



National Immunisation Program: **Free catch-up vaccines for all individuals aged 10 to 19 years (ongoing)**

VACCINATION PROVIDER FACT SHEET

- ✓ From 1 July 2017 all individuals (including refugees and humanitarian entrants) 10 to 19 years of age are eligible for free catch-up vaccines through the National Immunisation Program (NIP).
- ✓ The expansion will enable free access to a nationally consistent catch-up schedule for recommended early childhood vaccines.

ELIGIBILITY

Quick reference:

- ✓ Use this schedule (Table 1) for all eligible individuals 10 to 19 years of age (including refugees and humanitarian entrants).

All individuals 10 to 19 years of age can now receive free catch-up vaccines through the NIP.

The catch-up schedule will need to commence before the individual's 20th birthday and may be completed beyond this date, as required.

Note that the human papillomavirus (HPV) vaccine is routinely administered to eligible secondary school students through the school-based program available in your state or territory. HPV vaccines can be provided for those students who missed any or all doses of the HPV vaccine under the relevant school-based program.

FUNDED VACCINES

The following vaccines are funded for the eligible cohort on an ongoing basis under the expanded NIP. This cohort should also be closely evaluated regarding the potential need for other vaccines based on risk factors (e.g. influenza vaccine).

Table 1. Funded vaccine arrangements under this measure. The following table and footnotes are adapted from the *Australian Immunisation Handbook*, 10th edition, updated 2017 online.

Vaccine	Doses required*	Minimum interval between dose 1 and 2	Minimum interval between dose 2 and 3
Diphtheria, tetanus and pertussis	3 doses [‡]	4 weeks	4 weeks
Poliomyelitis	3 doses	4 weeks	4 weeks
Measles, mumps and rubella	2 doses	4 weeks	Not required
Hepatitis B - Aged 10–19 years [^]	3 paediatric doses	1 month	3 months [§]
Hepatitis B - Aged 11–15 years only [^]	2 adult doses	4 month	Not required
MenCCV	1 dose	Not required	Not required
Varicella ^{#**}	At least 1 dose if aged <14 years	If 2nd dose given, a 4-week interval is required [#]	Not required
	2 doses if aged ≥14 years	4 weeks	Not required
Human papillomavirus	3 doses	4 weeks	12 weeks

* 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 generally be deducted from the number in this column.

[‡] 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 (refer to 4.12 *Pertussis*). Given that dT is not funded under the NIP, up to 3 doses of dTpa may be used.

[^] Note the age groups overlap and this is an either/or, not both.

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

[#] Varicella vaccine is recommended for all non-immune persons. Children who have an uncertain clinical history or no documentation of age-appropriate varicella vaccination should be considered susceptible and offered vaccination unless confident clinical diagnosis of prior natural infection is made. 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*).

ASSESS VACCINATION HISTORY

All individuals 10 to 19 years of age will need an assessment of their immunisation status to clarify their vaccination history (check the Australian Immunisation Register; AIR), enter information into the AIR if it has not been recorded, and provide catch-up vaccines if needed.

For refugees and other humanitarian entrants aged 10 to 19 years, check if overseas (written) immunisation records are available, however, note that most refugees do not have documentation of vaccination.

People in these cohorts may have received vaccinations through the visa application process or in Australian immigration detention, so check for documentation, detention health summaries, or health discharge assessments from sources such as:

- ✔ the Departure Health Check – provided to Offshore humanitarian entrants (voluntary process)
- ✔ Australian immigration detention health records

If there is a written record of vaccination, vaccine doses should not be repeated. If prior vaccinations cannot be confirmed due to incomplete documentation, it should generally be assumed that the vaccine(s) have not been given. Serological testing to determine the need for specific vaccinations is not routinely recommended.

Once an assessment of any existing vaccination records and other relevant clinical information is undertaken, develop a catch-up plan. The objective of catch-up vaccination is to complete a course of age appropriate vaccination and provide optimal protection as quickly as possible, generally using minimum dosing intervals.

Apart from a possible increase in local adverse events for frequent doses of diphtheria, tetanus and pertussis-containing vaccines, there are no significant adverse events associated with additional doses of vaccines given to immune individuals.

- ✔ Information on developing a catch-up schedule and intervals between vaccine doses is available in [Chapter 2.1](#) of the *Australian Immunisation Handbook*, 10th edition, updated 2017 online.
- ✔ Information on groups with special vaccination requirements, including vaccination of migrants to Australia is available in [Chapter 3.3](#) of the *Australian Immunisation Handbook*, 10th edition, updated 2017 online.

Note the Department of Social Services provides a free document translating service for Australian citizens and new migrants settling permanently in Australia. Within the first two years of arriving in Australia, eligible individuals can have key personal documents (including vaccination records) translated into English, free of charge, to assist with settlement into the community. The [Free Translating Service](#) is available on the Department of Social Services website.

REPORTING TO THE AIR

GPs should report to the AIR all vaccinations they give to their patients in Australia and those given overseas where the appropriate documentation is available. If your GP practice software does not automatically report vaccinations to the AIR, then you will need to report these vaccinations directly using the AIR site.

Information about registering to send or receive immunisation data from the AIR is available on the Australian Government Department of Human Services [website](#).

ORDERING VACCINES

Catch up vaccines can be ordered through the same process currently used to order vaccines for the National Immunisation Program.

CONTACT DETAILS

State and Territory Health Department contact details for further information.

ACT (02) 6205 2300

SA 1300 232 272

NSW 1300 066 055

NT (08) 8922 8044

QLD 13 HEALTH (13 43 25 84)

TAS 1800 671 738

VIC 1300 882 008

WA (08) 9321 1321