**Childhood Immunisation Checklist – Guidance**

# **Birmingham Public Health Measurement Toolbox**

| **Age Due** | **Disease protected against** | **Vaccine Name** | **Usual site** | **Vaccine has been received** |
| --- | --- | --- | --- | --- |
| Eight Weeks Old | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus infuenzae type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Thigh | [ ] Yes[ ] No[ ] Not sure |
|  Eight Weeks Old | Meningococcal group B (MenB) | MenB | Left Thigh | [ ] Yes[ ] No[ ] Not sure |
|  Eight Weeks Old  | Rotavirus gastroenteritis | Rotavirus | By Mouth | [ ] Yes[ ] No[ ] Not sure |
| Twelve Weeks Old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Thigh | [ ] Yes[ ] No[ ] Not sure |
| Twelve Weeks Old  | Pneumococcal | PCV | Thigh | [ ] Yes[ ] No[ ] Not sure |
| Twelve Weeks Old  | Rotavirus gastroenteritis | Rotavirus | By Mouth | [ ] Yes[ ] No [ ] Not sure  |
| Sixteen weeks oldSixteen weeks old | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus infuenzae type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Thigh | [ ] Yes[ ] No[ ] Not sure |
| Meningococcal group B (MenB) | MenB | Left Thigh | [ ] Yes[ ] No[ ] Not sure |
| One Year | Haemophilus infuenzae type b (Hib) and hepatitis B | HiB/MenC | Upper arm/ Thigh | [ ] Yes[ ] No[ ] Not sure |
| One Year | Pneumococcal Booster | PCV | Upper arm/Thigh | [ ] Yes[ ] No[ ] Not sure |
| One Year  | Measles, Mumps and Rubella (German Measles) | MMR | Upper arm/thigh | [ ] Yes[ ] No[ ] Not sure |
| Three Years and Four Months or just after | Diphtheria, tetanus, pertussis (whooping cough) and polio | DTaP/IPV | Upper arm | [ ] Yes[ ] No[ ] Not sure |
| Three Years and Four Months or just after  | Measles, Mumps and Rubella (German Measles) | MMR | Upper arm | [ ] Yes[ ] No[ ] Not sure |
| Children between 4yr and 11yrs | Seasonal Flu/Influenza | Flu | Nasal spray | [ ] Yes[ ] No[ ] Not sure |
| Boys and girls aged twelve to thirteen years | Cancers and genital warts caused by specific human papillomavirus (HPV) types | HPV | Upper arm | [ ] Yes[ ] No[ ] Not sure |
| Fourteen years old (school Year 9) | Tetanus, pertussis (whooping cough), polio | Td/IPV | Upper arm | [ ] Yes[ ] No[ ] Not sure |
| Fourteen years old (school Year 9) | Meningococcal groups A, C, W and Y | MenACWY | Upper arm | [ ] Yes[ ] No[ ] Not sure |

*Guidance – interventions/organisations should encourage users/guardians to receive any missed vaccinations to help with protection. Users/guardians should be asked of any concerns or barriers to vaccination in this conversation, to help support them in getting vaccinated.*

*If unsure on immunisation status, individuals can contact their GP for advice and information.*

*Frequency – questionnaire should be used pre-intervention and 4-weeks post intervention.*