UK Health Security Agency

Measles

Communications toolkit for UKHSA stakeholders

Contents

Introduction

The UK Health Security Agency (UKHSA) is working with partners in the NHS, local authorities and national government to protect people from measles.

This toolkit contains background information, social media assets and suggested copy, resources for health professionals, and other useful information.

The information provided is correct as of 15 January 2026.

For further information about our national communications please contact: externalaffairs@ukhsa.gov.uk

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About measles

Measles is one of the most highly infectious diseases. Measles spreads very easily among those who are unvaccinated.

Measles can be a very unpleasant illness. In some children it can be very serious and lead to hospitalisation – and in rare cases tragically can cause death. People in certain risk groups including babies and young children, pregnant women, and people with weakened immune systems, are at increased risk of complications from measles.

Symptoms include a runny nose, cough, high fever, sore red watery eyes and a blotchy rash. The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

Having two doses of the Measles, Mumps, Rubella and Varicella (MMRV) vaccine is the best way to protect your child and help prevent measles spreading, especially to those most vulnerable. Two doses of the MMRV vaccine give you excellent lifelong protection. If you or your child have missed out, contact your GP surgery to catch up as soon as possible.

Due to the introduction of a varicella (chickenpox) vaccination programme the MMRV vaccine replaced the MMR vaccine in the routine childhood programme from the 1 January 2026. Children born on or after the 1 January 2020 who need to be caught up will be offered the MMRV vaccine. Older children and adults born on or before 31 December 2019 who are not up to date can be caught up for free on the NHS whatever their age using the MMR vaccine.

There has been a resurgence of measles in England and around the world in recent years. Most of the cases in England have been in children under the age of 10 years with many outbreaks linked to nurseries and schools.

Uptake of the routine childhood vaccinations, is the lowest it has been in a decade and is well below the 95% uptake needed to protect the population and prevent outbreaks. This is giving this serious disease a chance to get a foothold in our communities. Achieving high vaccination coverage across the population is important as it also indirectly helps protect very young infants (under one) and other vulnerable groups.

In 2024, England experienced the biggest outbreak of measles in decades, particularly affecting children under the age of 10 years. Since the peak in July 2024 cases have declined, but local outbreaks have continued and we experienced another increase in activity in the first half of 2025 particularly affecting London and the North West Regions.

MMRV vaccination programme

As of 1 January 2026, children are offered a combined measles, mumps, rubella and varicella (MMRV) vaccine instead of measles, mumps and rubella vaccine (MMR), as part of the childhood routine 2-dose vaccination schedule. Dose 1 is offered at one year of age and dose 2 has been brought forward from 3 years 4 months, to the new 18-month appointment.

From 1 November 2026 to 31 March 2028 there will be a single dose selective MMRV catch-up programme for older children who have not yet had chickenpox infection or 2 doses of varicella vaccination. More information on the selective catch-up will be communicated after the January launch of the MMRV vaccine.

MMRV vaccination eligibility by date of birth[1]

Date of birth	Age on 31 December 2025	New programme from 1 January 2026	Child's full schedule for MMR/MMRV
01/01/2025 or later	Under 1 year	Two doses of MMRV at 12 months and 18 months	12 months – MMRV 18 months – MMRV
01/07/2024 to 31/12/2024	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] Further information on eligibility and timing of vaccination is available in the routine childhood immunisation schedule and the introduction of a routine varicella (MMRV) vaccination programme letter.

Date of birth	Age on 31 December 2025	New programme from 1 January 2026	Child's full schedule for MMR/MMRV
01/09/2022 to 30/06/2024	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
01/01/2020 to 31/08/2022	3 years 4 months to under 6 years	Selective catch-up from 1 November 2026 to 31 March 2028 for those who have not yet had chickenpox infection or 2 doses of varicella vaccination[2]	12 months – MMR 3 years 4 months – MMR MMRV catch-up offer
31/12/2019 or before	6 years and older	Not eligible	12 months – MMR 3 years 4 months – MMR

We have a blog which aims to help parents and carers understand when their child should get their MMRV vaccine, if they are eligible to have it. We also have a MMRV communications toolkit for more information to help communicate the new offer.

