Table 2.1.5: Minimum acceptable age for the 1st dose of scheduled vaccines in infants in special circumstances*

Vaccine	Minimum age for 1st dose in special circumstances*	Action if a vaccine dose is inadvertently administered prior to the recommended minimum age[16]
DTPa	6 weeks	If the 1st dose of DTPa-containing vaccine was administered at ≤28 days of age, it is recommended that the dose is repeated. This repeat dose should be given at 2 months of age. The NIP schedule should be followed thereafter, with the next dose of DTPa-containing vaccine given at 4 months of age.†‡ If the 1st dose of DTPa-containing vaccine was administered between >28 days and <42 days (6 weeks) of age, it does not necessarily need to be repeated. Limited data suggest that administration at this age will still be safe and immunogenic. The NIP schedule should be followed thereafter, with the next dose of DTPa-containing vaccine given at 4 months of age.†
Poliomyelitis (IPV)	6 weeks	Refer to DTPa-containing vaccines above.
Hib	6 weeks	Refer to DTPa-containing vaccines above.
Hepatitis B§	6 weeks§ (*Note*: this excludes birth dose of hepatitis B vaccine)§	Refer to DTPa-containing vaccines above.
Pneumococcal (13vPCV or 10vPCV)	6 weeks	If the 1st dose of PCV was administered at ≤28 days of age, it is recommended that the dose is repeated. This repeat dose should be given at 2 months of age. The NIP schedule should be followed thereafter, with the next dose of PCV given at 4 months of age.† If the 1st dose of PCV was administered between >28 days and <42 days (6 weeks) of age, it does not necessarily need to be repeated. Limited data suggest that administration at this age will still be safe and immunogenic. The NIP schedule should be followed thereafter, with the next dose of PCV given at 4 months of age.†
Rotavirus	6 weeks	If the 1st dose of rotavirus vaccine was administered at ≤28 days of age, it is recommended that the dose is repeated. This repeat dose should be given at 2 months of age. The NIP schedule should be followed thereafter, with the next dose of rotavirus vaccine given at 4 months of age. If the 1st dose of rotavirus vaccine was administered between >28 days and <42 days (6 weeks) of age, it does not necessarily need to be repeated. Limited data suggest that administration at this age will still be safe and immunogenic. The NIP schedule should be followed thereafter, with the next dose of rotavirus vaccine given at 4 months of age. For all doses of rotavirus vaccine it is important to ensure the upper age limits for dose administration are not exceeded (refer to 4.17 *Rotavirus*, Table 4.17.1).
Meningococcal¶	6 weeks¶	If the 1st dose of either 4vMenCV or MenBV is administered between >28 days and <42 days (6 weeks) of age, the dose does not necessarily need to be repeated; however, expert advice should be sought.
Hepatitis A (Indigenous children in NT, Qld, SA and WA only)	12 months	If the 1st dose of hepatitis A vaccine is administered at <12 months of age, and ongoing protection against hepatitis A is required, the 1st dose should be repeated.

Source: Australian Technical Advisory Group on Immunisation. *The Australian Immunisation Handbook*. 10th ed (2015 update). Canberra: Australian Government Department of Health; 2015. http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

Table 2.1.5 (continued)

Vaccine	Minimum age for 1st dose in special circumstances*	Action if a vaccine dose is inadvertently administered prior to the recommended minimum age[16]
MMR[#]	12 months	MMR vaccine may be given from 9 months of age, in certain circumstances, such as for post-exposure prophylaxis for measles (refer to 4.9 *Measles*), but it is recommended that the 1st dose be repeated if it was given at <12 months of age.** Refer to note on MMRV below.[#]
Varicella[††]	12 months	If a varicella-containing vaccine is administered at <12 months of age, the dose should be repeated, preferably at 18 months of age. Refer to note on MMRV below.[#]

* Special circumstances may include infants/children being vaccinated during an outbreak of a certain disease, before overseas travel, or opportunistic vaccination following early attendance to a provider. These ages *will often* differ from routinely recommended ages of administration under the NIP schedule. In some instances, these ages will also result in the dose not being considered by the Australian Childhood Immunisation Register (ACIR) as 'valid' for the purpose of calculating immunisation status. If the ACIR age requirement differs from the minimum ages in this table, this is noted.

† If the need to repeat the 1st dose of vaccine is not recognised until the infant is older (e.g. a 4-month-old infant presents for vaccination and has only previously received 1 dose of DTPa-hepB-IPV-Hib or 13vPCV vaccines both at age ≤28 days), repeat these vaccines now (and count these as dose 1), then proceed with subsequent schedule as per NIP and/or catch-up recommendations for these vaccines described in this chapter.

‡ The minimum age from which the combination vaccine DTPa-hepB-IPV-Hib (or the antigens contained within it) is considered a valid dose on the ACIR is 1 month (>28 days) of age.[16]

§ Monovalent hepatitis B vaccine should be given at birth (up to 7 days of age). However, for subsequent doses where hepatitis B-containing combination vaccine is given at 2, 4 and 6 months of age, the minimum age for the 1st dose (scheduled at age 2 months) is 6 weeks of age. If a hepatitis B-containing combination vaccine dose is inadvertently administered prior to 6 weeks of age, follow the recommended action for DTPa-containing vaccines. If an infant has not received a birth dose within the first 7 days of life, a primary 3-dose course of a hepatitis B-containing combination vaccine should be given at 2, 4 and 6 months of age; catch-up of the birth dose is not necessary.

¶ The listed minimum age only applies to the Menveo 4vMenCV brand and MenBV, which can both be used in infants (refer to 4.10 *Meningococcal disease*). MenCCV is recommended for use in infants at 12 months of age. The ACIR will record MenCCV given at ≥11 months of age as a valid dose for the purposes of calculating immunisation status. It is expected that a single dose of MenCCV provided at ≥11 months (but before 12 months) of age is likely to be immunogenic. As such, doses given in this timeframe may not need to be repeated in all circumstances.

\# MMRV vaccine is recommended as the 2nd (not 1st) dose of MMR-containing vaccine in children <4 years of age. However, if MMRV has been inadvertently given as the 1st dose of MMR-containing vaccine, that MMR-containing dose does not need to be repeated, unless it was provided at <12 months of age (as per MMR and monovalent varicella vaccines).

** *Note*: The ACIR will record MMR vaccine given at ≥11 months of age as a valid dose, for purposes of calculating immunisation status. There is some evidence that a dose provided at ≥11 months (but before 12 months) of age is sufficiently immunogenic, especially in infants born to mothers with measles antibody derived from vaccination rather than natural infection. As such, doses given in this timeframe may not need to be repeated in all circumstances.[16]

†† One monovalent varicella vaccine, Varilrix, is registered for use from 9 months of age, and can be provided from ≥9 months of age in special circumstances, for example, prior to travel. However, if a dose has been provided at <12 months of age, it should be repeated.