An on-line 'catch-up calculator' is available at www.health.sa.gov.au/immunisationcalculator

This calculator is regularly updated for all catch-up scenarios relevant to the NIP. For non-NIP vaccines or complicated catch-up scenarios, expert advice should be sought (see Appendix 1, *Contact details for Australian, State and Territory Government health authorities and communicable disease control*).

To calculate a catch-up schedule, the on-line calculator requires the child's date of birth, State of residence, past vaccination history and Indigenous status. The calculator can be used for children ≤7 years of age (the age up to which vaccinations will be recorded on the ACIR) and can calculate catch-up schedules for children from all States and Territories. For recently arrived immigrants, the World Health Organization web site www.who.int/countries/en lists an immunisation schedule (where provided by that particular country) and may supplement information regarding which vaccines a child/adult may have received (see also Section 2.3.9, *Vaccination of immigrants to Australia*).

Alternatively, the instructions and guidelines below will assist in the manual calculation of a catch-up schedule.

Determining a vaccination history

Individuals with incomplete vaccination records

The most important requirement for assessment of vaccination status is to have written documentation of vaccination. The approach of providers to the problem of inadequate records should be based on the age of the individual, whether previous vaccines have been given in Australia or overseas, and the vaccines being considered for catch-up.

Vaccines given from 1 January 1996

The Australian Childhood Immunisation Register (ACIR) commenced on 1 January 1996 and all vaccinations given to children since then should be available from the ACIR. If the parent states that vaccines not recorded on the ACIR have been given, every effort should be made to contact the relevant immunisation service provider. If confirmation from the nominated provider or the ACIR cannot be obtained, and no written records are available, the vaccines should be considered as not received, and the child should be offered a catch-up course of vaccination appropriate for age (see Section 1.3.5). Parents can obtain an ACIR Immunisation History Statement from Medicare (see Section 1.5.4).

Older children and adolescents <18 years of age

No vaccination information is recorded on the ACIR after a child turns 7 years of age, but any information already held is retained. The information will relate only to vaccines received between birth and the 7th birthday. The ACIR Enquiry Line can be contacted on 1800 653 809 and any record held for an individual who

is ≥7 years of age can be made available to an immunisation service provider or parent/carer.

In older children and adolescents, alternative sources of documentation (such as personal health records) will be needed, but are less likely to be available with increasing age. Individuals who do not have personal vaccination records may seek evidence of past vaccination from their parents, their past and present healthcare providers or immunisation service providers, including Local Government immunisation service providers. Those born after 1990 may have some vaccinations recorded on the ACIR (see Section 1.5.4).

For most vaccines, there are no adverse events associated with additional doses in immune individuals. In the case of diphtheria and tetanus vaccines, additional doses may occasionally be associated with an increase in local adverse events in immune individuals (see Chapter 3.3, *Diphtheria*, Chapter 3.14, *Pertussis* or Chapter 3.21, *Tetanus*). However, the benefits of protection against pertussis are likely to outweigh the risk of an adverse reaction.

Adults (≥18 years of age)

In adults, written documentation of previous vaccination history may not be available. It is important, however, to seek information of any previous doses of diphtheria and tetanus vaccines, and of pneumococcal polysaccharide vaccination in the previous 5 years, as increased local reactions may occasionally occur in immune individuals (see Chapter 3.3, *Diphtheria*, Chapter 3.15, *Pneumococcal disease* or Chapter 3.21, *Tetanus*). Additional doses of MMR, varicella, IPV or hepatitis B vaccine are rarely associated with significant adverse events in adults.

Guidelines for planning catch-up vaccination

There are a number of tables in this section which are designed to help plan a catch-up schedule if not using the on-line calculator.

- Figure 1.3.1 is a worksheet for calculating and recording which vaccines are required, the number of doses outstanding and the timing of these doses.
- Table 1.3.5 can be used to assess the number of doses a child would have received if they were on schedule. Check under the current age of the child to see how many doses they should have already received and use that number of doses as the starting point for calculating a catch-up schedule. For example, a child who is 18 months old now should have received 3 doses of DTPa, 3 doses of IPV etc.
- Table 1.3.6 lists the minimum interval between doses.
- Tables 1.3.8–1.3.11 are for calculating catch-up for Hib and pneumococcal vaccination.

If documentation cannot be produced, assume that the vaccine has not been given previously, unless contact can be made with the immunisation service provider.