MMR vaccination programme

- Prior to the new MMRV programme, children were offered the MMR vaccine, which does not protect against chickenpox.
- The MMR vaccine is not available for children eligible for MMRV.
- The MMR vaccine is still available for older children and adults who have not yet had their MMR and are not eligible for MMRV. Please speak to your GP if you do not believe you have had the MMR to catch up for free.

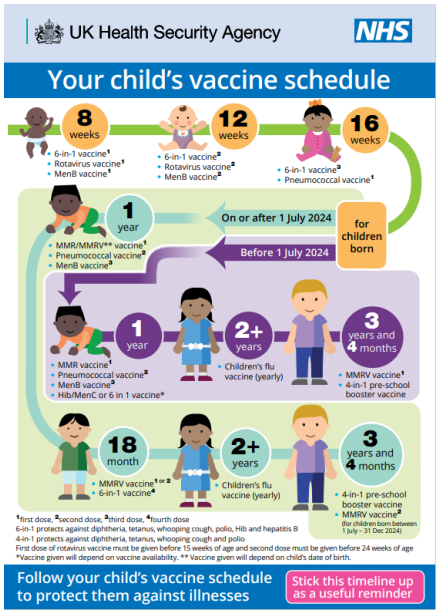
[2] There is no requirement for practices to check the history for those who respond to the offer.

Childhood vaccination schedule postcard

We have a postcard which provides a visual aid to explaining the infant vaccination schedule.

This postcard is suitable for all settings including childcare settings, GP practices, social care settings, looked after and secure accommodation and pharmacies.

This postcard can be downloaded and printed locally to give to parents to explain the infant vaccination schedule. It can be used on invitations and shared on social media.



The postcard has recently been updated to reflect MMRV becoming part of the routine immunisation schedule. This can be downloaded and ordered for free from the Find public health resources website (product code 1265 4691 EN 001).

If you a health professional or work for a local authority, you can order up to 500 copies as long as you are registered on the website. If you are a member of the public, you will be able to order up to five copies. If you are having any trouble ordering, please email publichealthresources@ukhsa.gov.uk.

Translated versions of the postcard will be available in the coming months and we will update via the Stakeholder Cascade when they are ready to download and/or order.

This postcard can be also be downloaded from the Campaign Resource Centre.

Key messages on MMRV vaccine

- Measles is one of the most highly infectious diseases and spreads rapidly among those who are unvaccinated. It is a particularly nasty disease for any child and sadly for some children can be serious, leading to complications especially in young infants and those with a weakened immune system, and on rare occasions can tragically cause death.

- In recent years, uptake of the routine childhood vaccinations, including the MMR vaccine has fallen. Coverage in England is well below the 95% target set by the World Health Organization (WHO), which is necessary to prevent outbreaks and achieve and maintain measles elimination.

- As of 1 January 2026, children are offered a combined measles, mumps, rubella and varicella (MMRV) vaccine instead of measles, mumps and rubella vaccine (MMR), as part of the childhood routine 2-dose vaccination schedule. Dose 1 is offered at one year of age and dose 2 has been brought forward from 3 years 4 months, to the new 18-month appointment. The MMRV vaccine offers the same protection as the MMR vaccine but adds protection against chickenpox.

- The MMRV vaccine has been used for over 10 years in several countries, including Canada, Australia and Germany, and has a good safety record.

- Getting vaccinated means you are also helping protect others who can't have the vaccine, including infants under one year and people with weakened immune systems, who are at greater risk of serious illness and complications from measles. They rely on the rest of us getting the vaccine to protect them.

- It is never too late to catch up. The MMR vaccine is free on the NHS, whatever your age. If anyone has missed one or both doses of the MMRV or MMR vaccine, contact your GP practice to book an appointment.

- Measles is preventable with two doses of the MMRV vaccine, but many thousands of children around the country are still not vaccinated and may be at risk.

NHS advice

There is information on measles on the NHS website. This includes advice to parents and carers to check if their child has measles, including photos of the measles rash. The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

Measles is a highly infectious viral illness, so anyone with symptoms is advised to stay at home and phone their GP or NHS 111 for advice, rather than visiting the surgery or A&E, to prevent the illness spreading further.

