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MMRV Programme GP Toolkit

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MMRV Vaccination Programme

1. January 2026 Schedule Changes

From 1st January 2026, the following changes were introduced to the routine Childhood Immunisation schedule:

- Introduction of the 18-month vaccine appointment, including a 4th dose of Hexavalent vaccine
- Bringing the 2nd MMR vaccine forward to 18 months
- Introduction of the Varicella vaccine as the MMRV vaccine at 12 and 18 months

Childhood vaccinations and when to have them

8 Weeks 6-in-1 (Diphtheria, Tetanus, Whooping cough, Polio, Hib, Hepatitis B) MenB Rotavirus (drops to swallow)
12 Weeks 6-in-1 (Diphtheria, Tetanus, Whooping cough, Polio, Hib, Hepatitis B) MenB Rotavirus (drops to swallow)
16 Weeks 6-in-1 (Diphtheria, Tetanus, Whooping cough, Polio, Hib, Hepatitis B) Pneumococcal
1 Year MMR (Measles, Mumps, Rubella) Pneumococcal MenB
3 Years 4 Months 4-in-1 (Diphtheria, Tetanus, Whooping cough, Polio) MMR (Measles, Mumps, Rubella)

Getting vaccines on time gives the best protection. If your child misses a dose, contact your GP to catch up. To be fully protected, your child needs all the doses shown.

Questions about vaccinations?
Ask your GP, nurse, health visitor or pharmacist.

Scan QR to find out more

Designed by NHS North Central London Integrated Care Board

Old Schedule
(December 2025)

Childhood vaccinations and when to have them

8 Weeks 6-in-1 (Diphtheria, Tetanus, Whooping cough, Polio, Hib, Hepatitis B) MenB Rotavirus (drops to swallow)
12 Weeks 6-in-1 (Diphtheria, Tetanus, Whooping cough, Polio, Hib, Hepatitis B) MenB Rotavirus (drops to swallow)
16 Weeks 6-in-1 (Diphtheria, Tetanus, Whooping cough, Polio, Hib, Hepatitis B) Pneumococcal
1 Year MMRV (Measles, Mumps, Rubella, Chickenpox) Pneumococcal MenB
18 Months MMRV (Measles, Mumps, Rubella, Chickenpox) 6-in-1 (Diphtheria, Tetanus, Whooping cough, Polio, Hib, Hepatitis B)
3 Years 4 Months 4-in-1 (Diphtheria, Tetanus, Whooping cough, Polio)

Getting vaccines on time gives the best protection. If your child misses a dose, contact your GP to catch up. To be fully protected, your child needs all the doses shown.

Questions about vaccinations?
Ask your GP, nurse, health visitor or pharmacist.

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Designed by NHS North Central London Integrated Care Board

New Schedule
(January 2026)

[UKHSA webinar on the upcoming changes to the routine childhood immunisation schedule \(3rd December 2025\):](#) The [webinar recording is available on YouTube](#) as an accessible version with subtitles. The [slides from the webinar](#) can be accessed on the find public health resources website.

[NHSE London Region Introduction to the MMRV vaccination programme webinar \(18th December 2025\):](#) A recording of the webinar is available on our FutureNHS page [NHS England - London Immunisation Workspace - FutureNHS Collaboration Platform](#). (You will need a FutureNHS account to be able to access this, registering should only take a couple of minutes if you have not registered previously.) The rationale for these schedule changes are:

Age	Vaccine Change	Rationale
1 year	1 st MMRV	<p>Evidence from other countries: Many other countries, have successfully introduced the varicella vaccination into their vaccination programmes, leading to sharp declines in hospitalisations and severe cases of chickenpox</p> <p>Cost-effectiveness: The introduction of a routine varicella vaccine reduces the economic burden of GP visits, hospital admissions and missed workdays caused by chickenpox outbreaks.</p> <p>Reducing burden of disease: Chickenpox is highly contagious and can cause severe complications, especially in immunocompromised children and pregnant women.</p> <p>Herd immunity loss post-lockdown: COVID-19 restrictions reduced population exposure to varicella, particularly in older children who missed natural infection. With immunity gaps widening, this cohort is now more vulnerable – and chickenpox tends to be more severe with age.</p>
18 months	2 nd MMRV	The second MMRV dose is being moved forward in the schedule to help improve uptake and provide earlier protection.
	4 th 6-in-1	To replace the Hib dose no longer given at the 1-year appointment. This will help to provide longer-term protection against Hib infection.
3 years 4 months	Only a 4-in-1	Remains to consolidate the immune memory to diphtheria, tetanus, pertussis and polio

1a. Searches, Templates and Codes

EMIS Searches and new SNOMED codes have been launched to coincide with the new vaccination schedule and introduction of an MMRV vaccination programme.

