

Down Syndrome : Immunisation

Key Points

Note: this advice is based on the current (September 2023) UK immunisation schedule – it will be revised when any changes are introduced.

- Give all vaccines that are part of the universal UK schedule:
 - DTaP/IPV/Hib/HepB (Diphtheria, Tetanus, acellular Pertussis, inactivated Polio, *Haemophilus influenzae* type b and Hepatitis B)
 - Men B (Meningococcal group B)
 - Men C (Meningococcal group C)
 - PCV (Pneumococcal conjugate vaccine)
 - Rotavirus
 - MMR (Measles, Mumps, Rubella)
 - Influenza (for all children from 2 years)
 - HPV (Human papilloma virus)

- There is a strong case for the following additional vaccines:
 - Influenza from six months – especially those with congenital heart disease or chronic lung disease. Needs to be given annually. Vaccination for household contacts is also recommended.
 - RSV prophylaxis for all infants with Down syndrome in their first RSV season. This is especially important for those who are oxygen dependent or who have haemodynamically significant congenital heart disease.

- Some children may meet criteria for additional pneumococcal vaccine- PPV23, polysaccharide vaccine because of risk factors such as chronic respiratory or cardiac disease or diabetes. There is some evidence that the response to PPV23 may be suboptimal in those with Down syndrome.

Consider pre-care immunisation for adults going into residential care – use an accelerated course. Hepatitis B immunisation will NOT have been given as routine for most people (it was introduced in the primary course in 2017).

There is no evidence to suggest children with Down syndrome are more at risk for complications of chicken pox, so varicella vaccine is not routinely recommended unless there are associated conditions increasing risk but it is not a contra-indication to receiving varicella vaccine (which is likely to be added to the routine schedule in the near future).

COVID-19 – people with Down syndrome are recognised to be clinically vulnerable to COVID-19 (although most children without other underlying health conditions do not usually become seriously unwell) and are eligible for vaccination; there is up-to-date guidance on the DoH website

BCG – probably no indication unless in a high-risk group.

Travel vaccines – there is no available data to suggest any change to travel vaccine recommendations for people with Down syndrome.

There is an increased possibility of non-response to immunisation, and this should always be borne in mind.

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