



Quick Guide

Catch-up immunisation for Victoria

**For people with no documentation of
previous vaccines**

Updated January 2009



Quick Guide

Catch-up immunisation for Victoria

The Quick Guide, Catch-up Immunisation has been developed to assist immunisation providers in Victoria create a catch-up immunisation schedule for people with **no previous documented vaccine history**. The Australian Immunisation Handbook 9th Edition 2008 states “take every available opportunity to vaccinate children and adults.” The most important requirement for assessment of vaccination status is written documentation of vaccination.

The Quick Guide provides assistance with creating a catch-up schedule to complete a primary course of vaccination. For spacing of booster doses please refer to the current edition of the Australian Immunisation Handbook for catch-up immunisation.

A copy of Victoria’s National Immunisation Program Schedule listing the routine schedule of vaccines provided free under the National Immunisation Program is also enclosed.

Please note that Hepatitis B vaccine is funded for household contacts of Hepatitis B positive people; call the Immunisation Program to discuss your vaccine order request.

Further information

- Refer to current edition of the Australian Immunisation Handbook
- Contact Immunisation Program – Department of Human Services on telephone **1300 882 008**
- Translated resources are available from website:
www.health.vic.gov.au/immunisation
- Australian Childhood Immunisation Register on telephone **1800 653 809**.

Contents

- How to read the tables
- Medical risk factors
- Quick catch-up guide tables
 - 3 – 11 months
 - 12 – 23 months
 - 2 – 7 years
 - 8 years of age and over
- National Immunisation Program Schedule
- Immunisation catch-up schedule – Appointment diary
- Immunisation for adults

Guide for catch-up
immunisation for persons
with **no** previous
immunisation

How to read the tables

The tables are read as follows:

- **Age at 1st visit**

Refers to the age of the person at presentation for the first series of catch-up vaccines.

- **Dose due**

Refers to the time frame between the doses of vaccines with a minimum spacing of one month between doses. Longer spacing between catch-up doses is acceptable.

If the recommended intervals between doses are exceeded there is no need to recommence the schedule or give additional doses because the immune response is not impaired by such delay.

- **Antigens / vaccine brand**

Both the antigen and brand names have been used to identify what vaccines are recommended at each age milestone for quick recognition.

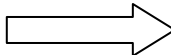
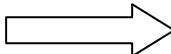
Each age cohort recommends (where applicable) that the vaccine schedule point be continued with the routine National Immunisation Program following completion of catch-up doses.

Combination vaccines such as Infanrix *hexa* can be used for the primary course of catch-up immunisation in children less than 8 years of age.

Medical risk factors

Some vaccines require extra doses in addition to the National Immunisation Program schedule or vaccine doses given earlier than required depending on the medical risk factor for an individual.

Please see current edition of the Australian Immunisation Handbook, *Groups with special vaccination requirements* for further information.

Risk group	Extra vaccine recommendations	Age recommendations
Preterm babies born		
<ul style="list-style-type: none"> - Less than 32 weeks or - Less than 2000g birth weight 	<ul style="list-style-type: none"> • HB VaxII Paediatric® 	12 months of age (or as per the current edition of the Australian Immunisation Handbook – see hepatitis B chapter)
<ul style="list-style-type: none"> - Less than 28 weeks and/or Chronic lung disease 	<ul style="list-style-type: none"> • Prevenar®  • Pneumovax23®  	12 months of age 4 to 5 years of age
Aboriginal & Torres Strait Islander people	<ul style="list-style-type: none"> • Influenza • Pneumovax23® 	15 to 49 years of age (with medical risk factors) & 50 years and over.
<p><u>Others to consider</u></p> <ul style="list-style-type: none"> - Diabetics - Severe asthmatics - Chronic lung disease - Cardiac disease - Cystic fibrosis - Down syndrome - Renal failure - Persistent nephrotic syndrome - Anatomical abnormalities - Immune deficiency - Immunosuppressive therapy - HIV infection - CSF leaks - Intracranial shunts - Cochlear implants - Tobacco smokers - Anatomical or functional asplenia 	<p>See the appropriate chapters of the Australian Immunisation Handbook for recommendations:</p> <ul style="list-style-type: none"> • Influenza • Pneumovax23® • Prevenar® • Hiberix® • Conjugate meningococcal C • Polysaccharide meningococcal tetravalent 	See the appropriate chapters of the Australian Immunisation Handbook for recommendations

