



Childhood Vaccination Schedule

	Hepatitis B	Rotavirus	Diphtheria Tetanus Pertussis Hepatitis B Poliomyelitis <i>Haemophilus influenzae</i> type b	Conjugate Pneumococcal (13vPCV)	<i>Haemophilus influenzae</i> type b Meningococcal C	Measles Mumps Rubella	Hepatitis A	Measles Mumps Rubella Varicella	Diphtheria Tetanus Pertussis Poliomyelitis	Human Papillomavirus	Varicella	Polysaccharide Pneumococcal	Adult Diphtheria Tetanus Pertussis	Influenza REPEAT YEARLY
	Engerix B™ 0.5ml IMI	Rotarix® 1.5ml ORAL	Infanrix®Hexa 0.5ml IMI	Prevenar 13® 0.5ml IMI	Menitorix® 0.5ml IMI	M-M-R- II® 0.5ml SC or Priorix® 0.5ml IMI	VAQTA® 0.5ml IMI	Priorix-Tetra® 0.5ml SC	Infanrix®IPV 0.5ml IMI	Gardasil® 0.5ml IMI	Varivax® or Varilrix® 0.5ml SC	Pneumovax23® 0.5ml IMI	Boostrix® 0.5ml IMI	Vaxigrip® or Fluvax® 0.5ml IMI
Birth ●	✓													
2 months*		✓	✓	✓										
4 months		✓	✓	✓										
6 months			✓	✓										
12 months					✓	✓	☐							
18 months				■			☐	✓ ‡						
4 years*						▲			✓					
12 years										✓✓✓				
13 years											◆		✓	
15 years												■		■

Vaccine notes:

✓	= All children.	▲	= Only give if a 2 nd MMR containing vaccine has not already been given.
●	= BCG for all Indigenous newborns, newborns who will live in Indigenous communities, newborns of overseas born parents from high incidence tuberculosis (TB) countries who will be going back for extended visits and newborns of families who have been treated for leprosy. Hepatitis B Immunoglobulin for all newborns of Hepatitis B surface antigen positive mothers.	‡	= NOT to be given as the 1 st dose of a MMR containing vaccine.
*	= All vaccines due at 2 months can be given from 6 weeks of age. All vaccines due at 4 years can be given from 3 years and 6 months of age.	☐	= All Indigenous children. Non-Indigenous children living in remote communities.
✓✓✓	= ORAL VACCINE: first dose must be given by 14 weeks and 6 days of age; second dose must be given by 24 weeks and 6 days of age.	✓✓✓	= All children. Requires 3 doses given at 0, 2 and 6 month intervals.
■	= Indigenous children only.	◆	= If no history of previous disease or any dose of a varicella containing vaccine.

Information:

For more information contact your nearest Centre for Disease Control:

Darwin	8922 8044
Katherine	8973 9049
Barkly	8962 4259
Alice Springs	8951 7549
East Arnhem	8987 0357