

Table 2.1.7: Minimum acceptable dose intervals for children <10 years of age

This table can be used in conjunction with Figure 2.1.1 Catch-up worksheet for children <10 years of age for NIP vaccines and Table 2.1.6 Number of vaccine doses that should have been administered by the current age of the child.

Note: These are *not* the routinely recommended intervals between vaccine doses. These minimum intervals are only to be used under special circumstances, such as when catch-up vaccination is required until a child is back on schedule for their age. These intervals may differ from the routinely recommended intervals between doses under the NIP schedule. If providing catch-up using a combination vaccine, it is important to ensure that minimum intervals are met for *all* antigens.

Vaccine	Minimum interval between dose 1 and 2	Minimum interval between dose 2 and 3	Minimum interval between dose 3 and 4	Minimum interval between dose 4 and 5
DTPa*	4 weeks	4 weeks	6 months	6 months
Poliomyelitis (IPV)	4 weeks	4 weeks	4 weeks [†]	
Hepatitis A [‡]	6 months			
Hepatitis B [§]	1 month [§]	2 months [§]		
Hib	Refer to Table 2.1.8 for Hib vaccine catch-up			
Pneumococcal (13vPCV and 23vPPV)	Refer to Tables 2.1.9, 2.1.10 and 2.1.11 for pneumococcal vaccine catch-up			
Meningococcal [¶]	Minimum acceptable dose intervals vary for the different meningococcal vaccines. Refer to footnote [¶]			
MMR [#]	4 weeks			
Rotavirus**	Rotarix	4 weeks		
	RotaTeq	4 weeks	4 weeks	
Varicella ^{††}	4 weeks			

* DTPa-containing vaccines can be used where necessary for primary course or catch-up doses in children <10 years of age. If the 1st booster dose of DTPa vaccine recommended at 18 months of age (dose 4) is given after the child is 3.5 years of age, the 2nd booster dose recommended at age 4 years (dose 5) is not required. Refer to Table 2.1.6 above.

† If the 3rd dose of IPV is given after 3.5 years of age, a 4th dose is not required. However, if using a combination vaccine, it is acceptable to give a 4th dose.

‡ Indigenous children resident in the Northern Territory, Queensland, South Australia and Western Australia only.

§ Australian-born infants typically receive a monovalent hepatitis B birth dose (which can be regarded as dose 0 [zero] for the purposes of this table) followed by a primary course of hepatitis B-containing vaccine consisting of 3 doses at 2, 4 and 6 months of age (given as DTPa-hepB-IPV-Hib). In addition to the minimum intervals between doses outlined in this table, the minimum recommended interval between dose 1 and dose 3 is 4 months (refer to 4.5 *Hepatitis B*). The final dose of the primary hepatitis B vaccine course (with or without a birth dose) should preferably be administered at ≥24 weeks of age. However, if the final dose is given at <24 weeks but ≥16 weeks (approximately 4 months) of age, it is not necessary to repeat the dose for the child to be considered as fully immunised by the ACIR. Note: The ACIR accepts a minimum interval of 4 weeks between any hepatitis B vaccine dose to allow children who have been immunised using 3-dose schedules (typically provided overseas) to be considered as fully immunised.¹⁶

¶ The recommended schedule for meningococcal vaccines varies for different formulations (refer to 4.10 *Meningococcal disease*). The minimum acceptable interval between conjugate vaccines containing meningococcal serogroup C (MenCCV, Hib-MenCCV and 4vMenCV) is 8 weeks. The minimum acceptable interval between primary doses of MenBV is 4 weeks for infants aged <6 months. There is no clinical trial data in older children for minimum intervals less than the routinely recommended interval of 8 weeks. In circumstances where MenBV and 4vMenCV are indicated, the vaccines can be administered concurrently based on first principles. (Refer also to 4.10 *Meningococcal disease*.)

MMR is recommended as the 1st dose of MMR-containing vaccine in children <4 years of age (refer to 4.9 *Measles*). MMRV is recommended to be given as the 2nd dose of MMR-containing vaccine. MMRV can be given 4 weeks following the 1st catch-up dose of MMR vaccine or as catch-up for the 2nd dose of MMR where varicella is also required.

** Refer to 4.17 *Rotavirus*, Table 4.17.1 for upper age limits for administration of rotavirus vaccines. Catch-up is *not* recommended.

†† Two doses of varicella-containing vaccine are not routinely recommended in children <14 years of age; however, a 2nd dose can be provided to offer increased protection against varicella (refer to 4.22 *Varicella*).