The ‘Ardens’ template, and ‘Pan-NCL’ immunisation templates that practices in NCL use, have both been updated for the schedule change, and became live on 1st January 2026.

Please note that there are currently no MMRV contraindication and declined codes yet. These codes are being introduced, and they will be included in the next SNOMED update schedule for February 2026.

2. Varicella Vaccination Programme

From 1st January 2026, all children will be offered a combined MMRV vaccine instead of an MMR vaccine as part of the childhood routine 2-dose vaccination schedule.

There will also be a single-dose selective MMRV catch up programme for older children, if they have not had a chickenpox vaccine or had the disease.

Date of Birth	Age on 31 December 2025	New Programme from 1/1/26	Child's full schedule for MMR/MMRV
1 st January 2025, or later	Under 1 year	Two doses of MMRV and 12 & 18 months	12 months: MMRV 18 months: MMRV
1 st July 2024 to 31 st December 2024	1 year to under 18 months	Two doses of MMRV at 18 months and 3 years 4 months	12 months: MMR 18 months: MMRV 3 years 4 months: MMRV
1 st September 2022 to 30 th June 2024	18 months to under 3 years 4 months	One dose of MMRV at 3 years 4 months	12 months: MMR 3 years 4 months: MMRV
1 st January 2020 to 31 st August 2022	3 years 4 months to under 6 years	Selective catch up from 1 st November 2026 to 31 st March 2028 for those who have not yet had chickenpox vaccine or 2 doses of varicella vaccination*	12 months: MMR 3 years 4 months: MMR MMRV catch-up offer
31 st December 2019, or before	6 years and older	Not eligible for routine or catch-up programme	12 months: MMR 3 years 4 months: MMR

