



**South West Collaborative
Commissioning Hub**

Toolkit for the management of patients with unknown or incomplete immunisation histories

South West Immunisation Clinical Advice Response Service (ICARS) 2024

October 2024

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Aim of this toolkit

To provide a step-by-step guide to support the management of vaccinating patients where their immunisation history is unknown or incomplete. This toolkit should be used in conjunction with [Vaccination of individuals with uncertain or incomplete immunisation status](#)

To support you to make sure patients are up to date with their immunisations, according to the routine UK immunisation schedule.

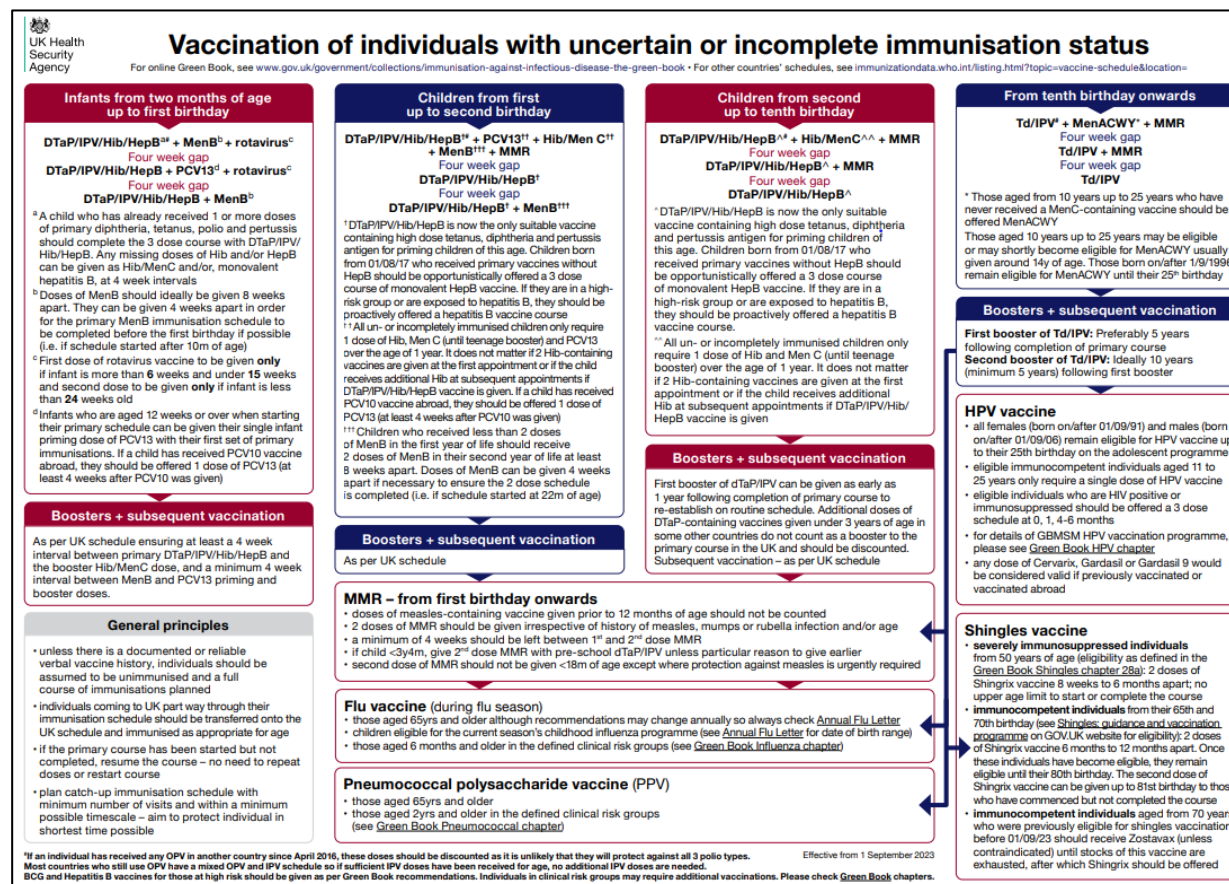
We are always looking for ways to improve our service, so if you have any suggestions for future updates of this toolkit, please email england.swicars@nhs.net.

Further information about immunisations can be found on the [South West NHS England Immunisations](#) webpage.



Vaccination of individuals with uncertain or incomplete immunisation status

Please use this link to access incomplete immunisation algorithm: [Vaccination of individuals with uncertain or incomplete immunisation status \(publishing.service.gov.uk\)](https://vaccinationofindividualswithuncertainorincompleteimmunisationstatus.publishing.service.gov.uk).



