

Calculating catch-up vaccination requirements for <10 year olds.

Table 1 sets out the vaccines which are recommended for children under 10 years of age and the doses required for their current age. Use Table 1 in conjunction with *Table 2: GP/Practice Nurse catch-up vaccination plan* to calculate what vaccines are required.

Table 1: Standard Vaccination Catch-up Recommendations for children aged <10 years (adapted from The Australian Immunisation Handbook 10th edition [updated online]).

Vaccine	Current age								Minimum dose interval between dose 1 and 2	Minimum dose interval between dose 2 and 3	Minimum dose interval between dose 3 and 4	Minimum dose interval between dose 4 and 5
	6 weeks to <4 months	4 to <6 months	6 to <12 months	12 to 18 months	>18 months to <4 years		4 years to <10 years					
					Born before 1 Oct 2014	Born after ¹ 1 Oct 2014	Born before 1 Oct 2014	Born after ¹ 1 Oct 2014				
Doses required												
DTPa	1	2	3	3	3	4	4 ²	5	4 weeks	4 weeks	6 months	6 months
Poliomyelitis (IPV)	1	2	3	3	3	3	4 ³	4 ³	4 weeks	4 weeks	4 weeks	Not required
Hepatitis B ⁴ (excl. birth dose)	1	2	3	3	3	3	3	3	1 month ⁵	2 - 3 months ⁵	Not required	Not required
MMR ⁶	If given at <11 months of age the 1 st dose should be repeated at 12 months of age.			1	2	2	2	2	4 weeks	Not required	Not required	Not required
MenCCV/4vMenCV	If given at <11 months of age a booster dose is required at 12 months of age or 8 weeks after last dose, whichever is later.			1	1	1	1	1	Not required	Not required	Not required	Not required
Varicella ⁶	If given at <12 months of age, the dose should be repeated, preferably at 18 months of age.				1	1	1	1	Not required	Not required	Not required	Not required
Rotavirus	<i>Age limits apply - see Handbook Table</i>		NO CATCH-UP									
Meningococcal B (Aboriginal children only)	See Handbook Table Recommendations for immunisation of infants and children aged <2 years using meningococcal B vaccine. ⁸								Recommended interval between primary doses is 8 weeks. Booster doses are given >12 months or 8 weeks after the 2nd dose, whichever is later.			
Haemophilus influenzae type B (Hib) – No catch-up > 5 years.	See Handbook Catch-up Table: Haemophilus influenzae type b (Hib) ⁷								Recommended interval between primary doses is 4 weeks. Booster doses are given >18 months or 8 weeks after the last dose, whichever is later.			
Pneumococcal (PCV) - No catch-up > 5 years for healthy kids.	See Handbook Catch-up Table: 13vPCV ⁷								Recommended interval between doses is 4 weeks if aged <12 months and 8 weeks if ≥12 months.			

¹ All children born after 1 October 2014 are required to have had an 18 month booster dose of DTPa vaccine.

² Some children may have received 4 doses of DTPa by 18 months of age, especially if arrived from overseas. These children will require a 5th dose of DTPa after 4 years of age.

³ A booster dose of IPV is recommended at 4 years of age. If the 4th dose was given before 3.5 years of age, it should be repeated. If 3rd dose of IPV is given after 4 years of age, a 4th dose is *not required*.

⁴ Acceptable alternate overseas schedule: Monovalent Hep B vaccine at birth, 1-2 months and 6-18 months of age if given overseas.

⁵ MINIMUM interval between dose 1 and 3, is 4 months. MINIMUM interval between dose 2 and 3 is 2 months (however, the optimum schedule is 0, 1 & 6 months). The MINIMUM age for dose 3 is 24 weeks.

⁶ MMRV is not recommended for use as the 1st dose of MMR containing vaccine in children aged <4yrs. **ANY live vaccines can be given on the same day, if not there must be a minimum interval of 4 weeks.**

⁷ Required doses vary depending on age at presentation and age when vaccine received; therefore tables must be referred to for each new catch-up.

⁸ Doses required depends on age the course was commenced.