

Immunisation recommendations for children in Australia

Summary of vaccine recommendations for children aged ≤17 years from the [10th edition of *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 and/or funded 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. For detailed vaccine recommendations for children in Australia, refer to the Immunise Australia website and *The Australian Immunisation Handbook*.^a

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			(✓) ^d
Diphtheria, tetanus, pertussis	DTPa/dTpa		✓*	✓*	✓*		✓ ^e	✓ [‡]	✓ ^f
Poliomyelitis	IPV		✓*	✓*	✓*			✓ [‡]	
<i>Haemophilus influenzae</i> type b	Hib		✓*	✓*	✓*	✓ [§]			
Pneumococcal	13vPCV		✓	✓	✓	(✓) ^{g, h}	(✓) ^h		
	23vPPV							(✓) ^g	(✓) ⁱ
Rotavirus			✓	✓	(✓) ^j				
Measles, mumps, rubella	MMR					✓	✓ ^{#, k}		
Meningococcal serogroup B	MenBV		(✓) ^l						
Meningococcal serogroup C	MenCCV ^m					✓ ^{§, m}			
Varicella	VV						✓ [#]	✓ ⁿ	(✓) ^o
Hepatitis A	HepA					(✓) ^p	(✓) ^p		
Influenza (annual)	QIV/TIV ^q				(✓) ^q				
Human papillomavirus	HPV								✓ ^r

Key:

DTPa = Diphtheria-tetanus-acellular pertussis vaccine (paediatric formulation)	IPV = Inactivated poliomyelitis vaccine	23vPPV = 23-valent pneumococcal polysaccharide vaccine
dTpa = Diphtheria-tetanus-acellular pertussis vaccine (reduced antigen formulation)	MenBV = Meningococcal serogroup B vaccine	QIV = Quadrivalent seasonal influenza vaccine
HepA = Hepatitis A vaccine	MenCCV = Meningococcal serogroup C conjugate vaccine	TIV = Trivalent seasonal influenza vaccine
HepB = Hepatitis B vaccine	MMR = Measles-mumps-rubella vaccine	VV = Varicella vaccine
Hib = <i>Haemophilus influenzae</i> type b vaccine	MMRV = Measles-mumps-rubella-varicella vaccine	
HPV = Human papillomavirus vaccine	13vPCV = 13-valent pneumococcal conjugate vaccine	
* HepB/DTPa/IPV/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/IPV are administered at 4 years of age using a combination vaccine.		
§ Hib/MenCCV are administered at 12 months of age using a combination vaccine.		
# Measles/mumps/rubella/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 Immunise Australia website (www.immunise.health.gov.au). The current version of the 10th edition *Australian Immunisation Handbook* is available online www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home.
- 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 children who were preterm infants born 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 Hepatitis B vaccine (given as either a 2- or 3-dose course) is recommended for adolescents who have not already received a primary course of hepatitis B vaccine. Most adolescents would have received catch-up vaccine delivered through school-based programs which ceased in 2013. Contact your state or territory health department for more details.
- e A booster dose of pertussis-containing vaccine is recommended and funded at 18 months of age to minimise the likelihood of developing pertussis in the 2nd and 3rd years of life (prior to booster dose due at 4 years of age).
- f Diphtheria-tetanus-acellular pertussis vaccine given as dTpa (reduced antigen formulation) is recommended and funded for adolescents. School years at which the school-based programs are delivered vary between states and territories. Contact your state or territory health department for more details.
- g A 4th dose of 13vPCV at 12 months of age, and a dose of 23vPPV at 4–5 years of age, are recommended and funded for children with specified underlying medical conditions that predispose them to increased risk of invasive pneumococcal disease.
- h A 4th dose of 13vPCV at 12–18 months of age is recommended and funded for Aboriginal and Torres Strait Islander children living in the Northern Territory, Queensland, South Australia and Western Australia.
- i 23vPPV is recommended and funded for Aboriginal and Torres Strait Islander adolescents and adults aged ≥ 15 years who have specified underlying conditions that increase their risk of invasive pneumococcal disease. Additional doses of pneumococcal vaccine may be recommended (not NIP-funded) for non-Indigenous children with a medical condition(s) associated with an increased risk of IPD depending on the child's level of risk as outlined in the current version of the 10th edition *Handbook* online.
- j A 3rd dose of rotavirus vaccine is required if RotaTeq[®] (brand) rotavirus vaccine is used.
- k The 2nd dose of measles-containing vaccine at 18 months of age is given as a combination vaccine (MMRV), which also provides the recommended dose of varicella vaccine at the age of 18 months. MMRV should not be given as the 1st dose of measles-containing vaccine in children <4 years of age.
- l MenBV is recommended (but not funded) for: infants and young children, especially those <2 years of age (prophylactic administration of paracetamol is recommended with every dose of MenBV in children <2 years of age); adolescents aged 15–19 years; 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 commenced; refer to the current version of the 10th edition *Handbook* online.
- m A single NIP-funded dose of meningococcal C conjugate vaccine (MenCCV) is scheduled at 12 months of age, given as a combination vaccine (Hib-MenCCV). Quadrivalent meningococcal conjugate vaccine is also recommended for children ≥ 2 months of age with medical conditions that put them at increased risk of meningococcal disease. The vaccine brand and doses required depend on the age at which the vaccine course is commenced as outlined in the current version of the 10th edition *Handbook* online.
- n A 2nd dose of varicella vaccine is recommended to provide increased protection and minimise the chance of breakthrough varicella in children <14 years of age. 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).
- o One dose of varicella vaccine is given as catch-up (via school-based programs) for children with no prior history of varicella disease or vaccination (for children ≥ 14 years of age, a 2nd dose of varicella vaccine is required at least 4 weeks later for completion of a primary vaccination course initiated via the school-based program). The school-based program is delivered in different school years in each state and territory, and is a time-limited program (until cohorts eligible for the 18 month dose reach adolescence). Contact your state or territory health department for more details.

- p** Two doses of hepatitis A vaccine are required for Aboriginal and Torres Strait Islander children living in jurisdictions with higher risk of disease (Northern Territory, Queensland, South Australia and Western Australia) – 1st dose at 12–18 months of age, and 2nd dose at 18–24 months of age.
- q** Influenza vaccine is recommended annually for any person ≥ 6 months of age who wishes to reduce the likelihood of becoming ill with influenza. Only certain QIVs are funded under the NIP for any person ≥ 6 months of age with certain medical conditions predisposing them to severe influenza; for all Aboriginal and Torres Strait Islander children aged 6 months to < 5 years; and for Aboriginal and Torres Strait Islander adolescents and adults aged ≥ 15 years. When both QIV and TIV formulations are suitable, QIV is preferred; however, TIV is an acceptable alternative. For further details, refer to the current version of the 10th edition *Handbook* online.
- r** HPV vaccine is recommended and funded for adolescent girls and boys (aged ~ 12 –13 years) in a 3-dose course. School years at which the school-based programs are delivered vary between states and territories. Contact your state or territory health department for more details.