

**Table 2.1.12: Catch-up schedule for persons ≥10 years of age (for vaccines recommended on a population level)**

This table is to be used to guide catch-up vaccination for persons ≥10 years of age in conjunction with the guidance provided in the section 'Catch-up schedules for persons ≥10 years of age' above.

Antigen		Doses required*	Minimum interval between dose 1 and 2	Minimum interval between dose 2 and 3
Diphtheria and tetanus <sup>†</sup>		3 doses <sup>†</sup>	4 weeks	4 weeks
Pertussis <sup>‡</sup>		1 dose <sup>‡</sup>	Not required	Not required
Hepatitis B	Aged 10–19 years	3 paediatric doses	1 month	2 months <sup>§</sup>
Hepatitis B	Aged 11–15 years only	2 adult doses	4 months	Not required
Hepatitis B	Aged ≥20 years	3 adult doses	1 month	2 months <sup>§</sup>
Poliomyelitis		3 doses	4 weeks	4 weeks
Human papillomavirus		3 doses	4 weeks	12 weeks
Measles, mumps and rubella		2 doses	4 weeks	Not required
Meningococcal <sup>¶</sup>		1 dose	Not required	Not required
Pneumococcal		Depends on age of person, Indigenous status and if they have medical condition(s) associated with an increased risk of invasive pneumococcal disease (refer to Table 4.13.3 in 4.13 <i>Pneumococcal disease</i> , and 3.3 <i>Groups with special vaccination requirements</i> )		
Varicella <sup>#**</sup>		At least 1 dose if aged <14 years	If 2nd dose given, a 4-week interval is required <sup>#</sup>	Not required
		2 doses if aged ≥14 years	4 weeks	Not required
Zoster		1 dose if aged ≥60 years <sup>††</sup>	Not required	Not required

\* This column outlines the number of vaccine doses required for a person who has not previously received any vaccine doses for that antigen. To determine how many further doses are required for a person who *has* received previous vaccine doses, the number of previous doses should be deducted from the number in this column. Refer to footnote ‡ below for specific guidance on using this table for catch-up vaccinations for pertussis.

† One of the doses should be given as dTpa-containing vaccine and the course completed with dT. This dose would also provide the single catch-up dose for pertussis (refer to footnote ‡ below). In the unlikely event that dT is *not* available, dTpa or dTpa-IPV may be used for all 3 primary doses.<sup>17</sup>

‡ If a person ≥10 years of age has not received the number of pertussis vaccine doses recommended prior to 10 years of age, they only require 1 dose to be considered up-to-date (irrespective of the number of previous doses of pertussis-containing vaccine they received prior to 10 years of age). A single booster dose of pertussis-containing vaccine is routinely recommended for all adolescents, optimally delivered between 11 and 13 years of age, which should be taken into account when planning catch-up for pertussis (refer to 4.12 *Pertussis*).

§ For hepatitis B vaccine, the minimum interval between dose 1 and dose 3 is 4 months (refer to 4.5 *Hepatitis B*).

¶ The required catch-up dose for meningococcal disease is specific to meningococcal C conjugate vaccine (MenCCV). 4vMenCV and MenBV are indicated for those at increased risk of meningococcal disease; refer to recommendations in 4.10 *Meningococcal disease* and 3.3 *Groups with special vaccination requirements*.

# Varicella vaccine is recommended for all non-immune persons. At least 1 dose should be given to those aged <14 years, and all persons aged ≥14 years should receive 2 doses. (Refer also to 4.22 *Varicella*.)

\*\* MMRV is suitable to provide varicella vaccination in children aged <14 years. This vaccine is not recommended for use in persons ≥14 years of age. (Refer also to 4.22 *Varicella*.)

†† Routine vaccination of persons aged 70–79 years is expected to obtain the greatest benefits against HZ and its complications. However, vaccination is also recommended for persons aged 60–69 years and ≥80 years (refer to 4.24 *Zoster*).