

## Quick reference summary: Gaps between childhood vaccinations

### Disclaimer

This is a very succinct summary of the detailed guidelines contained in the Green Book (general and specific chapters) and in Patient Group Directions (PGDs). It is intended to give practice administration staff an overview and does **not** constitute clinical guidance.

### Summary table

Vaccine	Ideal age	Minimum age (not routinely)	Minimum gap between doses	Notes
Rotavirus 1	8 weeks	6 weeks		Latest at 14 weeks
Rotavirus 2	12 weeks		4 weeks	Latest at 23 weeks
Hexa 1	8 weeks	6 weeks		
Hexa 2	12 weeks		3-4 weeks	Only 1x 3 week gap allowed
Hexa 3	16 weeks		3-4 weeks	If 1 <sup>st</sup> gap was 3 weeks, the 2 <sup>nd</sup> must be 4 weeks
Men B 1	8 weeks	6 weeks		
Men B 2	16 weeks		8 weeks	
Men B 3	1 year	1 year	8 weeks	
PCV 1	12 weeks			
PCV 2	1 year	1 year	4 weeks	
MMR 1	1 year	6 months * 1 year		* outbreaks or travel only-no ongoing protection
MMR 2	3 years 4 months / 18 months **	15 months**	4 weeks	
Hib/MenC	1 year	1 year		
DTaP/Pol	3 years 4 months	3 years	12 months	

\* MMR can be given from 6 months during measles outbreaks or if travelling to risky countries but does NOT count if given before their first birthday.

\*\* The second MMR is routinely given at 3 years 4 months, but in some pilot areas it is given at 18 months and this provides the same protection – it counts. If a child is given a booster one month after the primary dose, and after 15 months of age for urgent protection, there is no need to give any further doses.

### Useful resources

- [Routine vaccination schedule including brand names](#)
- [Green Book, Chapter 11: The UK immunisation schedule](#)
- [Vaccination of individuals with uncertain or incomplete immunisation status](#)
- [PGDs](#)
- [Meningococcal B vaccination - Information for healthcare practitioners](#)

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