Background

For a variety of reasons, some individuals may present not having received some or all their immunisations or may have an unknown immunisation history.

Sometimes immunisation schedules differ between countries or immunisations are missed.

People coming to the UK may not have received all the vaccines necessary to protect them and the wider population.

Under the NHS constitution, everyone has the right to receive vaccinations that the JCVI recommends under an NHS-provided national immunisation programme, as appropriate for their age.

Where an individual born in the UK or overseas presents with an inadequate immunisation history, every effort should be made to clarify what immunisations they may have had.

Anyone who has not completed the routine immunisation programme as appropriate for their age should have outstanding doses as described in the relevant chapters of the [Green Book](#).



General principles

Immunisation history

- Unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned - please refer to the UKHSA algorithm [here](#) for more information.
- Where patients arrive from overseas with a documented or reliable verbal history of immunisation, vaccination details should be recorded on the patient's GP record.
- A patient's GP record should contain all of their immunisation history including those given overseas and those given which are not part of the UK schedule as this provides a full picture of their immunisation status and contributes to population coverage. See here for [SNOMED codes](#).

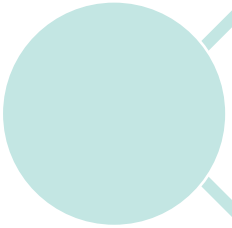
Planning catch up immunisations

- Plan the individual's catch-up immunisation schedule after offering the immunisations that there is no reliable history for.
- It is better to co-administer catch-up immunisations over the least number of visits and within the minimum possible timescale.
- The aim is to protect the person in the shortest time possible and with the minimum number of barriers for the person or their family.

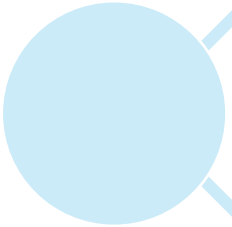
Step by step guide to incomplete or unknown immunisations



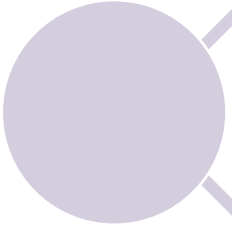
Step 1: Establish vaccine history



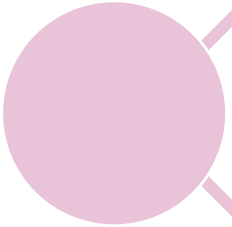
As outlined in [Chapter 11 Greenbook](#) where an individual presents with an inadequate immunisation history, every effort should be made to clarify what immunisations they may have had.



This could include contacting child health information service (CHIS) or health visiting or school nursing service or previous GP if they were born in the UK.



If children or adults are new to the UK, a documented or reliable verbal history of immunisation can be used to clarify what immunisations they may have had.



In the absence of a documented or reliable verbal history of immunisation, it should not be assumed that individuals have received all the vaccines in their national schedule. It is more helpful to assume that any undocumented or non-robust verbally assured doses are missing and the UK catch-up recommendations for that age should be offered.



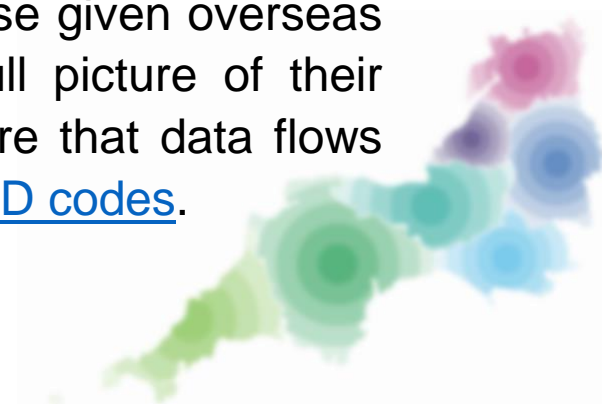
Documented or reliable history can include:

- Pictures on mobile phone.
- Written records: Useful [foreign language translation tool](#) adapted from CDC.

Robust verbal history

If you are relying on verbal immunisation history, ensure that you clearly document the conversation in a dated text entry including why and how you have arrived at this information. For example detailing the parent's/carers history, or using the child's date of birth and one of the overseas immunisation schedules on slide 13 or resources on slide 17.

- Remember! Unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned.
- If there is a documented or reliable verbal history of immunisation, vaccination details should be recorded on the patient's GP patient record.
- A patient's GP record should contain all of their immunisation history including those given overseas and those given which are not part of the UK schedule as this provides a full picture of their immunisation status and contributes to population coverage. This will also ensure that data flows correctly and other professionals can see vaccinations given. See here for [SNOMED codes](#).