There is information available from the NHS on the MMR vaccine.

Parental confidence in vaccines

Evidence suggests there is high confidence in NHS vaccination programmes and parents trust the advice that they get from practice nurses, general practitioners, pharmacists and the NHS. For example, UKHSA's annual survey of attitudes to vaccines showed that most parents believe that childhood vaccines are safe (85% up from 84% in 2023) that they trust them (84% up from 82% in 2024) and they work (87% compared to 89% in 2024).

Healthcare professionals, in particular GPs, health visitors and nurses, continue to be the most trusted source of vaccine information. 76% of parents had seen or heard information about children's vaccines in the past year, predominantly from trusted sources including healthcare professionals and official NHS websites. Only 7% ranked the internet and 3% social media in their top three most trusted sources.

Most parents (79%) had already decided that their baby would have all the vaccines offered before they spoke to a health professional. However, following a discussion with a health professional more than half of these parents (53%) said they felt even more confident about their decision, and of those who had decided not to vaccinate 15% changed their mind in favour of vaccination.

The Royal College of Paediatrics and Child Health (RCPCH) convened a commission of experts for 12 months to explore the decline in childhood vaccination in the UK. They published a report in July 2025 on Vaccination in the UK: access, uptake, equity which assessed how and why vaccine uptake has stalled or declined. Their findings highlight that while a lot of attention is given to the role of mis- and dis- information in driving vaccine hesitancy this did not explain the erosion in coverage seen over the last decade and that most of the barriers to vaccination experienced by communities were related to access to information and services and that these barriers were much worse from people from deprived areas and communities experiencing a range of health inequalities.

Measles communications assets for raising awareness amongst the public

There is further information below which you may wish to use on your own channels:

- Measles awareness posters for use by the general public in public spaces and posters for use during outbreaks.
- We have blogs including What is measles and why is it so important we're up to date with our vaccines to protect against it?, 'What is the MMRV vaccine and is my child eligible?' and What are the symptoms of measles and how can I best protect my child
- We also have a blog on immunisations in which Vanessa Saliba, UKHSA's Consultant Epidemiologist for Immunisations, outlines the importance of protecting children through vaccination.
- Other publications and assets on MMR can be downloaded and ordered for free by healthcare professionals on the Find public health resources website. They are available in a number of languages.

- UKHSA resources on immunisation can be found on our website.
- We have translated our warn and inform letter (to be used where it is necessary to contact a number of people who have been potentially exposed to a case of measles) into a number of community languages.
- We have also created an easy-read version that is also available online and for. These are available on our national measles guidelines GOV.UK page (scroll down to 'translations of warn and inform letters').

Messaging on MMR & MMRV vaccine ingredients

The issue of pork ingredients (known as 'porcine gelatine') in some vaccines has raised concerns among some groups.

There is limited awareness amongst some groups that there are MMRV and MMRV vaccines available that **do not contain** pork products (known as 'porcine gelatine'). It would be beneficial, particularly for healthcare professionals and community leaders, to consider providing this information more clearly in discussions about the MMRV (or MMR depending on age) vaccine where there are concerns (for example on religious or ethical grounds) that may lead to reduced uptake.

For background, UKHSA and NHS England has a leaflet which explains how and why porcine gelatine is used in vaccines, and the alternatives available. There is also information available on the NHS website on why vaccination is important.

Suggested messages for MMRV vaccine ingredients

- There are 2 MMRV vaccines which work equally well: ProQuad and Priorix Tetra.
- ProQuad contains porcine gelatine (gelatine from pigs) and Priorix Tetra does not.
- If you want your child to have the vaccine without gelatine, talk to your practice nurse or GP. Please note some GP practices may need to order this product in specially so it will be helpful to tell them your request before the appointment.

Suggested messages on MMR vaccine ingredients

- In the UK we have two types of MMR vaccine – MMR VaxPro® and Priorix®. Priorix® does not contain any pork ingredients and is as safe and effective as MMR VaxPro®. For both vaccines, a full two doses will provide protection against measles, mumps and rubella.
- You can request Priorix® from your GP. Parents can also make this request for children. Please note some GP practices may need to order this product in specially so it will be helpful to tell them your request before the appointment.

