

Immunisation recommendations for infants, children and adolescents in Australia

Summary of vaccine recommendations for infants, children and adolescents aged <19 years from *The Australian Immunisation Handbook*.^a Shaded cells represent childhood vaccinations funded under the National Immunisation Program (NIP).^a Brackets indicate that these vaccines are only recommended for a population sub-group. More detail is provided in the corresponding footnote(s).

This table does NOT include vaccinations used in the context of response to and control of a disease outbreak, or specifically for travel outside of Australia.

Disease/vaccine antigen	Abbrev.	Recommended age							
		At birth	2 months ^b	4 months	6 months	12 months	18 months	4 years	Adolescence
Hepatitis B	HepB	✓	✓*	✓*	✓*	(✓) ^c			
Diphtheria, tetanus, pertussis	DTPa/dTpa		✓*	✓*	✓*		✓	✓‡	✓ ^d
Poliomyelitis	IPV		✓*	✓*	✓*			✓‡	
<i>Haemophilus influenzae</i> type b	Hib		✓*	✓*	✓*		✓		
Pneumococcal	13vPCV		✓	✓	(✓) ^e	✓			
	23vPPV							(✓) ^f	(✓) ^f
Rotavirus			✓	✓					
Measles, mumps, rubella	MMR					✓	✓§, g		
Meningococcal serogroup B	MenB		(✓) ^h						
Meningococcal serogroup ACWY	MenACWY		(✓) ⁱ			✓ ⁱ	(✓) ⁱ		
Varicella	VV						✓§	✓ ^j	✓ ^j
Hepatitis A	HepA					(✓) ^k	(✓) ^k	(✓) ^k	
Influenza (annual)	QIV				(✓) ^l				
Human papillomavirus	HPV								✓ ^m

Key:

DTPa = Diphtheria-tetanus-acellular pertussis vaccine (paediatric formulation)	HPV = Human papillomavirus vaccine	MMRV= Measles-mumps-rubella-varicella vaccine
dTpa = Diphtheria-tetanus-acellular pertussis vaccine (reduced antigen formulation)	IPV = Inactivated poliomyelitis vaccine	13vPCV = 13-valent pneumococcal conjugate vaccine
HepA = Hepatitis A vaccine	MenB = Meningococcal serogroup B vaccine	23vPPV = 23-valent pneumococcal polysaccharide vaccine
HepB = Hepatitis B vaccine	MenACWY = Meningococcal serogroup ACWY conjugate vaccine	QIV = Quadrivalent seasonal influenza vaccine
Hib = <i>Haemophilus influenzae</i> type b vaccine	MMR = Measles-mumps-rubella vaccine	VV = Varicella vaccine
* HepB, DTPa, IPV and Hib are administered at 2, 4 and 6 months of age using a combination vaccine. The 1st dose can be given as early as 6 weeks of age, refer to footnote (b).		
‡ DTPa and IPV are administered at 4 years of age using a combination vaccine.		
§ Measles, mumps, rubella and varicella are administered at 18 months of age using a combination vaccine.		