Step 2: Identify the incomplete immunisations

Once you have established the individual's vaccine history the [Vaccination of individuals with uncertain or incomplete immunisation status algorithm](#) should be used to determine what vaccines are required to protect the patient.

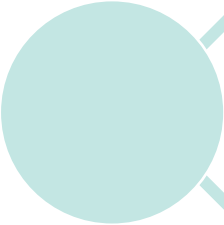
Compare the vaccine history with the individual's CURRENT age on the [algorithm](#). There is a useful video explaining how to use the algorithm in practice to increase confidence and skills in utilising the tool, this also includes scenarios to work through: [Immunisation training webinar 2 - completing immunisations using the PHE algorithm](#).

Ensure that you read all the information in the individuals age column, including the footnotes, as essential additional information is recorded here too.

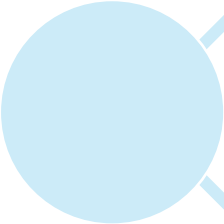
Offer all immunisations for which there is no documented or reliable vaccine history to the individual or their family to bring them back up to schedule.



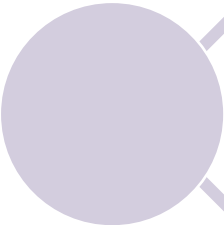
Step 3: Plan the individual's on-going schedule



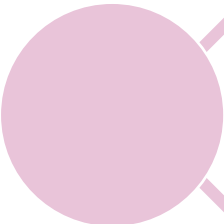
Plan the individual's catch-up immunisation schedule after offering the immunisations that there is no reliable history for.



Provide prompt protection and offer the missing vaccine as soon as possible.



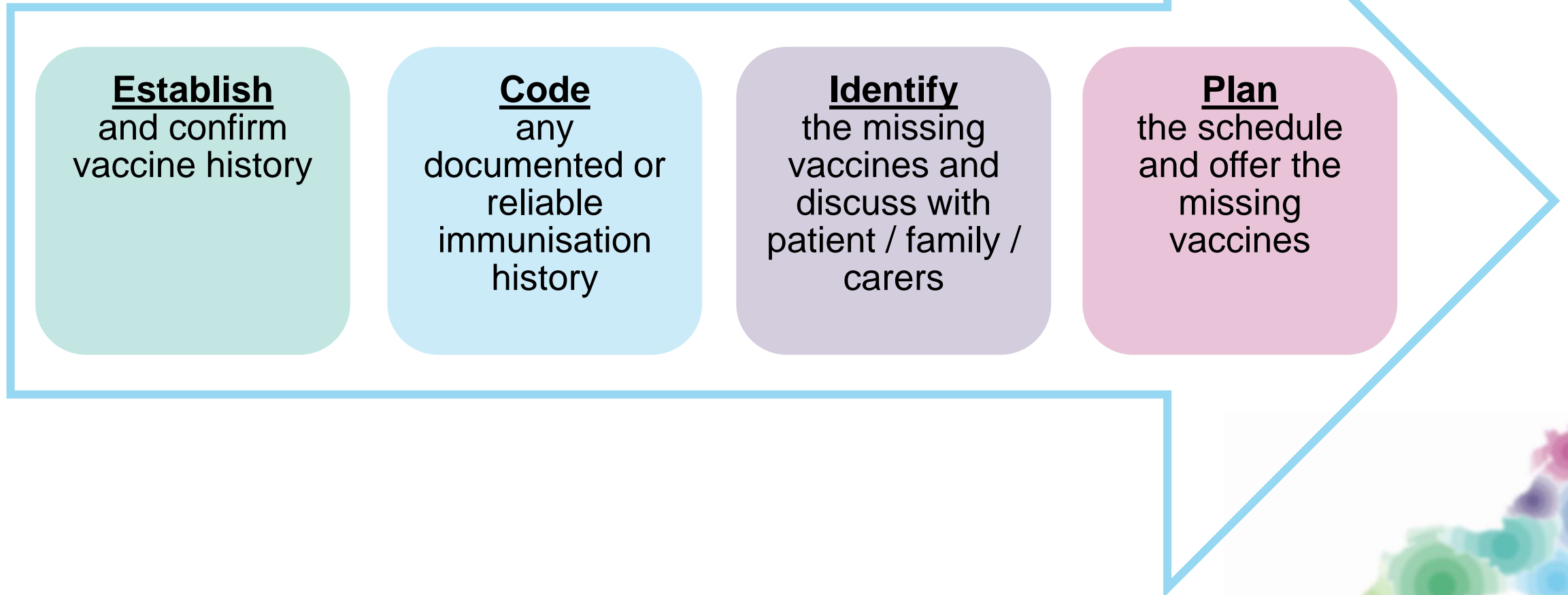
It is always more useful to do this with a minimum number of visits and within a minimum possible timescale, you are aiming to protect the individual in the shortest time possible and with the minimum number of barriers for the person or their family.