AGE: 3 to 11 months

Guide for catch-up immunisation for persons with **no** previous immunisation

Age at 1st visit	Dose due	DTPa HepB IPV Hib Infanrix <i>hexa</i> ®	Rotavirus RotaTeq®	7vPCV Prevenar®	MMR Priorix®	Men C NeisVacC®
3 months	Today	✓	✓ <13 weeks of age otherwise no catch-up	✓		
	Continue vaccine schedule at 4 months of age					
4-6 months	Today	✓		✓		
	1 month	✓		✓		
	1 month			✓		
	1 month	✓				
	Continue vaccine schedule at 12 months of age					
7-9 months	Today	✓		✓		
	1 month	✓		✓		
	2 months	✓			✓ Due at 12 months of age	✓ Due at 12 months of age
	Continue vaccine schedule at 12 months of age					
10-11 months	Today	✓		✓	✓ Due at 12 months of age	✓ Due at 12 months of age
	1 month	✓		✓		
	2 months	✓				
	Continue vaccine schedule at 18 months of age					

AGE: 12 to 23 months

Guide for catch-up immunisation for persons with **no** previous immunisation

Age at 1st visit	Dose due	DTPa HepB IPV Hib Infanrix <i>hexa</i>®	7vPCV Prevenar®	MMR Priorix®	Men C NeisVacC®	VZV Varilrix®
12-13 months	Today	✓	✓	✓	✓	
	1 month	✓				
	1 month		✓			
	1 month	✓				
	Continue vaccine schedule at 18 months of age					
14-17 months	Today	✓	✓	✓	✓	✓ Due at 18 months of age
	1 month	✓				
	1 month		✓			
	1 month	✓				
	Continue vaccine schedule at 4 years of age					
18-23 months	Today	✓	✓	✓	✓	✓
	1 month	✓				
	2 months	✓				
	Continue vaccine schedule at 4 years of age					

AGE: 2 to 7 years

Guide for catch-up immunisation for persons with **no** previous immunisation

Age at 1st visit	Dose due	DTPa IPV InfanrixIPV®	DTPa HepB.IPV.Hib Infanrix hexa®	MMR Priorix®	Men C NeisVacC®	VZV Varilrix®
2-3 years	Today		✓	✓	✓	✓
	1 month		✓			
	2 months		✓			
	Continue vaccine schedule at 4 years of age					
4 years	Today		✓	✓	✓	✓
	1 month		✓	✓		
	2 months		✓			
	6 months	✓				
	Continue vaccine schedule at secondary school					
5-7 years	Today		✓	✓	✓ Funded if born from 1 January 2002	✓ Funded if born from 1 May 2004
	1 month		✓	✓		
	2 months		✓			
	6 months	✓				
	Continue vaccine schedule at secondary school					

AGE: 8 years and over

Guide for catch-up immunisation for persons with **no** previous immunisation

Age at 1st visit	Dose due	MMR	dT	dTpa	Polio	Hepatitis B		VZV	Men C	HPV
		Priorix®	ADT Booster®	Boostrix®	IPOL®	HB VaxII®		Varilrix®	NeisVacC®	Gardasil®
8 - 18 years	Today	✓		✓	✓	3 Paediatric doses given if born after May 2000	2 Adult doses given in Year 7 of secondary school if born before May 2000 or secondary school age	Due in Year 7 of secondary school if non-immune		Females in Year 7 of secondary school 3 dose course (0, 2 & 6 month)
	1 month	✓	✓	✓						
	1 month		✓	✓						
19 years & older	Today	✓*		✓*	✓*	✓*		Check immunity history/serology	*	Catch up Program funded for females aged 13 to 26 years until 30 June 2009
	1 month	✓*	✓*	✓*	✓*	✓*				
	1 month		✓*	✓*	✓*	3 doses of adult hepatitis B vaccine are used from 20 years of age				
	2 - 5 months	Funded for non-immune females planning pregnancy or post-partum	See Immunisation Handbook for further booster doses			✓*				