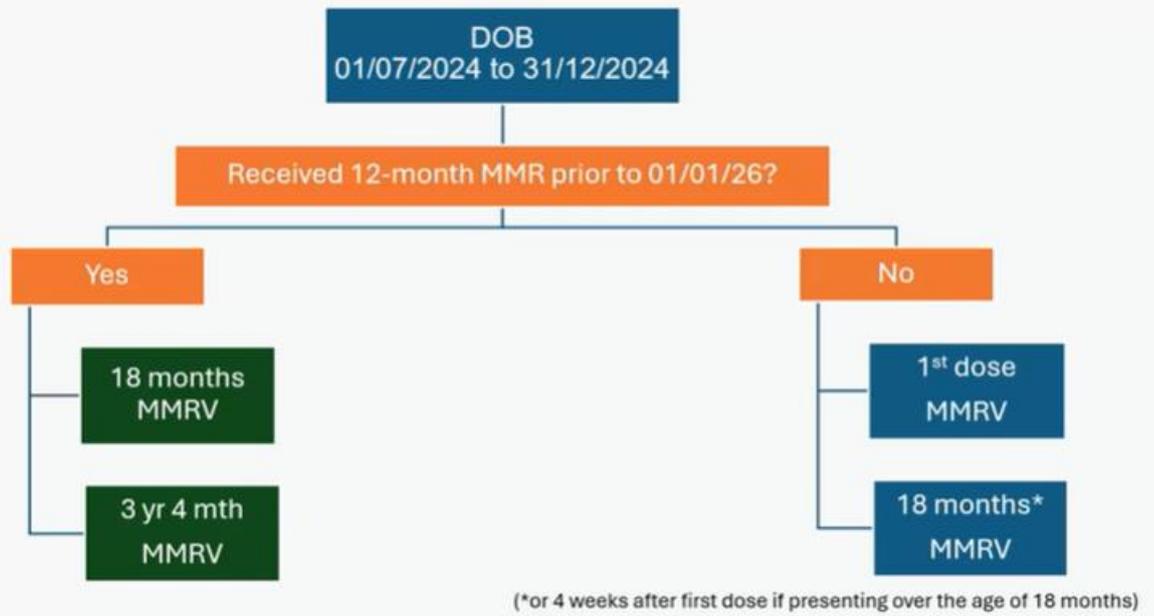
MMRV Eligibility

Green – Appointments due to happen on or after 1st January 2026

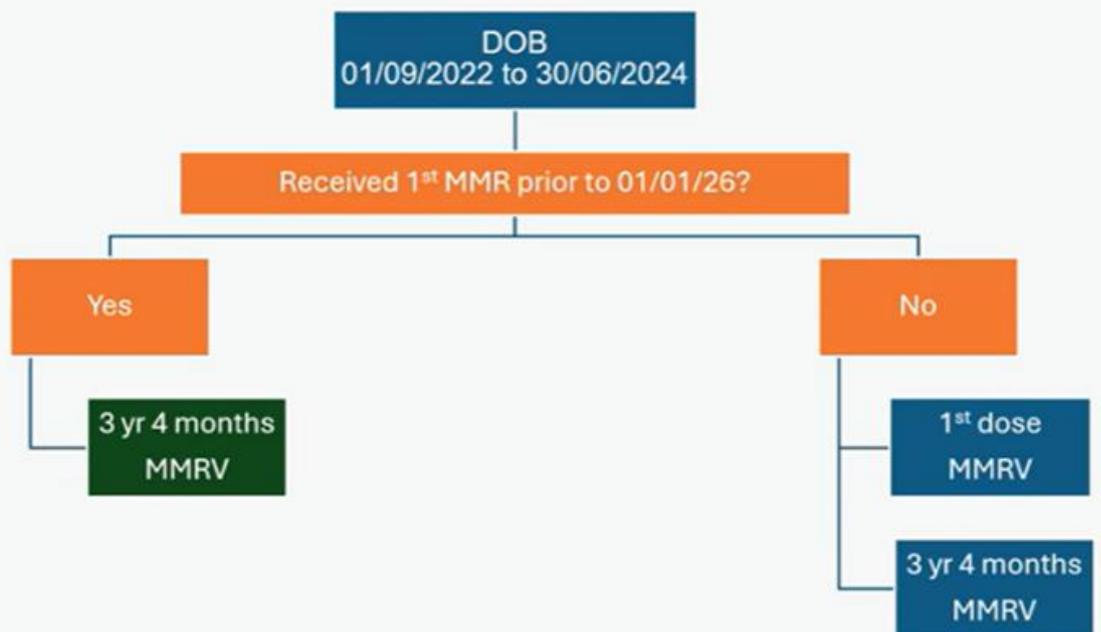
Blue – Appointments already completed prior to 1st January 2026

Date of birth on 01/01/2026 →	01/01/2025 or later (under 1 year)	01/07/2024-31/12/2024 (1 year - 18 months)	01/09/2022 to 30/06/2024 (18 months – 3 years, 4 months)	01/01/2020 to 31/08/2022 (3 years, 4 months – 6 years)	On or before 31/12/2019 (6 years+)
Appointment ↓					
12-month appointment	Men B, PCV MMRV	Men B, PCV MMR	Men B, PCV, Hib/MenC MMR	Men B, PCV, Hib/MenC MMR	Men B, PCV, Hib/MenC MMR
18-month appointment	MMRV + Hexa	MMRV + Hexa	No appointment	No appointment	No appointment
3y 4m appointment	dTaP/IPV	MMRV + dTaP/IPV	MMRV + dTaP/IPV	MMR/dTaP/IPV	MMR + dTaP/IPV
		If late for 12m MMR give MMRV and omit 3y 4m	If late for 12m MMR - give MMRV If have already had MMR2 early – Still eligible for MMRV	If not fully vaccinated, give MMRV *From Nov 26 - MMRV catch up if no chicken pox infection history	No MMRV

