Victorian catch-up vaccination guidelines for 10 years and older

Information for immunisation providers

OFFICIAL

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Eligibility for funded vaccines

All vaccines listed in the <u>National Immunisation Program (NIP) Schedule</u> are free. Eligibility for NIP-funded vaccines is linked to <u>eligibility for Medicare benefits</u>.

- <u>Catch-up vaccines</u> are NIP-funded for all people up to 20 years of age (and people aged 25 years and under who have missed human papillomavirus (HPV) vaccination).
- Refugees and humanitarian entrants aged 20 years and over are eligible for the following vaccines if they
 were missed. Refer to the <u>Australian Immunisation Handbook</u> (the handbook) for timing of doses.
 - o Diphtheria-tetanus-pertussis

o Measles-mumps-rubella

Varicella (chickenpox)

Hepatitis B

o Poliomyelitis

- HPV (up to and including age 25)
- NIP-funded schedules are recommended for people with certain medical conditions that increase risk for severe disease for the following vaccines. Refer to the handbook for timing of doses (schedules not included in these tables).
 - o Pneumococcal

Influenza

Meningococcal

- Zoster (shingles)
- Haemophilus influenzae type b (Hib)
- HPV

Additional vaccines for people aged 20 years and over are funded under the Victorian Immunisation schedule,

How to read the tables in the catch-up guideline

These guidelines have been developed to assist immunisation providers develop a catch-up plan for people aged 10 years and over. Always refer to the principles contained within the handbook.

- The 1st visit refers to the day the first vaccinations are given as a catch-up.
- Intervals refers to the minimum time interval required between the doses of vaccines.
- Current age refers to the age at presentation used to guide choice of the correct vaccine and schedule.
- Refer to Table 1 for antigen and the vaccine brands used in these guidelines which are funded under the NIP.
- Refer to the Australian Immunisation Handbook for a list of foreign vaccines by trade names.

Table 1. Antigens and vaccine brands

Antigen(s) (abbreviation)	Vaccine brands®
Diphtheria-Tetanus-Pertussis (dTpa)	Boostrix or Adacel
Poliomyelitis (IPV)	IPOL
Hepatitis B (Hep B)	H-B-Vax II Adult/Paediatric or Engerix B Adult/Paediatric
Measles-Mumps-Rubella (MMR)	M-M-R-II or Priorix
Varicella	Varivax
Meningococcal ACWY	Nimenrix
Human papillomavirus (HPV)	Gardasil 9
Pneumococcal	Prevenar 13 (13vPCV) Pneumovax 23 (23vPPV) – maximum of two lifetime doses
Influenza	Annually as supplied. See recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI).
Zoster (shingles)	Shingrix

Translating immunisation records

Refer to the handbook for links to aids to assist translating overseas immunisation records:

- Foreign language terms
- Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages

Encourage clients to provide a translated immunisation history if the original record is not in English. Eligible people may be referred to Department of Home Affairs' <u>Free Translating Service</u> to have their immunisation records translated by an accredited translator free of charge.

Table 2. Standard vaccination catch-up recommendations for healthy people aged 10 – 19 years

Adapted from the Australian Immunisation Handbook, and the National Immunisation Program schedule October 2023.

Vaccine		Doses required	Min. interval between dose 1 and 2	Min. interval between dose 2 and 3	Notes
Diphtheria, tetanus, pertussis (dTpa)		3 doses	4 weeks	4 weeks	Booster dose of dTpa is offered in Year 7 school program (12-13 years
Poliomyelitis (IPV)		3 doses	4 weeks	4 weeks	
Hepatitis B¹ (Hep B)	10-19 years*	3 paediatric doses	1 month	2 - 3^ months	* The age groups overlap - this is an either/or, not both. ^ Minimum interval between dose 1 & 3 is 4 months
(пер в)	11-15 years*	2 adult doses	4 months	Not required	(however, optimum dose schedule is 0, 1 & 6 months)
Measles, mumps, rubella - MMR1		2 doses	4 weeks	Not required	
Meningococcal ACWY ¹	15-19 years	1 dose	Not required	Not required	Men ACWY is offered in Year 10 school program (14-16 years
Varicella ¹	< 14 years	1 dose	Not required	Not required	1 dose funded under NIP for people <14 years
	≥ 14 years	2 doses	4 weeks	Not required	2 doses funded under NIP for people ≥ 14 years. MMRV combined vaccine is not recommended for use in people ≥ 14 years
Human papillomavirus² (HPV)	9-25 years (inc.)	1 dose	Not required	Not required	Single dose NIP funded for people 9 - 25 years of age. Offered in Year 7 school program (12 –13 years)

¹Consider serology to assess for MMR, varicella and Hep B immunity.

² See NIP-funded schedules for Meningococcal ACWY/B, Pneumococcal, Haemophilus influenzae type b (Hib), and HPV are recommended for people with certain medical risk conditions. NIP-funded seasonal influenza vaccine is available for the people at higher risk of complications from influenza.

