%), bacteraemia (10%), septic arthritis, osteomyelitis, cellulitis, pneumonia and pericarditis
- individuals can carry Hib bacteria in their nose and throat without showing signs of the disease – before Hib vaccine was introduced, 4% of pre-school children carried the Hib organism
- the Hib vaccine stops children from carrying the organism in their nose and throat and transmitting the infection to others – after the vaccine was introduced, carriage rates fell below the level of detection
- as a result, since the introduction of the highly successful Hib immunisation programme in the UK in 1992, disease incidence has fallen in all age groups, not just in those who have been vaccinated
- however, as immunity following a 3-dose primary course of Hib vaccination in infancy wanes, a fourth (booster) dose during the second year of life is needed to continue to prevent transmission in the community and maintain herd immunity.



Routine Childhood Schedule Changes

Overview of changes beginning 1 January 2026

Hib

The JCVI advised that the following changes should come into effect nationally once the current supply of Menitorix® vaccine has been exhausted:

- an additional dose of a Hib-containing multivalent vaccine (the hexavalent DTaP/IPV/Hib/HepB vaccine which is given in infancy) should be administered at age 18 months
- this replaces the Hib component of the Hib/MenC (Menitorix®) vaccine given at 12 months
- it requires the introduction of a new appointment at 18 months of age
- the new 18 months appointment provides an opportunity for the second dose of MMR vaccine to be brought forward from 3 years 4 months to 18 months of age
- it will also boost protection to the other antigens in the hexavalent vaccine

The JCVI will keep emerging evidence, including ongoing epidemiology and disease incidence under review.



Routine Childhood Schedule Changes

MMR

The new 18 months appointment provides an opportunity for the second dose of MMR vaccine to be brought forward from 3 years 4 months to 18 months of age

- the main reason for bringing the second dose of MMR forward is to improve coverage and reduce the likelihood of measles outbreaks
- in areas of London where the second dose of MMR was brought forward in response to local measles outbreaks in the 2000s, second dose coverage increased by an average of 3.3%
- several London boroughs have continued to administer the second MMR at age 18 months to improve their vaccine uptake
- the JCVI considers the likely added benefit of increasing uptake of second MMR further justifies the additional routine immunisation appointment
- if the second MMR is not received at 18 months, there is a further opportunity to give it at 3 years and 4 months with the dTaP/IPV booster vaccine



Routine Childhood Schedule Changes

General Information

There are no new vaccine products in the amended schedule – the hexavalent vaccine administered at age 18 months is the same vaccine that is given at 8, 2 and 16 weeks of age.

- hexavalent vaccines for the 18-month appointment should be ordered via the ImmForm website
- monovalent Hepatitis B vaccine for children on the selective HepB pathway should be ordered directly from the manufacturer
- the UKHSA have published PGD templates updated in line with the changes to the childhood schedule. These will be updated on our website once locally authorised.



Routine Childhood Schedule Changes

Timeline and eligibility

All children who have their first birthday on or after 1 July 2025 (DOB on/after 01/07/24):

- should still be offered first MMR, second PCV13 and third MenB at their one year-of-age vaccination appointment but will not be offered Hib/MenC (Menitorix®)
- should be offered a hexavalent (DTaP/IPV/Hib/HepB) booster dose at a new 18-month routine vaccination appointment (starting from 1 January 2026)
- will be offered their second dose of MMR at the 18-month appointment
- should then attend at 3 years 4 months of age for their dTaP/IPV booster vaccine



Routine Childhood Schedule Changes

Timeline and eligibility

Children who turned one year of age on or before 30 June 2025 (DOB on/before 30/06/24):

- should continue to be offered Menitorix® at their one-year-of-age vaccination appointment as per the previous schedule along with their first MMR, second PCV13 and third MenB
- if the national supply of Menitorix® is exhausted before children in this birth cohort receive it (for children who are late coming for their one-year vaccines), these children should be offered a hexavalent vaccine instead of Menitorix® (alongside their PCV13, MenB and first MMR)
- These children should then be offered their booster dose of dTaP/IPV vaccine at 3 years 4 months, along with their second dose of MMR.