MMRV Schedules



MMRV Schedules



The MMRV Vaccines	The MMR Vaccine	Potential Safety Concerns
<ul style="list-style-type: none"> • Combined MMRV vaccine: Priorix-Tetra® (GSK) and ProQuad® (MSD). • MMRV vaccines will be available to order in the usual way online via ImmForm. It is recommended that practices hold no more than 2 weeks' worth of stock. • Both vaccines are clinically equivalent, but Priorix-Tetra® may be preferred for children who do not accept porcine gelatine and can be preferentially ordered by practices in the same way that MMR has been. • Varicella-only vaccine will not be offered in the NHS routine or catch-up programmes. • Updated PDGs are being produced by UKHSA for NHSE to authorise for both the MMR and MMRV. 	<ul style="list-style-type: none"> • The MMR vaccine will no longer be available for the NHS routine childhood programme from 1st January 2026, however, MMR vaccine will be available for administration outside of the routine programme (e.g. catch up older individuals, where DOB is before 31st December 2019, without 2 doses of MMR). • Children born after 1st January 2020 missing any MMR doses, should be caught up using the MMRV. • Children born before 31st December 2019 remain eligible for MMR but are not eligible for MMRV vaccination in the NHS programme. 	<ul style="list-style-type: none"> • There will be a number of children who will be eligible to receive 3 MMR-containing vaccines. There are no safety concerns with this approach. • For the catch-up programme, there are no safety concerns with giving the vaccine to a child who has already had chickenpox infection or previous varicella vaccination.

Children should receive the vaccine they are eligible for according to the national schedule, and healthcare professionals should not offer parents or carers the option for alternative vaccines.

Children should receive their 2nd dose of MMRV as per the national schedule and it should not be brought forward on request, unless there is a clinical reason for doing so.

MMRV can be given at the same time as, or at any interval from any of the vaccines administered as part of the routine childhood schedule.

2a. Guidance on Opt outs

Children previously opted out of MMR invites should still be invited for future MMRV vaccinations they are due based on the new schedule.

Children previously opted out of MMR invites should not, however, be invited for MMRV vaccination as an alternative to MMR vaccinations they were due in the past, e.g. a child is who is 15 months old on 1st January 2026 and who was opted out of the 12 month MMR, should not be invited to get MMRV instead of that 12 month MMR, but they should be invited for MMRV at 18 months and at 3 years 4 months assuming they have not yet opted out of MMRV.

3. Varicella Selective Catch-Up Vaccination Programme

An MMRV selective catch-up programme will be running from **1st November 2026 to 31st March 2028**

1. One dose of MMRV will be offered to any children with no history of chickenpox disease, or two doses of varicella vaccinations who are aged 3 years 4 months to under 6 years on 31st December 2025 (DOB Range: 1st January 2020 to 31st August 2022)
2. Children presenting for the selective catch-up do not require MMRV vaccine if parents volunteer that the child has had previous chickenpox infection, or two prior varicella-containing vaccines
3. For children who have missed routine doses of MMR, these children should be brought up to date using the UKHSA uncertain or incomplete immunisation algorithm (which is currently being updated to reflect schedule changes)

3a. Administering MMRV to children who have had previous varicella vaccination

Children who have been privately vaccinated with one dose of varicella vaccine, or who received a dose because of contact with an immunosuppressed individual or in an outbreak situation, should be offered the catch-up dose of MMRV as they will benefit from receiving this.

Children who have already received 2 doses of varicella vaccine for any of the above reasons will not benefit from an additional MMRV vaccine. *However, there is no requirement for GP practices to check prior varicella vaccination history and children can still receive the single dose catch-up MMRV if requested by their parents or carers.*

Children who are due to have MMRV according to the routine schedule, but have had previous varicella vaccination, should still be given MMRV according to the schedule. This ensures they are protected against measles, mumps, and rubella, and that they have received the varicella component at an appropriate age.

4. Scenarios and Actions

4a. Older Children and Adults

The MMR vaccine will no longer be available for the **NHS routine childhood programme** from 1st January 2026. For older children and adults:

- Children aged 6 years and above at the start of the programme (DOB on or before 31st December 2019) are **not eligible** for MMRV vaccination via the routine NHS MMRV programme. If not fully vaccinated, they should be offered the **MMR Vaccine**.
- Some older children and/or adults may be eligible for varicella-only vaccine outside of the national schedule (those who are non-immune healthy susceptible close household contacts of immunocompromised individuals or non-immune healthcare workers)
- If MMRV is the only vaccine available at the time an unimmunised individual born on or before 31st December 2019 presents, **MMRV** should be given if it is felt that the individual would not return if asked to wait until MMR vaccine was available or if immediate protection is required.