* = Not funded

National Immunisation Program Schedule

In Victoria, from March 2008, the routine schedule of vaccines provided free under the National Immunisation Program is as follows:

AGE	DISEASES	BRAND NAME
Birth	Hepatitis B	HB VaxII Paediatric
2 months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b Pneumococcal Rotavirus	Infanrix <i>hexa</i> Prevenar RotaTeq
4 months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b Pneumococcal Rotavirus	Infanrix <i>hexa</i> Prevenar RotaTeq
6 months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <i>Haemophilus influenzae</i> type b Pneumococcal Rotavirus	Infanrix <i>hexa</i> Prevenar RotaTeq
12 months	Measles/mumps/rubella <i>Haemophilus influenzae</i> type b Meningococcal C	Priorix Hiberix NeisVacC
18 months	Chickenpox	Varilrix
4 years	Diphtheria/tetanus/pertussis/polio Measles/mumps/rubella	Infanrix IPV Priorix
Year 7 Secondary School	Hepatitis B Chickenpox Human papillomavirus	HB VaxII Adult Varilrix Gardasil
Year 10 Secondary School	Diphtheria/tetanus/pertussis	Boostrix
Non-immune women planning pregnancy or shortly after delivery	Measles/mumps/rubella	Priorix
50 years	Diphtheria/tetanus	ADT booster
Over 50 years (Aboriginal & Torres Strait Islander people)	Influenza Pneumococcal	Influenza Pneumovax 23
Over 65 years	Influenza Pneumococcal	Influenza Pneumovax 23

PH039(PCH)

Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne. February 2008.



www.health.vic.gov.au/immunisation

The schedule is available for download from the Immunisation Program website:
<http://www.health.vic.gov.au/immunisation>

Immunisation catch-up schedule

Client name:	D.O.B:
Immunisation provider:	

Immunisation history

Age of person or date given	DTP/ Hep B/ IPV/ Hib	DTP	OPV/ IPV	Hib	MMR	Men C	Hep B	7vPCV	ADT	VZV	Rota V	Other
1												
2												
3												
4												
5												

Immunisations due (Appointment diary)

Visit date	DTP/ Hep B/ IPV/ Hib	Hib	DTP/ IPV	MMR	Men C	Hep B	7vPCV	Boostrix	ADT	VZV	IPV	HPV

Comments

Immunisation for adults

The following information outlines the recommendations for adult immunisation. It identifies what vaccines are funded in Victoria or recommended depending on a number of individual factors. These factors may relate to:

- Medical risk factors such as diseases associated with the heart, lung and kidneys or being pregnant
- Age related factors for example turning 50 years old or being over 65 years of age
- Lifestyle factors such as travelling, participating in contact sport, born overseas, sexual preference and drug use
- Workplace factors for example working closely with infants and children, health care workers, sewerage workers and emergency services
- Volunteering in the community. There are varying categories of risk within volunteering depending on the environment in which you volunteer and the activity involved.

Some medical risk factors may mean a person needs to be immunised differently or immunisations are withheld for a period of time or even repeated following some medical treatment. Other vaccines not listed may also need to be considered in some cases.

