Q There is a difference between the manufacturer's guidance/SPC and the Green Book/PGD, which should I follow?

A Always follow the Green Book in preference to the SPC/manufacturer's own guidance, if there is a discrepancy between them. The recommendations in the Green book are based on current expert advice received from the Joint Committee on Vaccination and Immunisation (JCVI). The PGD will always identify if use is outside the SPC.

Ref Green Book Chapter 4

Q What about consent when vaccinating children and young people?

A For infants and young children not able/competent to give or withhold consent, consent can be given by a person with parental responsibility, provided that person is capable of consenting to the immunisation in question and is able to communicate their decision. Where this person brings the child in response to an invitation for immunisation and, following an appropriate consultation, presents the child for that immunisation, these actions may be considered evidence of consent.

Young people aged 16 and 17 are presumed, in law, to be able to consent to their own medical treatment. Younger children who understand fully what is involved in the proposed procedure (referred to as 'Gillick competent') can also give consent, although ideally their parents will be involved.

If a person aged 16 or 17 or a Gillick-competent child consents to treatment, a parent cannot override that consent.

If the health professional giving the immunisation felt a child was not Gillick competent then the consent of someone with parental responsibility would be sought.

If a person aged 16 or 17 or a Gillick-competent child refuses treatment that refusal should be accepted. It is unlikely that a person with parental responsibility could overrule such a refusal. It is possible that the court might overrule a young person's refusal if an application to court is made under section 8 of the Children Act 1989 or the inherent jurisdiction of the High Court. There is no requirement for consent to be in writing.

Ref Green Book Chapter 2

Timing of immunisations

Q Can I give vaccines earlier than the age stated on the routine schedule?

A Yes. Vaccines do not need to be given on the precise data calculated from the schedule. Generally vaccines can be given a few days prior to the scheduled date. The routine schedule for the primary immunisation is 8, 12 and 16 weeks. There are some specific examples which differ from this general rule and the Green Book should always be checked. Details for primary immunisations and MMR are covered in the relevant sections below.

The first dose of primary immunisations can be given from six weeks of age if required in certain circumstances e.g. travel to an endemic country. However, Men B vaccine is only licensed from 2 months of age and therefore cannot be given using the PGD, but can be given if authorised by the GP (i.e written in the child's case record).

A four week interval is recommended between each of the three doses of DTaP-containing vaccine in the primary schedule although if one of these doses is given up to a week early, either inadvertently or deliberately e.g. for travel reasons, then this can be counted as a valid dose and does not need to be repeated. However, no more than one dose should be given early in the three dose schedule.

MMR vaccine can be given from six months of age, for example during a local outbreak or when travelling to endemic countries. Any dose of MMR given below the age of one year should be discounted, and two further doses will be required at the appropriate ages.

Please note that children are scheduled by Child Health to receive their vaccines when they are ≥56 days (8 weeks) old with their day of birth being day 1.

Ref Green Book Chapter 11

Q Is it safe for babies and children to receive several vaccines at once?

A Some parents may worry that a child's immune system will not be able to cope with several vaccines at once. It is estimated that the human body contains enough white blood cells to cope with thousands of vaccines at any one time. It is not recommended to delay vaccinations because it leaves the child unprotected against serious diseases for longer. Vaccines also challenge the immune system less than a disease does.

Q Why are so many doses needed for each vaccine?

A Receiving all the recommended doses of each vaccine provides the best protection possible. Depending on the vaccine, children will need more than one dose to build high enough immunity to prevent disease or to boost immunity that fades over time. The child may also receive more than one dose to make sure they are protected if they did not get immunity from a first dose, or to protect them against germs that change over time, like flu. Every dose is important because each protects against infectious diseases that can be especially serious for infants and very young children.

Q What is the minimum gap between different vaccines?

A There is no minimum gap required between different INACTIVATED vaccines. Where patients are eligible for additional vaccines, the relevant intervals should be followed as outlined in the specific Green Book chapters. Previously, it was advised to give LIVE vaccines at the same time, or four weeks apart. JCVI (2015) advice states this only applies to the following combinations:

- yellow fever and MMR (always at least four weeks apart, never on the same day);
- varicella containing vaccines and MMR (same day or four weeks apart);
- MMR and tuberculin skin testing (Mantoux) (if Mantoux given first, then delay MMR until Mantoux has been read, unless urgent protection against measles is required; if MMR given first, wait four weeks before Mantoux)

All other live vaccines (BCG, rotavirus, live attenuated influenza vaccine, oral typhoid vaccine, yellow fever, varicella, zoster and MMR), apart from those combinations listed above, can be administered at any time before or after each other. This includes tuberculin (mantoux) skin testing.

There are no longer restrictions on timing for other live vaccines, including oral/nasal vaccines.

Ref Green Book Chapter 11

Q A child was born prematurely – what age should they receive their vaccines?

A Premature children should receive vaccines at the chronological age according to the schedule. Due to the benefit of vaccines in this group, they should not be withheld or delayed. Very premature babies (born <28 weeks gestation) who are in hospital at time of 1st immunisation should receive respiratory monitoring for 48-72 hrs when given the first dose, particularly those with a previous history of respiratory immaturity. If a child has apnoea, bradycardia, reduced SaO2 after their 1st immunisation, the 2nd immunisations should also be given in hospital with respiratory monitoring following vaccination.

Ref Green Book Chapter 7

Q Should routine immunisations be deferred in babies who have not yet had their 6-8 week checks?

A No, none of the conditions that are screened for would constitute a contraindication to immunisation. The 6 to 8 week check forms part of the newborn and infant physical examination screening programme. The newborn element aims to identify and refer all children born with congenital abnormalities of the eyes, heart, hips, and testes, within 72 hours of birth. The second examination is designed to identify abnormalities that may become detectable in older infants – that is at 6-8 weeks of age.

Therefore there is no indication for the checks to take place before the first immunisations are given.

There is a PHE algorithm which outlines how to manage the screening of children with uncertain or incomplete screening status and covers the 3 newborn screening programmes. There is an opportunity, at the same time of assessing a child's vaccination status, to offer newborn screening tests at different ages if missed at birth. The algorithm explains which screening tests can be offered at different ages.