- a** The National Immunisation Program Schedule is updated periodically and is available on the Department of Health immunisation website (<https://beta.health.gov.au/health-topics/immunisation>).
- b** The vaccines scheduled at 2 months of age can be given as early as 6 weeks of age. The next scheduled dose should still be administered at 4 months of age.
- c** A booster dose of hepatitis B vaccine is recommended at 12 months of age for infants who were born preterm at <32 weeks gestation or whose birth weight was <2000 g, unless a blood test 1 month after the final dose of the primary course demonstrated an anti-HBs antibody titre of ≥ 10 mIU/mL.
- d** Diphtheria-tetanus-acellular pertussis vaccine is given in adolescence as dTpa (reduced antigen formulation). School years at which the school-based programs are delivered vary among states and territories. Contact your state or territory health department for more details.
- e** An additional dose of 13vPCV at 6 months of age is recommended and NIP-funded for Aboriginal and Torres Strait Islander children living in the Northern Territory, Queensland, South Australia and Western Australia. An additional dose of 13vPCV at 6 months of age is recommended and NIP-funded for infants with specified underlying medical conditions that predispose them to increased risk of invasive pneumococcal disease.
- f** A dose of 23vPPV at 4–5 years of age is recommended and NIP-funded for children with specified underlying medical conditions that predispose them to increased risk of invasive pneumococcal disease. 23vPPV is recommended and state-funded for Aboriginal and Torres Strait Islander adolescents at 15 years of age in the Northern Territory. Additional doses of pneumococcal vaccine may be recommended (not NIP-funded) for non-Indigenous children and adolescents with a medical condition(s) associated with an increased risk of invasive pneumococcal disease depending on the person's level of risk as outlined in the current online version of *The Australian Immunisation Handbook*.
- g** MMRV should not be given as the 1st dose of measles-containing vaccine in children <4 years of age.
- h** MenB vaccine is recommended for all people ≥ 6 months of age who wish to reduce the likelihood of becoming ill with meningococcal disease. MenB is strongly recommended (but not NIP-funded) for: infants and young children <2 years of age (prophylactic administration of paracetamol is recommended with every dose of MenB in children <2 years of age); adolescents aged 15–19 years; adolescents and young adults aged 15–24 years who live in close quarters or who are current smokers; Aboriginal and Torres Strait Islander people aged 2 months to 19 years; and infants and children aged ≥ 2 months with medical conditions associated with an increased risk of meningococcal disease. The doses required depend on the age at which the vaccine course is started.
- i** MenACWY vaccine is recommended for all people ≥ 6 months of age who wish to reduce the likelihood of becoming ill with meningococcal disease. A single NIP-funded dose of MenACWY is scheduled at 12 months of age. MenACWY is strongly recommended (but not NIP-funded) for: infants and young children <2 years of age; adolescents aged 15–19 years; adolescents and young adults aged 15–24 years who live in close quarters or who are current smokers; Aboriginal and Torres Strait Islander people aged 2 months to 19 years; and infants and children aged ≥ 2 months with medical conditions associated with an increased risk of meningococcal disease. The doses required depend on the age at which the vaccine course is started.
- j** A 2nd dose of varicella vaccine is recommended to provide increased protection and minimise the chance of breakthrough varicella in children and adolescents <14 years of age. This could potentially be given at 4 years of age, or at any time up to 14 years of age (at least 4 weeks after the 1st dose).
- k** Two doses of hepatitis A vaccine are recommended and NIP-funded for Aboriginal and Torres Strait Islander children living in jurisdictions with a higher risk of disease (Northern Territory, Queensland, South Australia and Western Australia) – 1st dose at 12 months of age and 2nd dose at 18 months of age. Hepatitis A vaccine is recommended for children and adolescents with chronic liver disease and children and adolescents with developmental disabilities. A two-dose schedule is required, with a recommended interval between doses of 6 months.
- l** Influenza vaccine is recommended annually for all people ≥ 6 months of age. Influenza vaccine is funded under the NIP for people ≥ 6 months of age with certain medical conditions predisposing them to severe influenza; for Aboriginal and Torres Strait Islander people aged 6 months to <5 years and those aged ≥ 15 years. For further details, refer to the [2018 ATAGI advice on seasonal influenza vaccines](#).
- m** HPV vaccine is recommended and NIP-funded for adolescent girls and boys (aged ~12–13 years) in a 2-dose course. A 3rd dose of HPV vaccine is recommended (but not NIP-funded) for adolescent girls and boys who commence vaccination after turning 15 years of age. A 3rd dose of HPV vaccine is recommended and NIP-funded for immunocompromised adolescent girls and boys at any age. School years at which the school-based programs are delivered vary among states and territories. Contact your state or territory health department for more details.