<p style="text-align: center;">Tetanus & diphtheria</p>	<p>Adults should have received a minimum of 3-recorded doses of a tetanus and diphtheria containing vaccine.</p> <p>Adults who have not been immunised against diphtheria are also likely to have missed out on tetanus immunisation as well. These individuals should receive 3 doses by injection. The first dose is given preferably as a combination of diphtheria, tetanus and pertussis (whooping cough) and 2 further doses of diphtheria and tetanus combination with a minimum interval of one month between doses followed by 2 booster doses at 10 yearly intervals.</p> <p>Maintenance of immunity with regular booster doses at 10 yearly intervals is <u>no longer recommended</u>. A booster dose of a diphtheria and tetanus containing vaccine by injection is required at 50 years of age.</p>
<p style="text-align: center;">Polio</p>	<p>Adults should have received at least 3 doses of a polio vaccine.</p> <p>For non-immunised adults, 3 doses of a polio vaccine by injection with a minimum interval of 1 month between doses is recommended to be fully protected against poliomyelitis.</p> <p>No booster doses are required unless a person is travelling to areas where poliomyelitis is endemic or in a health care profession where there may be possible contact with poliomyelitis.</p>
<p style="text-align: center;">Measles mumps & rubella</p>	<p>Adults born <i>before</i> 1966 are considered to be protected against measles, mumps and rubella (MMR) as they are most likely to have contracted these diseases before vaccines were available.</p> <p>All adults born during or since 1966 should have received 2 doses of measles, mumps and rubella (MMR) containing vaccine(s). If there is no written record of a measles containing vaccine then adults should receive 2 doses of MMR vaccine by injection with a minimum of 1 month between the 2 doses.</p> <p>It is strongly recommended that women should make sure they have 2 recorded doses of MMR vaccine <u>before pregnancy</u>. Women should not be immunised with MMR vaccine when pregnant nor become pregnant for 1 month following administration of the MMR vaccine.</p>
<p style="text-align: center;">Pertussis (whooping cough)</p>	<p>Pertussis (whooping cough) is not a childhood disease as commonly perceived, with over 60% of cases occurring in people over 10 years of age. As protection from both natural infection and immunisation wanes over time, a booster dose is required to maintain adequate protection against whooping cough.</p> <p>An adult booster vaccine by injection is available for protection against diphtheria, tetanus and pertussis.</p> <p>A single dose of vaccine is especially recommended for the following groups:</p> <ul style="list-style-type: none"> • adults prior to pregnancy or with newborn infants • adults caring for or working with young children, especially for health-care workers and child-care workers in contact with infants <p>A pertussis containing booster vaccine may be used at 50 years of age particularly for people who are in contact with young children. Only one boost of a pertussis containing vaccine is recommended at this time.</p>

<p style="text-align: center;">Meningococcal C</p>	<p>Meningococcal C vaccine is used to provide long-term protection against meningococcal serogroup C disease.</p> <p>The meningococcal C immunisation is particularly recommended for:</p> <ul style="list-style-type: none"> • Young adults 18 to mid 20s • People with asplenia (absence of or poorly functioning spleen) • Adults who have had previous meningococcal disease (including group C disease) <p>Adults require a single dose of the vaccine by injection to be adequately protected.</p>
<p style="text-align: center;">Hepatitis A</p>	<p>Hepatitis A immunisation is recommended for:</p> <ul style="list-style-type: none"> • travellers to developing countries • people living or working in rural and remote Indigenous communities • those whose occupation may put them at risk of acquiring hepatitis A • intellectually disabled people and their carers • health care workers • sewerage workers • men who have sex with men • injecting drug users • patients with chronic hepatitis B or hepatitis C • people with chronic liver disease <p>To avoid unnecessary immunisation, it is recommended that the following groups be screened by a blood test for pre-existing immunity to hepatitis A:</p> <ul style="list-style-type: none"> • people born before 1950 • people who spent their early childhood in endemic areas, including in Indigenous Australian communities • those with an unexplained previous episode of hepatitis or jaundice <p>If screening detects hepatitis A antibodies, immunisation is not required.</p> <p>Hepatitis A vaccine is a 2 dose course of injections given 6 to 12 months apart.</p>
<p style="text-align: center;">Hepatitis B</p>	<p>Hepatitis B vaccine is strongly recommended for:</p> <ul style="list-style-type: none"> • intellectually disabled people and their carers • household contacts of hepatitis B carriers • sexual contacts of hepatitis B positive people and men who have sex with men • immunosuppressed patients • recipients of certain blood products • injecting drug users • individuals with chronic liver disease and/or hepatitis C • individuals adopting children from overseas • liver transplant recipients • inmates and staff of long-term correctional facilities • health care workers, dentists, embalmers, tattooists and body piercers. <p>Other groups recommended to consider hepatitis B immunisation include staff of child day-care centres, funeral workers, travellers to endemic countries, contact sport players and sex industry workers.</p> <p>Hepatitis B vaccine is a 3-dose course of injections recommended at 0, 1 and 6 months.</p>

