

Australian Immunisation Handbook, 8th Edition – 9/2003

The new immunisation schedule (Table 1.7.1) incorporates all vaccines recommended as 'best practice'. Immunisation providers are responsible for advising patients and parents/caregivers of available vaccine choices at the time of consultation, including those provided free under the National Immunisation Program. Information about the National Immunisation Program can be obtained from your State or Territory health authority.

Table 1.7.1: Australian Standard Vaccination Schedule

AGE	VACCINE					
Birth	Hepatitis B ¹					
2 months	Hepatitis B ^{2,3}	DTPa	Hib ^{1,2}	IPV	7vPCV	
4 months	Hepatitis B ^{2,3}	DTPa	Hib ^{1,2}	IPV	7vPCV	
6 months	Hepatitis B ²	DTPa	Hib ¹	IPV	7vPCV	
12 months	Hepatitis B ³		Hib ^{1,2}	MMR		MenCCV
18 months				VZV	23vPPV ¹	
2 years						
4 years		DTPa		IPV	MMR	
10 – 13 years	Hepatitis B ⁴				VZV ¹	
15 – 17 years		dTpa				
50 years & over		dT			23vPPV ²	Influenza(annual) ²
65 years & over					23vPPV	Influenza(annual)

Schedule key

Hepatitis B1	Monovalent hepatitis B vaccine.
Hepatitis B2	Hepatitis B vaccine given as either monovalent vaccine or in combination with DTPa, 3 doses at 2, 4 and 6 months, in addition to the birth dose for a total of 4 doses
Hepatitis B3	Hepatitis B vaccine in combination with Hib (PRP-OMP), 3 doses at 2, 4 and 12 months, in addition to the birth dose for a total of 4 doses.
Hepatitis B4	Hepatitis B vaccine for 10 to 13 year olds who have not received a primary course
Hib1	PRP-T, HbOC (non-Indigenous children).
Hib2	PRP-OMP (all children).
23vPPV1	Pneumococcal polysaccharide vaccine (Aboriginal and Torres Strait Islander children only); this dose can be given between 18 months and 2 years of age (refer to State/Territory Public Health Units for recommended age for administration).
23vPPV2 & Influenza2	National Indigenous Pneumococcal and Influenza Immunisation Program.
VZV1	Vaccination only for children with a negative history of varicella disease or vaccination.

Notes: Aboriginal and Torres Strait Islander children receive 3 doses of PRP-OMP Hib vaccine.

Non-Indigenous children can receive 3 doses of PRP-OMP Hib vaccine or 4 doses of either PRP-T or HbOC Hib vaccine. (Mixing Hib schedules is not recommended. Infants starting with PRP-OMP should continue with PRP-OMP.)

Adolescent hepatitis B and VZV are not required if a primary vaccination course has been given in early childhood.

Access to free pneumococcal conjugate vaccine is provided to the following groups; all Aboriginal and Torres Strait Islander children aged up to 2 years, Aboriginal children in central Australia aged up to 5 years, non-Indigenous children in central Australia aged up to 2 years, and all children under 5 years with medical risk factors that predispose them to high rates or high severity of pneumococcal infection.

IPV is preferred to OPV, subject to the availability of IPV-combination vaccines, but both IPV and OPV are acceptable for use in the ASVS

Vaccine Key

Hepatitis B	Hepatitis B vaccine
DTPa	Diphtheria-tetanus-acellular pertussis infant/child formulation
dTpa	Adult/adolescent formulation diphtheria-tetanus- acellular pertussis vaccine
Hib	Haemophilus influenzae type b (Hib) vaccine PRP-OMP, PRP-T, HbOC (as monovalent or in combination)
IPV	Inactivated poliomyelitis vaccine (in combination)
MMR	Measles-mumps-rubella vaccine
VZV	Varicella-zoster vaccine
7vPCV	7-valent pneumococcal conjugate vaccine
23vPPV	23-valent pneumococcal polysaccharide vaccine
MenCCV	Meningococcal C conjugate vaccine
Influenza	Influenza vaccine
dT	Adult diphtheria-tetanus vaccine.