

## West Australian immunisation schedule Effective 13th January 2014

| Age/School Year   | Disease  | Vaccine brand  |
|---|--|--|
| Birth<br>(must be given within 7 days of<br>birth)  | Hepatitis B  | H-B-Vax II Paediatric  |
| 2 months  | Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis and Haemophilus influenzae type b Pneumococcal Rotavirus (ORAL use only) (Latest given at 12.9 weeks of age)  | Infanrix <i>hexa</i> Prevenar 13  RotaTeq  |
| 4 months  | Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis and Haemophilus influenzae type b Pneumococcal Rotavirus (ORAL use only) (Latest given at 32.9 weeks of age) Allow for minimum interval of 4 weeks between doses. | Infanrix <i>hexa</i> Prevenar 13  RotaTeq  |
| 6 months  | Diphtheria, Tetanus, Pertussis, Hepatitis B <sup>2</sup> , Poliomyelitis and Haemophilus influenzae type b Pneumococcal Rotavirus (ORAL use only) (Latest given at 32.9 weeks)   | Infanrix <i>hexa</i> Prevenar 13  RotaTeq  |
| 6 months <5 years   | Influenza <sup>3</sup> If 2 doses required, ensure minimum interval of 4 weeks between doses.  | Vaxigrip, Vaxigrip Junior,<br>Fluarix, Influvac<br>(Do not use FLUVAX brand<br>for this age group) |
| 12 months   | Measles, Mumps, Rubella  Haemophilus influenzae type b and Meningococcal C   | Priorix or MMR II  Menitorix   |
| 12 months<br>(Aboriginal children only)   | Hepatitis A  | Vaqta  |
| 12 months<br>All medically at risk children   | Pneumococcal <sup>4</sup>  | Prevenar 13  |
| 12 months Pre-term or low birth weight babies   | Hepatitis B <sup>5</sup>   | H-B-Vax II Paediatric  |
| 18 months   | Measles, Mumps, Rubella, Varicella <sup>6</sup>  | Priorix-Tetra  |
| 18 months<br>(Aboriginal children)  | Pneumococcal <sup>7</sup> (if not already given at 12 months)<br>Hepatitis A   | Prevenar 13<br>Vaqta   |
| 4 years<br>(Vaccines can be administered<br>from 3.5 years)   | Diphtheria, Tetanus, Pertussis, Poliomyelitis<br>Measles, Mumps, Rubella (only for children who have not already<br>received 2 doses of MMR containing vaccine)  | Quadracel<br>Priorix, MMR II   |
| 4 years All medically at risk children <sup>8</sup>   | Pneumococcal   | Pneumovax 23   |
| School Year 8 Term 1: HPV & Varicella Term 2: HPV & dTpa Term 3/4: HPV & catch up                     | Human Papilloma Virus<br>Varicella<br>Diphtheria, Tetanus, Pertussis, Poliomyelitis  | Gardasil<br>Varivax or Varilrix<br>Adacel  |
| Adults a) ≥15 years Aboriginal OR non-Aboriginal ≥65 years  | Influenza <sup>9</sup>   | Fluvax, Vaxigrip,<br>Fluarix, Influvac   |
| b) Non-Aboriginal ≥65 years,<br>Aboriginal ≥50 years, OR<br>Aboriginal ≥15 years<br>medically at risk | Pneumococcal <sup>10</sup>   | Pneumovax 23   |

Deviations from standard schedule i.e. time limited programs, high risk groups
Standard schedule



## West Australian Immunisation Schedule

- <sup>1</sup> **Second dose of rotavirus vaccine:** The second dose of rotavirus vaccine should be preferably given by 28 weeks to allow for minimum interval of 4 weeks before receipt of last dose. However, for infants presenting for their second dose after reaching 29 weeks of age, a second and final dose can be given, provided the infant has not reached 33 weeks of age.
- <sup>2</sup> Hepatitis B serology for infants born to mothers with chronic Hep B infection: Please see page 219 of the Immunisation Handbook 10<sup>th</sup> Ed.
- <sup>3</sup> Influenza vaccines for children: Children aged six months to ≤ nine years who have had 1 or no doses of influenza vaccine ever in their lives should receive 2 doses of vaccine given at least 1 month apart. Children who have had 2 or more doses of Influenza vaccine at any time in their lives prior to the current year, require only 1 dose of vaccine annually. Children aged three years and below are to be administered 0.25 ml of the influenza vaccine (See page 251 of the 10<sup>th</sup> Ed Handbook for details).
- <sup>4</sup> **Medically at risk:** Refer to 10<sup>th</sup> Ed Handbook, page 326 and 327, Category A and B for a list of eligible medical conditions.
- <sup>5</sup> Additional Hepatitis B vaccine for infants born < 32 weeks gestation or <2000g birth weight (Preterm infant): An additional dose of Paediatric Hepatitis B vaccine to be administered at 12 months of age to above cohort.
- <sup>6</sup> **MMRV vaccine at 18 months:** MMRV <u>must not be administered as first dose</u> of MMR containing vaccine. Always administer MMR first.
- <sup>7</sup> Additional Pneumococcal vaccine for Aboriginal children: Only one booster dose of 13vPCV is required in the second year of life, even if the child is both Aboriginal and medically at risk. See 10<sup>th</sup> Ed Handbook, page 325.
- <sup>8</sup> **Medically at risk:** Refer to 10<sup>th</sup> Ed Handbook, page 326 and 327, Category A and B for a list of eligible medical conditions.
- <sup>9</sup> Influenza vaccine eligibility includes: All pregnant women, all persons 65 years of age or older, all Aboriginal Australians aged 15 years and older,
- <sup>10</sup> **Second dose of pneumococcal (23PCV) vaccine:** to be considered for those at high risk of pneumococcal disease.

OTHER: Inactivated Polio Vaccine (IPV) (IPOL) for special population groups, e.g. refugee catch-up immunisations: IPOL can be given to persons needing immunity to polio for which combination vaccines that contain polio antigens are not indicated. Note: IPOL is not funded as a travel vaccine.