<p style="text-align: center;">Human papillomavirus</p>	<p>Human papillomavirus (HPV) vaccine is recommended for:</p> <ul style="list-style-type: none"> • females aged 10 to 26 years <p>The National Human Papillomavirus (HPV) Immunisation Program commenced in April 2007 for all females aged 12 to 18 years and from July 2007 for females aged 18 to 26 years. The HPV vaccine is funded for females aged 18 to 26 years (inclusive) until June 2009. The program will be ongoing for females in Year 7 of secondary school.</p> <p>HPV vaccine is a 3-dose course of injections given at 0, 2 and 6 months.</p>
<p style="text-align: center;">Herpes zoster (shingles)</p>	<p>Herpes Zoster vaccine is registered for use:</p> <ul style="list-style-type: none"> • from 50 years of age <p>The vaccine is a single dose injection and is recommended for the protection of shingles.</p>
<p style="text-align: center;">Chickenpox (varicella)</p>	<p>Any person with a reliable history of chickenpox illness is considered immune and does not require the vaccine.</p> <p>Chickenpox vaccine is recommended for use in non-immune adults and is especially indicated for adults in the following categories:</p> <ul style="list-style-type: none"> • health care workers, teachers and workers in child care centres • non-immune women prior to pregnancy • non-immune parents of young children • household contacts (parents, siblings) of immunosuppressed people. <p>Adults with no history of chickenpox illness should have a blood test to check immunity, as many people who do not have a history of chickenpox are immune.</p> <p>Adults with no immunity to chickenpox require 2 doses of chickenpox vaccine by injection given 1-2 months apart.</p>
<p style="text-align: center;">Pneumococcal (23vPPV)</p>	<p>23vPPV is recommended for:</p> <ul style="list-style-type: none"> • All individuals aged 65 years and over • Aboriginal and Torres Strait Islander people aged 50 years and over • Immunocompromised persons aged over 5 years at increased risk of IPD (eg. patients with HIV infection before the development of AIDS, acute nephrotic syndrome, multiple myeloma, lymphoma, Hodgkin's disease and organ transplantation) • Immunocompetent persons aged over 5 years at increased risk of complications from IPD because of chronic illness (eg. chronic cardiac, renal or pulmonary disease, diabetes, alcohol-related problems) • Persons with CSF leaks (aged over 5 years) • Tobacco smokers • People with no spleen or a poorly functional spleen <p>23vPPV is included in the Australian Standard Vaccination schedule for all Aboriginal and Torres Strait Islander adults aged 50 years and over, for those aged 15 to 49 years who have any of the high-risk underlying conditions and for non-indigenous adults 65 years of age and over. See your doctor for advice about the injection and doses required.</p>

Influenza

Influenza immunisation is free to all people aged 65 years and over. It is also free to all Aboriginal & Torres Strait Islander persons aged 50 years and older.

Adults may wish to consider annual influenza vaccination by injection in order to reduce the likelihood of becoming ill with influenza.

Annual influenza vaccination is recommended for people with any of the medical conditions listed below:

- Immune deficiency
- Chronic lung disease (including asthma)
- Diabetes
- Chronic metabolic diseases
- Chronic renal failure
- Chronic cardiac conditions
- Chronic neurological conditions.

Residents of nursing homes/long-term care facilities and contacts (i.e. staff, family and friends) are recommended to be immunised against influenza to prevent potential transmission of influenza to elderly patients.

People in the following situations should also discuss the benefits of influenza immunisation with their doctor:

- Pregnancy
- Travellers
- Workplace
- Homeless people.