4b. Errors

Scenario 1: MMR is given in error instead of MMRV

Action: Where a child who should have received MMRV has received MMR vaccine in error, they should be offered a dose of MMRV vaccine either in the same appointment, or four weeks after the inadvertent dose of MMR. This is because evidence suggests that MMR can inhibit the response to varicella if given within 4 weeks of each other, but not if given at the same time.

Scenario 2: Administration of an additional dose of MMRV in error

Action: There is no additional risk of adverse events from giving additional doses of vaccine (with the exception of BCG vaccine). The frequency of adverse events following a live vaccine usually falls with the number of doses given as any pre-existing antibodies will neutralise subsequently administered doses of live vaccines viruses. Therefore, parents or carers can be reassured that additional doses are not harmful.

Reminder: It is the responsibility of the vaccinator to ensure correct vaccines are offered/given – this may differ to what is in the red book and/or CHIS letter.

If you have any queries about the routine immunisation schedule changes or any other clinical immunisation queries, please contact england.london.immunisationqueriescars@nhs.net

Age at presentation	No previous doses of MMR	One previous dose of MMR vaccine and no previous doses of MMRV
1 year to under 18 months	<p><u>Action:</u> Offer first dose of MMRV</p> <p><u>Then:</u> Offer second dose of MMRV at 18 months and at least 4 weeks after the first dose of MMRV</p> <p>If they have received both doses of MMRV in this way before 3 years 4 months, they will not require any further doses of MMRV with their pre-school booster DTaP/IPV vaccine.</p>	<p>Date of birth: 01/07/2024 to 31/12/2024</p> <p>If born in the UK, these children should have received the first dose of MMR at 12 months</p> <p><u>Action:</u> Offer first dose of MMRV at 18 months and at least 4 weeks after the first dose of MMR</p> <p><u>Then:</u> Offer second dose of MMRV at 3 year 4 months.</p>
		<p>Date of birth: 01/01/2025 onwards</p> <p>These children should not have received MMR unless vaccinated abroad or as part of an outbreak response. They should have been offered the first dose of MMRV at 12 months.</p> <p><u>Action:</u> Offer first dose of MMRV at least 4 weeks after MMR vaccine was given (second MMR-containing vaccine)</p> <p><u>Then:</u> Offer second dose of MMRV at 18 months and at least 4 weeks after the first dose of MMRV</p>

Age at presentation	No previous doses of MMR	One previous dose of MMR vaccine and no previous doses of MMRV	
18 months to under 3 years 4 months	<p>Date of birth: 01/09/2022 to 30/06/2024</p> <p><u>Action:</u> Offer first dose of MMRV</p> <p><u>Then:</u> Offer second dose of MMRV at 3 years 4 months and at least 4 weeks after the first dose of MMRV</p> <p>This advice for the timing of the second dose keeps the child in line with what other children in their DOB cohort will receive. This is why it differs from the advice for timing of second MMRV given for other DOBs</p>	<p>Date of birth: 01/09/2022 to 30/06/2024</p> <p>These children should have received an MMR vaccine at 12-months of age and are then due to receive 1 dose of MMRV at 3 years 4 months of age months of age.</p> <p><u>Action:</u> Offer a dose of MMRV (second MMR-containing vaccine) at 3 years 4 months</p>	
		<p>Date of birth: 01/07/2024 onwards</p> <p><u>Action:</u> Offer first dose of MMRV</p> <p><u>Then:</u> Offer second dose of MMRV 4 weeks later (to give them a 2nd dose of MMR-containing vaccine which their age cohort will have already received)</p> <p>If they have received both doses of MMRV in this way before 3 years 4 months of age, they will not require any further doses of MMRV with their pre-school booster DTaP/IPV vaccine.</p>	<p>Date of birth: 01/07/2024 to 31/12/2024</p> <p>These children should have received an MMR vaccine at 12-months of age and MMRV at 18 months of age.</p> <p><u>Action:</u> Offer first dose of MMRV (second MMR-containing vaccine)</p> <p><u>Then:</u> Offer second dose of MMRV at 3 years 4 months and at least 4 weeks after the first dose of MMRV</p>
			<p>Date of birth: 01/01/2025 onwards</p> <p>These children should not have received MMR unless vaccinated abroad or as part of an outbreak response. They should have been offered 2 MMRVs at 12 and 18 months.</p> <p><u>Action:</u> Offer first dose of MMRV (second MMR-containing dose)</p> <p><u>Then:</u> Offer second dose of MMRV 4 weeks later</p>

