

# National Immunisation Program:

South Australia – March 2010

For influenza vaccinations in adults and Medical At Risk children please refer to the Annual Seasonal Funded Influenza Program schedule

## Childhood Schedule

| Age                              | Dose              | Antigen                                  | Vaccine Brand Name                         | Comments  |
|----------------------------------|-------------------|--|--|---|
| Birth                            | Birth             | Hepatitis B                              | (HB-Vax II Paediatric formulation)         | To be given by 7 days of age  |
| 2 months                         | 1st<br>1st<br>1st | DTPa/IPV/HIB/Hep B<br>7v PCV<br>Oral RVV | (Infanrix hexa)<br>(Prevenar)<br>(RotaTeq) | Refer to GSK instructions for reconstitution of Infanrix hexa<br>The first dose of Oral Rotavirus vaccine (RVV) should be given no later than the end of the 12th week of age |
| 4 months                         | 2nd<br>2nd<br>2nd | DTPa/IPV/HIB/Hep B<br>7v PCV<br>Oral RVV | (Infanrix hexa)<br>(Prevenar)<br>(RotaTeq) | Refer to GSK instructions for reconstitution of Infanrix hexa   |
| 6 months                         | 3rd<br>3rd<br>3rd | DTPa/IPV/HIB/Hep B<br>7v PCV<br>Oral RVV | (Infanrix hexa)<br>(Prevenar)<br>(RotaTeq) | Refer to GSK instructions for reconstitution of Infanrix hexa<br>The last dose of Oral Rotavirus vaccine (RVV) should be given no later than the end of the 32nd week of age  |
| 12 months                        | 1st<br>1st<br>4th | MMR<br>Meningococcal C<br>HIB            | (Priorix)<br>(Neisvac C)<br>(Hiberix)      | Vaccine to be reconstituted with diluent supplied<br>Vaccine to be reconstituted with diluent supplied  |
| 18 months                        | 1st               | Varicella                                | (Varivax or Varilrix)                      | Vaccine to be reconstituted with diluent supplied   |
| Aboriginal Children<br>18 months | 1st<br>1st        | Varicella<br>Hepatitis A                 | (Varivax or Varilrix)<br>(VAQTA)           | Vaccine to be reconstituted with diluent supplied   |
| Aboriginal Children<br>2 years   | 1st<br>2nd        | 23v PPV<br>Hepatitis A                   | (Pneumovax 23)<br>(VAQTA)                  |   |
| 4 years                          | 4th<br>2nd        | DTPa / IPV<br>MMR                        | (Infanrix / IPV)<br>(Priorix)              | Vaccine to be reconstituted with diluent supplied   |

## Adolescent / Adult Schedule

| Program                              | No. of Doses | Antigen  | Vaccine Brand Name  | Comments   |
|--------------------------------------|--------------|--|---|--|
| Ongoing School Program<br>Year 8     | 2<br>1<br>3  | Hepatitis B <sup>1</sup><br>Varicella <sup>2</sup><br>HPV <sup>3</sup> | (H-B Vax II Adult formulation)<br>(Varilrix or Varivax)<br>(Gardasil) | <sup>1</sup> 2 dose course.<br><sup>2</sup> If not previously had the vaccine or chickenpox disease.<br><sup>3</sup> Girls only. 3 dose course.  |
| Year 9                               | 1            | dTpa   | (Boostrix)  |  |
| Aboriginal People<br>50 yrs and over | 1            | 23v PPV <sup>4</sup>   | (Pneumovax 23)  | <sup>4</sup> Includes 15-49 years of age 'at risk' group for Indigenous Australians. <i>This is not delivered annually - refer to the 9th edition of the Australian Immunisation Handbook (page 248) for dosage schedule</i> |
| 65 yrs and over                      | 1            | 23v PPV <sup>5</sup>   | (Pneumovax 23)  | <sup>5</sup> Single dose of Pneumovax 23 with one repeat vaccination five years later.   |

## Special Recommendations

### Preterm babies - Hepatitis B Vaccine:

Please refer to 'Recommendations' in Hepatitis B chapter of the 9th edition of the Australian Immunisation Handbook - page 157

### Medical At Risk - Pneumococcal Vaccine:

- 4th dose of Prevenar at 12 months of age; and
- Pneumovax 23 at 4 years of age.

Eligibility is as follows:

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| <ul style="list-style-type: none"> <li>• Congenital immune deficiency including symptomatic IgG subclass or isolated IgA deficiency (excluding children where monthly immunoglobulin infusion is required);</li> <li>• Immunosuppressive therapy (including corticosteroid therapy equivalent to or greater than 2mg/kg per day of prednisolone or equivalent for more than 2 weeks) or radiation therapy, where there is sufficient immune reconstitution for vaccine response to be expected;</li> <li>• Compromised splenic function due to sickle haemoglobinopathies or congenital or acquired asplenia;</li> <li>• Haematological malignancies;</li> </ul> | <ul style="list-style-type: none"> <li>• HIV infection before and after development of AIDS;</li> <li>• Renal failure or relapsing or persistent nephrotic syndrome;</li> <li>• Down syndrome;</li> <li>• Cardiac disease associated with cyanosis or cardiac failure;</li> <li>• All premature infants with chronic lung disease;</li> <li>• All infants born less than 28 weeks gestation;</li> <li>• Cystic fibrosis;</li> <li>• Insulin-dependant diabetes mellitus;</li> <li>• Proven or presumptive cerebrospinal (CSF) fluid leak;</li> <li>• Intracranial shunts and cochlear implants.</li> </ul> |
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For any advice relating to immunisation (including advice on catch up vaccinations) please call the Immunisation Section.

Remember to report all Adverse Events following immunisation to the Immunisation Section

For more information **Immunisation Section, SA Health, Telephone: (08) 8226 7177, Fax: (08) 8226 7197**  
[www.dh.sa.gov.au/pehs/immunisation-index.htm](http://www.dh.sa.gov.au/pehs/immunisation-index.htm)



Government of South Australia  
SA Health