Table 3. National Immunisation Program (NIP) and Victorian funded vaccines for people aged ≥ 20 years - no immunisation records

Adapted from the Australian Immunisation Handbook, the National Immunisation Program schedule and Victorian Immunisation schedule October 2023

Vaccine eligibility	Vaccine to give at 1st	2 nd visit	3 rd visit	4 th visit	
	visit	1 month after 1st visit	1 month after 2 nd visit	3 months after 2 nd visit	
20 years to 25 years	HPV ¹				
Refugees & asylum seekers ¹	dTpa + IPV + MMR + Varicella + Hep B	dTpa + IPV + MMR + Varicella + Hep B	dTpa + IPV	Hep B - Minimum interval between dose 1 and dose 3 is 4 months	
Vulnerable citizens	dTpa + IPV + MMR + Hep B	dTpa + IPV + MMR + Hep B	dTpa + IPV	Hep B - Minimum interval between dose 1 and dose 3 is 4 months	
People at risk of hepatitis B infection1	Нер В	Нер В		Hep B - Minimum interval between dose 1 and dose 3 is 4 months	
Born ≥ 1966 without evidence of 2 doses measles containing vaccine or immunity ¹	MMR	MMR			
Aboriginal and Torres Strait Islander	13vPCV	23vPPV	23vPPV		
people ≥ 50 years		≥12 months after 13vPCV	≥ 5 years later after previous 23vPPV		
Aboriginal and Torres Strait Islander people ≥ 50 years	Zoster (Shingrix®)		Zoster (Shingrix [®]) dose 2 ≥ 2-6 months apart in immunocompetent adults²		
Non-Indigenous ≥ 65 years					
From 70 years – non-Indigenous adults	13vPCV				

¹Consider serology to assess for MMR, varicella and Hep B immunity

²See NIP-funded schedules for Meningococcal ACWY/B, Pneumococcal, Haemophilus influenzae type b (Hib), HPV and Zoster are recommended for people with certain medical risk conditions. NIP-funded seasonal influenza vaccine is available for people at higher risk of complications from influenza.

Pregnant women - single dose pertussis vaccine is recommended in each pregnancy, ideally between 20–32 weeks, but may be given up until delivery. Influenza vaccine recommended in each pregnancy, at any stage of pregnancy.

Immunisation Catch-Up Worksheet ≥ 10 years

Date plan created _	Prepared by	☐ Aboriginal	☐ Aboriginal and Torres Strait Islander		
Medicare Number	Reference Number beside name	☐ Medical Co	ondition		
	Age:	Reason for ca	atch-up		
Family Name: Address:	Given Name/s:	□ Overdue	☐ Migrant	□ Refugee	
	Postcode:				

Vaccine	Last dose given	Number of	Dose number	Further doses (interval or date) Comments			
	(dose number and date)	doses needed at current age	due now				
Diphtheria, tetanus, pertussis - dTpa							
Poliovirus – IPV							
Hepatitis B							
Measles, mumps, rubella - MMR							
Varicella (chickenpox)							
HPV							
Meningococcal ACWY							
Pneumococcal 13							
Zoster (Shingles)							
Pneumococcal 23 (risk)							
Meningococcal B (risk)							

Refer to Tables 2 & 3 and the <u>Australian Immunisation Handbook</u>, for required doses.

Resources

Australian Technical Advisory Group on Immunisation (ATAGI) 2022, <u>Australian Immunisation Handbook</u>, Australian Government Department of Health and Aged Care, Canberra. https://www.health.gov.au/resources/publications/the-australian-immunisation-handbook?language=en

Australian Technical Advisory Group on Immunisation (ATAGI) 2022, <u>Australian Immunisation Handbook</u>, <u>Catch up vaccination</u>, Australian Government Department of Health and Aged Care, Canberra. https://immunisationhandbook.health.gov.au/contents/catch-up-vaccination

Australian Technical Advisory Group on Immunisation (ATAGI) 2022, <u>Australian Immunisation Handbook</u>, <u>Vaccination for migrants</u>, <u>refugees and people seeking asylum in Australia</u>, Australian Government Department of Health and Aged Care, Canberra.< https://immunisationhandbook.health.gov.au/contents/vaccination-for-special-risk-groups/vaccination-for-migrants-refugees-and-people-seeking-asylum-in-australia>

Department of Health and Aged Care 2023, National Immunisation Program, Australian Government.https://www.health.gov.au/resources/publications/national-immunisation-program-schedule?language=en

Department of Home Affairs' 2023 Free Translating Service, Australian Government. https://translating.homeaffairs.gov.au/en

Minnesota Department of Health Immunization Program and Washington State Department of Health 2019, <u>Foreign Language terms</u> in the <u>Australian Immunisation Immunisation Handbook</u>, Australian Government Department of Health and Aged Care, Canberra. https://immunisationhandbook.health.gov.au/sites/default/files/2021-09/cdc-foreign-products-tables-may-2019_0.pdf

World Health Organisation 2023 Immunisation schedules in other countries. https://immunizationdata.who.int/listing.html?topic=vaccine-schedule&location=>

To receive this publication in an accessible email the Immunisation Unit <immunisation@health.vic.gov.au>

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