Suggested post copy for social media assets

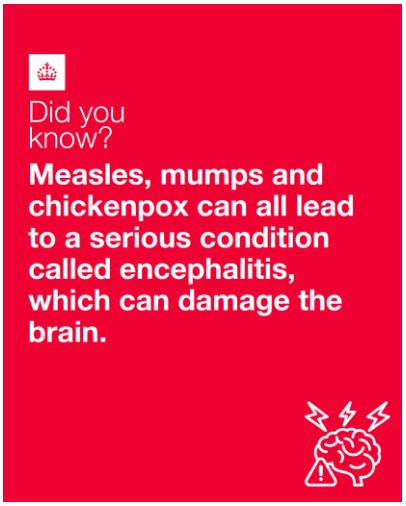
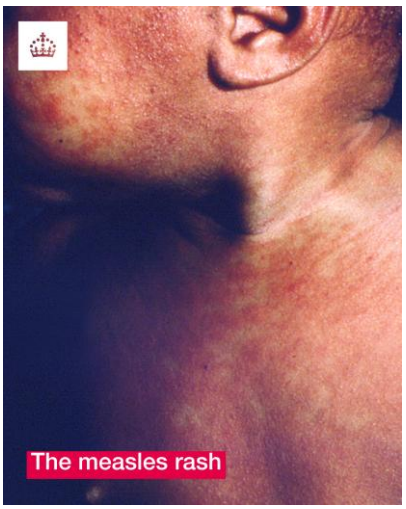
We have created a variety of social media assets highlighting the symptoms, risks and advice on what to do if you suspect your child has measles.

Measles		
Suggested post copy	**Graphic**	**Alt text**
Here's what you need to know about #measles, from the signs and symptoms to look for to what to do if you think you or your child has measles. More info: https://www.nhs.uk/conditions/measles/		GIF. Measles: know the symptoms Cold-like symptoms usually appear before a rash, including: High temperature, Runny/blocked nose, Sneezing, A cough, Red, sore, watery eyes The measles rash. A rash usually appears a few days after the cold-like symptoms. The spots are sometimes raised and join together to form blotchy patches. They're not usually itchy. The rash looks

		brown or red on white skin. It may be harder to see on brown and black skin. Spots in the mouth. Small white spots may appear inside the cheeks and on the back of the lips a few days later. These spots usually last a few days. Call ahead. If you think you or your child have measles, call your GP surgery or NHS 111 first, before turning up at a healthcare setting. This will help to stop the virus spreading.
Please note: The following graphics are meant to be used as part of a carousel, and not as standalone graphics		
#Measles can be a serious infection that can lead to complications, especially in young children & those with weakened immune systems.		Measles: know the symptoms Cold-like symptoms usually appear before a rash,

We're reminding parents on what signs and symptoms to look out for and what to do if they think their child has measles. Measles spreads easily but it is preventable. Make sure you & your loved ones are up to date with your #MMR jabs or catch up on any missed jabs. More info: https://www.nhs.uk/conditions/measles/		including: High temperature, Runny or blocked nose, Sneezing, A cough, Red, sore, watery eyes
		The measles rash. A rash usually appears a few days after the cold-like symptoms. The spots are sometimes raised and join together to form blotchy patches. They're not usually itchy. The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

		Spots in the mouth. Small white spots may appear inside the cheeks and on the back of the lips a few days later. These spots usually last a few days.
		Call ahead. If you think you or your child have measles, call your GP surgery or NHS 111 first, before turning up at a healthcare setting. This will help to stop the virus spreading.
NEW What is measles and how can I prevent it? Find out about the symptoms of measles and how the MMR or MMRV vaccines can protect against it.		Video created as a YouTube short: What Is Measles and how can I prevent it?

NEW Measles, mumps, and chickenpox are 3 viruses that can cause encephalitis, an uncommon but serious swelling of the brain. The MMRV vaccine protects you against all-3 of these viruses, as well as rubella. 🔴🧠		Did you know? Measles, mumps and chickenpox can all lead to a serious condition called encephalitis, which can damage the brain.
NEW A blotchy, sometimes raised, rash is one of the signs of measles. It's not usually itchy, and it can look different on different skin tones. If you think you or your child has measles, contact your GP practice urgently or call NHS 111.	We have various photos available on the measles rash which can be used as individual static images or as a carousel Example: 	Photo of the measles rash

Other assets relating to the MMRV vaccine can be found in our MMRV programme communications toolkit.