Ensure the patient is aware of what schedule they are following, that they have a record of this and understand when they must return for any follow-up appointments. Ensure the schedule they are following is documented. [Green book chapter 11 The UK immunisation schedule](#) provides further information of intervals between vaccines.



Summary



Resources

Webinars	Guidance	Information for Migrants
<ul style="list-style-type: none"> This series of webinars is designed to help immunisers revise and update their knowledge of key areas in immunisation: Primary care immunisation webinar series. They are intended as updates for those already immunising, not as foundation training for new immunisers. Manage incomplete vaccination histories using the UKSHA algorithm and other resources: Immunisation training webinar 2023 - completing immunisations using the UKHSA algorithm. These contain useful scenarios which could be used for training purposes. 	<ul style="list-style-type: none"> The UK Immunisation schedule is available at: Complete routine immunisation schedule - GOV.UK. The Green Book is available at: Immunisation against infectious disease. The most up to date information about the UK vaccine programmes is available at: Vaccine update. Collection of UKHSA immunisation resources and information: Immunisation. 	<ul style="list-style-type: none"> Immunisation information for migrants is the most up to date information for anyone who has moved to the UK. Paper copies of the Moved to the UK - migrant health immunisation leaflet in English are available to order for free and translated versions are available to download or print locally in the following languages: Albanian, Arabic, Bengali, Chinese (simplified), Chinese (traditional), Farsi, Kurdish, Panjabi, Pashto, Portuguese, Romanian, Romany, Russian, Somali, Spanish, Tigrinya, Turkish, Ukrainian and Urdu.

Overseas immunisation schedules

The sources below provide information on current immunisation schedules in non-UK countries. In the absence of a documented or reliable verbal history of immunisation, it should not be assumed that individuals have received all the vaccines in their national schedule.

Name	Link	Information
World Health Organisation	Vaccination schedules for individual European countries and specific age groups	Provides all the schedules in the EU and history of any changes of schedule.
World Health Organisation	WHO Immunization Data portal	This provides every schedule globally. Please be aware that this is information on current schedules of immunisation that are freely provided. Some countries do have add-on schedules on top of this, which is worth checking.



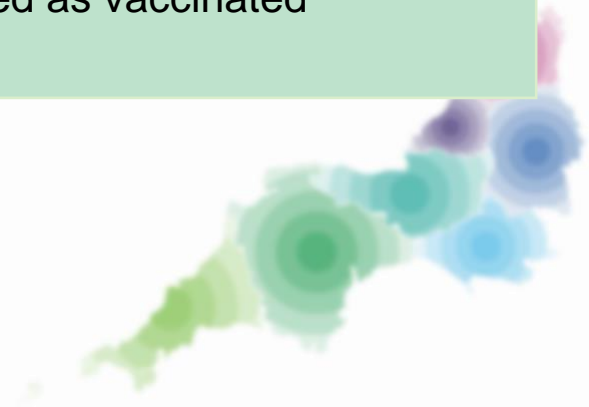
What if a primary course of immunisations has been started but not completed?

- You can resume the course, there is no need to repeat doses or restart a course.
- Therefore, where any course of immunisation is interrupted, there is normally no need to start the course again - it should simply be resumed and completed as soon as possible.
- Source: [Green book chapter 11 The UK immunisation schedule \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67181/green-book-chapter-11-the-uk-immunisation-schedule.pdf)



What if the parent/carer insists the child has received all their required vaccinations in their country of origin and therefore will not consent to you 'starting again'?

- You should use one of the tools on slides 13 & 14 to determine that country's schedule and identify what vaccines are needed to transfer them to the UK schedule.
- The sources list the current schedules in non-UK countries, not necessarily the schedule at the time when the child was due their vaccination. However, you can only work with the information currently available to you, so it's a good idea to ensure you record the date that you accessed the source within the text entry again, as evidence for how you came to your clinical decision.
- As well as ensuring that you clearly document the clinical decisions and conversations in a dated text entry, it is also vital that you record any vaccines given elsewhere in the notes using an appropriate [SNOMED codes](#) including the date of administration, so that individuals can be identified as vaccinated for purposes of call/recall/ QOF/COVER data and management of outbreaks.