Routine Childhood Schedule Changes



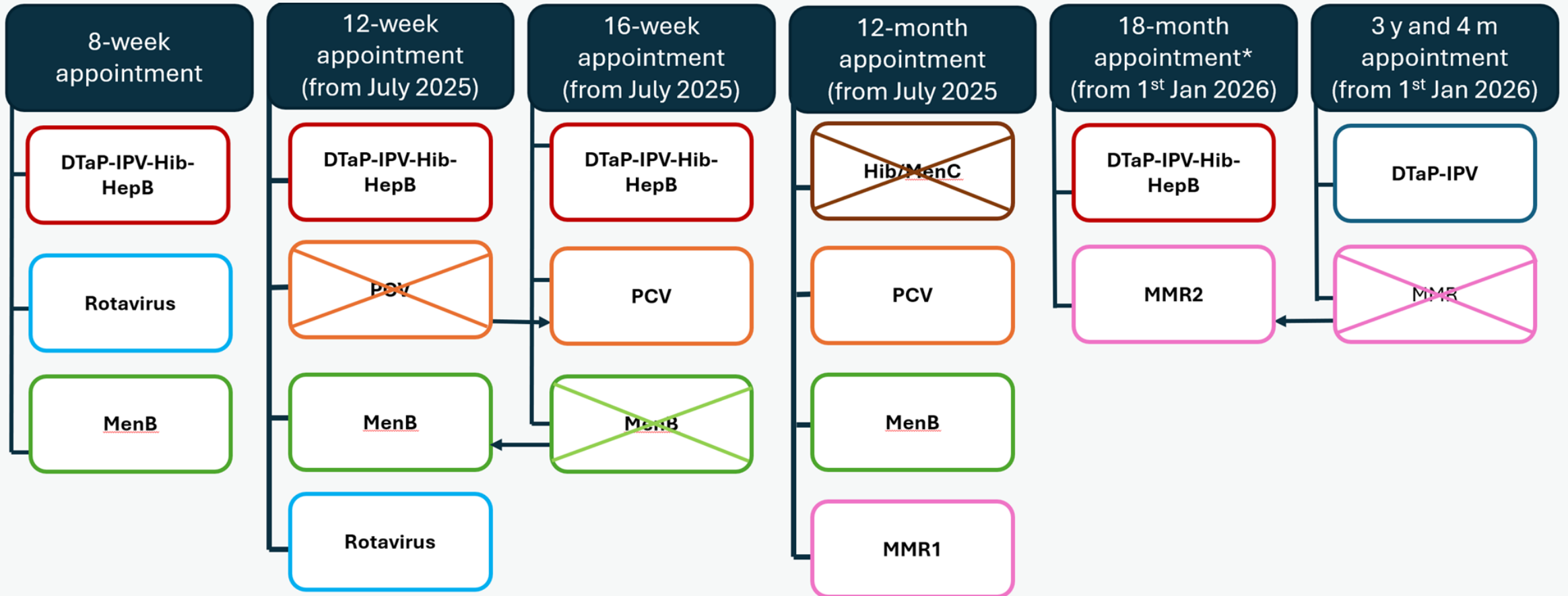
Significant messages

- manufacturing of the Hib/MenC (Menitorix®) vaccine has been discontinued and stock of this vaccine will be depleted by mid-2025
- whilst vaccination against MenC in early childhood is no longer considered necessary, vaccination against Hib in the second year of life needs to continue the JCVI therefore recommended that an additional dose of a Hib-containing vaccine (DTaP/IPV/Hib/HepB vaccine) should be administered at a new vaccination appointment at age 18 months
- this new 18-month appointment also provides an opportunity for the second dose of MMR vaccine to be moved from 3 years 4 months to 18 months of age
- from 1 July 2025 Menitorix® will no longer be offered at 12 months and from 1 January 2026, an additional dose of DTaP/IPV/Hib/HepB vaccine will be offered at a new 18-month appointment
- additionally, from 1 July 2025, the order of vaccines in the infant schedule will change: MenB vaccine will be given at 8 and 12 weeks and PCV13 will be given at 16 weeks

Routine Childhood Schedule Changes

Routine appointment (at age)	Old routine schedule	New routine schedule	Changes
8 weeks	<ul style="list-style-type: none"> 1st DTaP/IPV/Hib/HepB 1st MenB 1st Rotavirus 	<ul style="list-style-type: none"> 1st DTaP/IPV/Hib/HepB 1st MenB 1st Rotavirus 	None
12 weeks	<ul style="list-style-type: none"> 2nd DTaP/IPV/Hib/HepB 1st PCV13 2nd Rotavirus 	<ul style="list-style-type: none"> 2nd DTaP/IPV/Hib/HepB 2nd MenB 2nd Rotavirus 	From 1 July 2025: Move 1 st PCV13 to 16 weeks Move 2 nd MenB to 12 weeks
16 weeks	<ul style="list-style-type: none"> 3rd DTaP/IPV/Hib/HepB 2nd MenB 	<ul style="list-style-type: none"> 3rd DTaP/IPV/Hib/HepB 1st PCV13 	From 1 July 2025: Move 2 nd MenB to 12 weeks Move 1 st PCV13 to 16 weeks
one year	<ul style="list-style-type: none"> Hib/MenC 1st MMR 2nd PCV 3rd MenB 	<ul style="list-style-type: none"> 1st MMR 2nd PCV 3rd MenB 	From 1 July 2025: Remove offer of Hib/MenC for children born on or after 01 July 2024
18 months (new appointment)		<ul style="list-style-type: none"> 4th DTaP/IPV/Hib/HepB 2nd MMR 	From 1 January 2026: Introduce new 18-month appointment for 4 th DTaP/IPV/Hib/HepB dose and 2 nd MMR dose for children born on or after 01 July 2024
3 years 4 months	<ul style="list-style-type: none"> 2nd MMR dTaP/IPV 	<ul style="list-style-type: none"> dTaP/IPV 	From 1 January 2026: Move 2 nd MMR dose to 18 months for children born on or after 01 July 2024

Routine Childhood Schedule Changes



New incomplete schedule from 1st July

Vaccination of individuals with uncertain or incomplete immunisation status

For online Green Book, see www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • For other countries' schedules, see immunizationdata.who.int/global?topic=Vaccination-schedule&location=





Resources

- [Changes to the routine childhood vaccination schedule from 1 July 2025 and 1 January 2026 letter - GOV.UK](#) Letter
- [Changes to routine childhood immunisation programme: 2025 and 2026 - GOV.UK](#) Slide set
- Please continue to review our latest news page on our website as this has up to date information
- [NHS England — East of England » Vaccination Programme latest news](#)
- [Joint Committee on Vaccination and Immunisation \(JCVI\) statement on changes to the childhood immunisation schedule - GOV.UK](#)
- [Vaccination of individuals with uncertain or incomplete immunisation status](#)