Information for health professionals

We have a range of materials on the Find public health resources website which aims to raise awareness of measles and the MMR vaccine that protects against it

- We have produced a leaflet guide to the MMRV vaccine.
- We also have an MMR for all leaflet. This is for use in those older children and adults who have not yet had their MMR and are not eligible for MMRV.
- We have a produced a poster for health professionals to help them identify measles, what to do if they suspect measles and ensuring staff are fully vaccinated. Health professionals can download and order the poster for free via the health publications website.
- Training slide sets for health professionals:
    - Measles: an update for maternity services.
    - Measles: an update for paediatrics and A&E.
    - Measles: an update for primary care.
    - Measles, mumps and rubella (MMR) vaccination programme for immunisers.
- Other publications and assets on MMR for can be downloaded and ordered for free by healthcare professionals on the Find public health resources website by searching measles. Many of these resources are available in translated community languages including: Afrikaans, Albanian, Arabic, Bengali, Brazilian Portuguese, Bulgarian, Cantonese, Chinese (simplified), Chinese (traditional), Estonian, Farsi, Greek, Gujarati, Hindi, Italian, Latvian, Lithuanian, Panjabi, Pashto, Polish, Portuguese, Romanian, Romany, Russian, Somali, Spanish, Tagalog, Turkish, Twi, Ukrainian, Urdu, Yiddish and Yoruba.
- UKHSA resources on immunisation can be found on our website.

National guidelines

UKHSA has published national measles guidelines. This guidance is for health professionals on how to deal with cases of suspected measles: what patient details to take, who to notify and assessing risk of disease spreading in close contacts.

This guidance for health professionals covers:

- how to decide if a suspected case of measles is ‘likely’ or ‘unlikely’

- what patient details to take
- who to notify
- assessing risk of disease spreading in close contacts
- case management – what lab tests should be done and the importance of oral fluid testing on all suspected cases
- measles control – identifying vulnerable contacts and assessing their need for post-exposure prophylaxis

Statistics

UKHSA and health partners publish various data and commentary:

- UKHSA publishes measles data monthly via these pages:
    - Measles epidemiology 2023 to 2025 - GOV.UK
    - Measles | UKHSA data dashboard

- UKHSA publishes quarterly data and commentary on uptake/coverage achieved by the UK childhood immunisation programme.

Template UKHSA regional statement

Specialists from the UK Health Security Agency (UKHSA) are working with NHS and local authority partners following confirmed cases of measles in [X location].

To help reduce the risk of further measles cases UKHSA is advising everyone to be alert to signs and symptoms and urge people to check their families are fully vaccinated against measles.

Measles is extremely infectious and sadly in some instances can have very serious, causing long term and life changing consequences. The best protection against measles is the MMR or MMRV vaccination, depending on you or your child's age.

It is important that anyone who hasn't already had two doses of the MMR or MMRV vaccine contacts their GP surgery for an appointment to get vaccinated.

The symptoms of measles can include cold-like symptoms, sore red eyes, a high temperature and a rash. The rash looks brown or red on white skin. It may be harder to see on brown and black skin. If you experience these symptoms seek medical attention but be sure to phone ahead before you visit your GP surgery or other healthcare setting, so arrangements can be made to prevent others from being infected.

Notes to Editors

For further information about measles, please visit https://www.nhs.uk/conditions/measles/

Information about the MMR and MMRV vaccines can be found by visiting https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/

MMRV (measles, mumps, rubella and chickenpox) vaccine - NHS

Latest measles data - https://ukhsa-dashboard.data.gov.uk/vaccine-preventable-diseases/measles

Local Authority media handling

Any media queries relating to measles or MMR please liaise closely with your UKHSA regional contact.

NHS media handling

NHS colleagues please liaise with your NHSE regional team.

Template communications article for internal/external channels on MMR/V vaccine call

Measles cases prompt MMRV vaccine call

UKHSA has reported an increase in measles across the country and is encouraging people to check that they and their children have had two doses of the MMR or MMRV vaccine, depending on their age.