What if the child in their country of origin has received a fourth dose of a diphtheria/tetanus/pertussis-containing vaccine at around 18 months?

- Booster doses given before three years of age should be discounted, as they may not provide continued satisfactory protection until the time of the teenage booster. The routine preschool and subsequent boosters should be given according to the UK schedule: [Green book chapter 11 The UK immunisation schedule \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/260222/green-book-chapter-11-the-uk-immunisation-schedule.pdf).

What if an individual has come to the UK part way through their immunisation schedule?

- They should be transferred onto the UK schedule and immunised as appropriate for their age.
- Any documented or reliable verbal history of immunisation should be recorded on the patient's GP patient record.

What if a child has received OPV in another country?

- As per the [Vaccination of individuals with uncertain or incomplete immunisation status \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) if an individual has received any OPV in another country since April 2016, these doses should be discounted as it is unlikely that they will protect against all 3 polio types'. If this child has had no IPV then the practice will need to follow the pathway for 'children from their second to tenth birthday'
- Although they may have received several of these antigens already 'for children under 10 years, DTaP/IPV/Hib/HepB should be recommended to catch up IPV (as per the vaccination of individuals with uncertain or incomplete immunisation status algorithm), even if IPV is the only outstanding antigen.
- This will mean some children may receive extra doses of some antigens (in this case Diphtheria, Tetanus, Pertussis, Hib and HepB), which may result in increased localised reactogenicity but will not otherwise be harmful.
- Although DTaP/IPV has fewer antigens, this is only licensed as a booster vaccine, not a primary, so recommending DTaP/IPV/Hib/HepB will offer the best protection to children and avoid potential errors.

What if a child has received more primary doses of a vaccine than we give as part of the routine schedule, do they still need a booster?

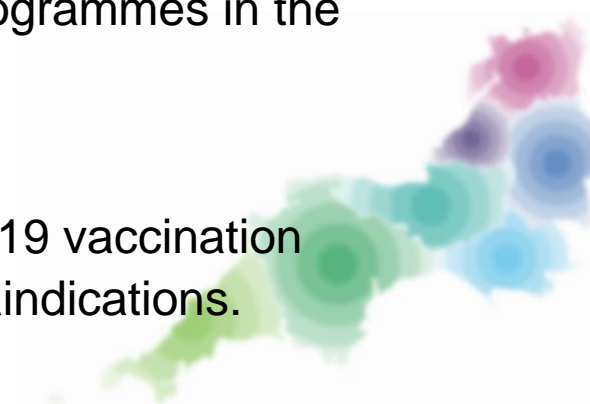
- Primary vaccinations are given to prime the immune system to defend itself against various infections.
- Booster vaccinations are given to elongate this response over a longer period of time. This means it is important as to when a booster is given in relation to the primary vaccination.
- PCV is a 1+1 schedule: 1 dose to prime and 1 dose to boost at 12 months. No matter how many PCV vaccines are given in the first year of life a booster dose is still required over the age of 12 months



South West Immunisation Clinical Advice Response Service

If you can't find the answer in any of the previous resources or need further support, please contact SW ICARS by email at: england.swicars@nhs.net.

- The aim of the SW ICARS is to provide public health guidance to clinicians administering all vaccines commissioned under Section 7A, including COVID-19 and Mpox, and to respond to clinical incidents as they arise in these programmes.
- ICARS operates Monday-Friday, 9am to 5pm (excluding bank holidays) and endeavours to respond to enquiries within two working days.
- More information about the SW ICARS can be found here: [NHS England — South West » Immunisation Clinical Advice & Response Service \(ICARS\)](#).
- In the event of a clinical incident relating to COVID-19 or Section 7A vaccination programmes in the South West, please complete an incident form [here](#) and send to us, or email england.swicars@nhs.net.
- ICARS can also support with clinical queries relating to the Section 7A and COVID-19 vaccination programmes. Clinical queries may include scheduling, eligibility, and vaccine contraindications.



Thank you

- For further information please contact the SW ICARS: england.swicars@nhs.net
- For screening queries and incidents in the South West, please contact england.swvast@nhs.net
- Adapted with kind thanks to NHSE colleagues in the North East, North Cumbria, Leicestershire, Lincolnshire & Northamptonshire and London Regions.