5. Resources for GP Practices

The following immunisation resources have been launched, or updated, to coincide with the MMRV vaccination programme launch and schedule changes. These are a mixture of process resources for practices to use to support vaccination in the practice, aide-memoire resources for clinical conversations about vaccinations, and patient shareable resources, which can be shared digitally with patients, or displayed in waiting rooms/on practice screens.

These include:

1. Updated 'Welcome to the World' pack
2. The Immunisation Flipbook (January Digital Launch, Feb/March Physical Launch)
3. Disease Information Resource Pack (a shareable easy to read double side information document on the diseases that we vaccinate against as part of the routine schedule, and why it's important to protect against these diseases)
4. Vaccinations and when to have them schedule posters, for Childhood, School-Aged, Pregnancy and Adult Routine vaccinations.
5. Missing Immunisation Identifier Tool



There are also a number of resources and support available to practices to support with the schedule changes and immunisations in general practice including: The Immunisation Operational Processes and Pathways, Call/Recall Guidance, Text & Letter templates, administrative call/recall telephone scripts, Teddy Bear's Vaccination Adventure video resource and the Vaccine-preventable diseases: visual aid.

Frequently Asked Questions

All Information Accurate as of 5th January 2026

For the bank of FAQs in relation to the MMRV Vaccination Programme, these can be accessed via NHS Futures Platform: [Changes to the routine immunisation schedule - NHS England - London Immunisation Workspace - Futures](#)

Below is a selection of responses to questions that have cropped up multiple times in conversation about the introduction of the MMRV Vaccination Programme.

- **If a parent refuses MMRV, can we give the MMR vaccine instead?**

On the NHS, as part of the routine childhood immunisation schedule, only the MMRV vaccine is available. The MMR vaccine is only available for catch up for those born before or on 31st December 2019.

- **What should we do if a parent only wants the chickenpox vaccine?**

Similarly to the question above, there is no varicella/chickenpox-only vaccine on the NHS for children. They will either have the MMRV vaccination, or nothing.

- **Where can practices obtain leaflets/posters?**

All of the updated NCL resources for vaccinations will be shared with practices in the coming weeks and available on our NCL GP website's Childhood Immunisations' Practice Resources webpage

(<https://gps.northcentrallondon.icb.nhs.uk/immunisations-and-vaccinations/childhood-immunisations-0-5/practice-resources>).

There are also a number of resources available that won't need to be changed for the schedule changes, including the Teddy Bear's Vaccination Adventure video resource and the Vaccine-preventable disease: Visual Aid.

UKHSA and NHSE leaflets and posters are also available to order via the GOV.UK and DHSC Campaign Resource Centres websites.

- **How come some children will have 2 MMRVs and others only 1?**

The routine MMRV programme is 2 doses at 12 months and 18 months. The catch-up Varicella vaccination programme (for children between 3 years 4 months and 6 years olds on 31st December 2019) is a one dose MMRV programme. For this older age group, the JCVI, UKHSA and NHSE have deemed that a one dose programme provides the adequate protection to these children from Varicella/Chickenpox infection.

- **For older children or adults that never had MMR do we offer the MMR or MMRV?**

Any patient who is born before on or the 31st December 2019 will never receive the MMRV and will be brought up to date with the MMR vaccination, which is why it is important to ensure that practices keep some MMR vaccinations in stock for these patients.

- **What should we do with children who come late for 1-year imms and are also then due 18-month imms?**

The 1-year immunisations should be given as normal when the child attends. From 1st January 2026, the MMRV vaccination can be given in place of the MMR for those who were due their 1-year immunisations before 1st January 2026. There must be at least a 4-week interval between the 1-year vaccination appointment and their 18 months appointment.