The free vaccine is a safe and effective way of protecting against measles, as well as mumps and rubella. MMRV also protects against chickenpox.

It's important for parents to take up the offer vaccination for their children when offered at 1 year of age with the second dose at 18 months. If children and young adults have missed these vaccinations in the past, it's important to take up the vaccine now from GPs, particularly in light of the recent cases.

Check your child's Red Book to see if they've received MMR vaccinations as scheduled or check with your GP surgery if you're unsure. Most healthy adults will have developed some immunity to measles but can still receive two doses of the vaccine from their GP too.

Anyone with symptoms is also being advised to stay at home and phone their GP or NHS 111 for advice.

Measles symptoms to be aware of include:

- high fever
- sore, red, watery eyes
- coughing
- aching and feeling generally unwell
- a blotchy rash, which usually appears after the initial symptoms. The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

For more information about measles, see the nhs.uk website.

Frequently asked questions

Measles

What is measles?

Measles is caused by a virus that spreads very easily. Symptoms include high fever, rash, sore red eyes, cough and runny nose. Children can be off school for 10 days and 1 in 5 people with measles will be admitted to hospital.

Complications include chest infections, fits, encephalitis (infection of the brain) and brain damage. It is more severe in babies under one year old, pregnant women, and people with weakened immune systems. Around 1 in 5,000 people who catch measles die from the complications.

I think I might/my child might have measles – what should I do?

- **Phone** your GP for advice, they may need to make arrangements for you to visit the surgery at the end of the day so that you avoid contact with people who are more vulnerable to the infection, such as young children and pregnant women.
- Avoid work or school for at least four days from when you first developed the measles rash.
- Make arrangements to have any outstanding doses of the vaccine once you have recovered. This will protect you against the other two infections which the MMR vaccine protects against, mumps and rubella.

What can parents of under-1s do to reduce the chances of their child catching measles?

The first dose of the MMRV vaccine is offered to children routinely on or shortly after their first birthday. Babies under the age of 1 are not offered the MMRV vaccine routinely because at this age, many of them will not respond to the vaccine. They rely on the rest of us getting the vaccine to protect them.

This means that to protect your young infant you need to make sure their siblings and family members coming into contact with them are fully vaccinated, with two doses of MMRV. Two doses of the vaccine provides excellent lifelong protection against measles.

MMRV

What is the MMRV vaccine?

The MMRV vaccine offers protection against measles, mumps, rubella, and chickenpox (clinically known as varicella).From 1 January 2026, the MMRV vaccine is used in the

routine childhood immunisation schedule in the UK wit eth first dose offered at 12 months and the second at 18 months.

The MMRV vaccine has been safely used for over a decade and is already part of the routine childhood vaccine schedule in several countries, including Canada, Australia and Germany.

Why does my child need to be protected against chickenpox?

Chickenpox is a highly infectious disease that is very common in young children. It causes an itchy, spotty rash, and a fever. Most children with chickenpox will have a mild illness and recover after around a week. However, some children will have a more serious illness and need to be admitted to hospital. In rare cases, children can develop complications such as bacterial infections, brain and lung inflammation, and stroke. The vaccination will help prevent severe cases of chickenpox and the serious complications that can occur.

When will my child get the MMRV vaccine?

If your child was born on or after 1 January 2025 they will be offered:

- their first dose of MMRV at 12 months old
- their second dose of MMRV at 18 months old

If your child was born between 1 July 2024 and 31 December 2024, they should have already had one dose of MMR at 12 months. They will be offered:

- their first dose of MMRV at 18 months
- a second dose of MMRV at 3 years and 4 months

These children will receive 3 doses of a vaccine that protects against measles, mumps and rubella. There are no concerns with this additional dose, and it allows children in this age group to receive 2 doses of a vaccine that protects against chickenpox, helping to ensure they have good protection.

If your child was born between 1 September 2022 and 30 June 2024:

- they should have already had their first dose of MMR at 12 months
- they'll be offered one dose of MMRV at 3 years and 4 months (instead of their second MMR)

These children will be offered 1 dose of a vaccine that protects against chickenpox, which provides very good protection against severe disease.