For example, if a children born on 1st September 2024 comes at the beginning of March 2026 for their 1-year immunisations, they should receive their 1-year immunisations as planned (with MMRV) and then booked in for their 18-month vaccination appointment 1 month later (where they will be just over 18 months old).

- **How will the schedule change impact on QOF targets?**

This is all being taken into account for QOF. Information about the impact would be expected to come out prior to the end of the 2025/26 financial year.

- **Is there not a concern that adding another vaccine to the MMR is likely to increase the rate of decline?**

There is always a risk when additions are made to a vaccine. We have to ensure that we are clear in conversations as to why the change has been made and reiterate the safety of the vaccine.

As a high-level summary to three main changes here's some information:

- Removal of Hib/MenC vaccination – The Hib/MenC vaccination has been removed from the routine schedule, primarily due to the incredible success of the adolescent MenACWY vaccination programme, which has made a separate infant MenC dose unnecessary. To replace the Hib dose no longer given at the 1-year appointment, a 4th Hexavalent vaccine has been introduced in the new 18-month vaccination appointment, to help provider longer-term protection against Hib infection, as well as diphtheria, polio, etc.
- Addition of Varicella in routine schedule – Many other countries have successfully introduced the varicella into their vaccination programmes, leading to sharp declines in hospitalisations and severe cases of chickenpox. Chickenpox is highly contagious and can cause severe complications, particularly for pregnant women and immunosuppressed children. Due to COVID-19 restrictions which reduced population exposure to Chickenpox, particularly in older children who missed natural infection, the immunity gaps have widened and this cohort are now more vulnerable, and chickenpox tends to be more severe with age, therefore vaccinating against it helps to regain the

herd immunity for chickenpox, which has been lost post lockdown. Introducing a Varicella vaccination also reduces the economic burden on GP visits, hospital admissions, and missed workdays caused by chickenpox outbreaks.

- Adjustments to MMR schedule – In South London, for approx. 10 years, they have had an accelerated MMR vaccination programme, whereby the 1st MMR is given (as usual) at 12 months, and the 2nd at 18 months. This has significantly helped to improve uptake of the vaccination as there is not as long a gap between vaccination intervals, plus provide earlier protection against Measles, Mumps and Rubella. In recent years, we have seen a significant increase of measles cases, and outbreaks, and this adjusted schedule is going to help ensure that we (as a system and population) can be more resilient and better protected against future outbreaks, reducing transmission risk and safeguarding our vulnerable populations.
- **Could you advise on children who had 2 MMR in the past, but they are under 6 years old, according to new schedule they are entitled to have 1 MMRV. Are they covered for Varicella? My understanding to get better protection for chicken pox they should have 2 varicella vaccination, what advise can we give to parents just getting only one?**

Parents or carers who are concerned their child will only receive one dose of a varicella containing vaccine (those born between 1 January 2020 and 30 June 2024), can be reassured that a high level of vaccine effectiveness can usually be expected after one dose. Furthermore, where children who have received only one dose of a varicella-containing vaccine go on to develop varicella infection from community exposure, the disease is usually milder than if no vaccine had been received. One dose is extremely effective at protecting against severe varicella disease. In addition, it is likely that children in the age cohort who are only eligible for one dose will have already been exposed to varicella infection.

- **Babies born in December 2024 are waiting until January 2026 to get MMRV, but MMRV is for babies born from January 2025?**

The MMRV vaccine is part of the routine schedule for babies born from 1st January 2025. All children under 6 (as of 31st December 2025) coming for a delayed MMR vaccination, should be caught up with an MMRV from 1st January 2026.

- **In the future, will people still be at risk of Shingles? Will people still need to have shingles vaccines?**

Yes, people will still be at risk of shingles even with a childhood chickenpox vaccination, but the 'risk profile' for Shingles will change – initially, we may actually see a rise in cases as adults lose natural immune boosting from children having chickenpox injection, but in the long-term, it is predicted that there will be fewer shingles cases overall as the vaccinated generation ages, making the shingles vaccine still crucial, especially for older adults as it protects against reactivation of the virus that never leaves the body.

It will still be over 50 years until the children vaccinated from 1st January with an MMRV become eligible for routine shingles vaccinations. At that time, we will be able to see the importance of the shingles vaccine.