Will there be a catch-up programme for older children?

A one-dose MMRV catch-up will be offered to children born between 1 January 2020 and 31 August 2022 (children aged under 6 years old on 31 December 2025). These children will be

offered a catch-up MMRV vaccine between November 2026 and March 2028, if they haven't already had chickenpox or been vaccinated against it.

You don't need to worry about checking your child's medical history. When you're contacted about the catch-up programme, you can let the healthcare team know if your child has already had chickenpox or 2 doses of the chickenpox (varicella) vaccine. There are no safety concerns if a child gets the MMRV vaccine after having chickenpox, so if you can't remember if your child has already had chickenpox, or if you are unsure, it is better that they get the vaccine, if they're eligible.

Children aged 6 or over at the end of 2025 won't be offered the MMRV vaccine as part of the routine programme or catch-up offers. They should have already received 2 doses of the MMR vaccine at 12 months and 3 year and 4 months of age. They can still get the MMR vaccine if they haven't already had both doses. Most children in this age group will have already had chickenpox infection.

Why is the varicella (chickenpox) being combined with MMR?

The MMRV vaccine provides protection against all four diseases.

- The MMRV vaccine has been shown to create long lasting protection against all four diseases.
- Using a combined vaccine for both the first and second dose means fewer injections are needed in a single immunisation visit.
- Previous attitudinal work has suggested that having fewer injections is preferred among parents, and a recent study among UK parents indicated that a combined varicella vaccine was preferred to separate vaccines.[3]
- Countries that have introduced programmes have observed a significant impact on cases of varicella and resulting hospitalisations. In countries introducing a 2-dose schedule, younger cohorts not eligible for vaccination have also seen reduced incidence because of reduced community transmission.[4]

What if my child has already had chickenpox?

[3] Parental acceptance of and preferences for administration of routine varicella vaccination in the UK: A study to inform policy (Sherman and others, 2023)

[4] Further information in MMRV vaccination: information for healthcare professionals

Even if your child has already had chickenpox, there are no safety concerns if a child gets the MMRV vaccine. This will protect them against measles, mumps and rubella, as well as chickenpox.

Are there any side effects from the MMRV vaccine?

Vaccines offered by the NHS are thoroughly tested to assess how safe and effective they are. All medicines can cause side effects, but vaccines are among the safest. Common side effects do not usually last long and are mild, such as a sore arm, fever, and a rash around the site of the injection.

How will my child be offered the MMRV vaccine?

You'll usually be contacted by your GP practice when your child is due for a routine vaccination like MMRV. This could be a letter, text, phone call, or email.

If you know your child is due for a vaccination and you have not been contacted, you can speak to your GP practice to book the appointment.

Which vaccines are available? Is there a porcine gelatine free version?

There are 2 MMRV vaccines which work equally well: ProQuad and Priorix Tetra. ProQuad contains porcine gelatine (gelatine from pigs) and Priorix Tetra does not. If you want your child to have the vaccine without gelatine, talk to your practice nurse or GP.

Why can't my child have the vaccines separately?

Only the MMRV vaccine will be used in the routine vaccination programme, as this offers the best available protection against four diseases with 2 doses. Having the vaccines separately would mean 8 injections, and fewer children would be protected sooner against these diseases. If children don't have protection against all 4 of these diseases, the risk of the resurgence of the infections rises.

Could this vaccine overload my child's immune system?

Giving your child the MMRV vaccine alongside the other vaccines given at the same age will not overload their immune system. From birth, a baby's immune system protects them from the germs that surround them. Studies show it is safe to have several vaccinations at the same time.

Does the chickenpox vaccine protection last for life?

MMRV is a simple way to protect your child against measles, mumps, rubella and chickenpox. Since the MMR vaccine was introduced in 1988, cases of measles, mumps and rubella have all fallen to extremely low levels. MMRV offers the same protection as MMR (measles, mumps and rubella), but adds protection against chickenpox. In countries where

children already get a chickenpox vaccine, cases of chickenpox have also fallen dramatically. Studies so far show that the protection given by 2 doses of vaccine does not reduce over time.

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

www.gov.uk/government/organisations/uk-health-security-agency

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