

Immunisation recommendations for infants, children and adolescents in Australia

Summary of vaccine recommendations for infants, children and adolescents aged <19 years from *The Australian Immunisation Handbook*.^a Shaded cells represent childhood vaccinations funded under the National Immunisation Program (NIP).^a Brackets indicate that these vaccines are only recommended for a population sub-group. More detail is provided in the corresponding footnote(s).

This table does NOT include vaccinations used in the context of response to and control of a disease outbreak, or specifically for travel outside of Australia.

Disease/vaccine antigen	Abbrev.	Recommended age at which vaccine can be considered							
		At birth	2 months ^b	4 months	6 months	12 months	18 months	4 years	Adolescence
Hepatitis B	HepB	✓	✓*	✓*	✓*	(✓) ^c			
Diphtheria, tetanus, pertussis	DTPa/dTpa		✓*	✓*	✓*		✓	✓ [‡]	✓ ^d
Poliomyelitis	IPV		✓*	✓*	✓*			✓ [‡]	
<i>Haemophilus influenzae</i> type b	Hib		✓*	✓*	✓*		✓		
Pneumococcal	13vPCV		✓	✓	(✓) ^e	✓			
	23vPPV							(✓) ^f	(✓) ^f
Rotavirus			✓	✓					
Measles, mumps, rubella	MMR					✓	✓ ^{§, g}		
Meningococcal serogroup B	MenB		(✓) ^h						
Meningococcal serogroup ACWY	MenACWY		(✓) ⁱ			✓ ⁱ	(✓) ⁱ		✓ ⁱ
Varicella	VV						✓ [§]	✓ ^j	✓ ^j
Hepatitis A	HepA					(✓) ^k	(✓) ^k	(✓) ^k	
Influenza (annual)	QIV				(✓) ^l				
Human papillomavirus	HPV								✓ ^m

Key:

DTPa = Diphtheria-tetanus-acellular pertussis vaccine (paediatric formulation)	HPV = Human papillomavirus vaccine	MMRV= Measles-mumps-rubella-varicella vaccine
dTpa = Diphtheria-tetanus-acellular pertussis vaccine (reduced antigen formulation)	IPV = Inactivated poliomyelitis vaccine	13vPCV = 13-valent pneumococcal conjugate vaccine
HepA = Hepatitis A vaccine	MenB = Meningococcal serogroup B vaccine	23vPPV = 23-valent pneumococcal polysaccharide vaccine
HepB = Hepatitis B vaccine	MenACWY = Meningococcal serogroup ACWY conjugate vaccine	QIV = Quadrivalent seasonal influenza vaccine
Hib = <i>Haemophilus influenzae</i> type b vaccine	MMR = Measles-mumps-rubella vaccine	VV = Varicella vaccine
* HepB, DTPa, IPV and Hib are administered at 2, 4 and 6 months of age using a combination vaccine. The 1st dose can be given as early as 6 weeks of age, refer to footnote (b).		
‡ DTPa and IPV are administered at 4 years of age using a combination vaccine.		
§ Measles, mumps, rubella and varicella are administered at 18 months of age using a combination vaccine.		

- a** The National Immunisation Program Schedule is updated periodically and is available on the Department of Health immunisation website (<https://beta.health.gov.au/health-topics/immunisation>).
- b** The vaccines scheduled at 2 months of age can be given as early as 6 weeks of age. The next scheduled dose should still be administered at 4 months of age.
- c** A booster dose of hepatitis B vaccine is recommended at 12 months of age for infants who were born preterm at <32 weeks gestation or whose birth weight was <2000 g, unless a blood test 1 month after the final dose of the primary course demonstrated an anti-HBs antibody titre of ≥ 10 mIU/mL.
- d** Diphtheria-tetanus-acellular pertussis vaccine is given in adolescence as dTpa (reduced antigen formulation). School years at which the school-based programs are delivered vary among states and territories. Contact your state or territory health department for more details.
- e** An additional dose of 13vPCV at 6 months of age is recommended and NIP-funded for Aboriginal and Torres Strait Islander children living in the Northern Territory, Queensland, South Australia and Western Australia. An additional dose of 13vPCV at 6 months of age is recommended and NIP-funded for infants with specified underlying medical conditions that predispose them to increased risk of invasive pneumococcal disease.
- f** A dose of 23vPPV at 4–5 years of age is recommended and NIP-funded for children with specified underlying medical conditions that predispose them to increased risk of invasive pneumococcal disease. 23vPPV is recommended and state-funded for Aboriginal and Torres Strait Islander adolescents at 15 years of age in the Northern Territory. Additional doses of pneumococcal vaccine may be recommended (not NIP-funded) for non-Indigenous children and adolescents with a medical condition(s) associated with an increased risk of invasive pneumococcal disease depending on the person's level of risk as outlined in the current online version of *The Australian Immunisation Handbook*.
- g** MMRV should not be given as the 1st dose of measles-containing vaccine in children <4 years of age.
- h** MenB vaccine is recommended for all people ≥ 6 months of age who wish to reduce the likelihood of becoming ill with meningococcal disease. MenB is strongly recommended (but not NIP-funded) for: infants and young children <2 years of age (prophylactic administration of paracetamol is recommended with every dose of MenB in children <2 years of age); adolescents aged 15–19 years; adolescents and young adults aged 15–24 years who live in close quarters or who are current smokers; Aboriginal and Torres Strait Islander people aged 2 months to 19 years; and infants and children aged ≥ 2 months with medical conditions associated with an increased risk of meningococcal disease. The doses required depend on the age at which the vaccine course is started. Only Bexsero may be used in children <10 years; Bexsero or Trumenba may be used in people ≥ 10 years (note that the two MenB vaccines are not interchangeable).
- i** MenACWY vaccine is recommended for all people ≥ 6 months of age who wish to reduce the likelihood of becoming ill with meningococcal disease. A single NIP-funded dose of MenACWY vaccine (Nimenrix) is scheduled at 12 months of age. As of 1 April 2019, a single dose of MenACWY vaccine (Nimenrix) is also provided for adolescents through a school-based program (14–16-year-olds); those aged 15–19 years who did not receive the vaccine at school can receive it from their GP. MenACWY vaccine is also strongly recommended (but not NIP-funded) for: infants <12 months of age; adolescents and young adults aged 20–24 years who live in close quarters or who are current smokers; Aboriginal and Torres Strait Islander people aged 2 months to 19 years; infants and children aged ≥ 2 months with medical conditions associated with an increased risk of meningococcal disease (additional doses and boosters required); and travellers to areas where meningococcal disease is more common. The doses required depend on the age at which the vaccine course is started. For further details, refer to [The Australian Immunisation Handbook](#).
- j** A 2nd dose of varicella vaccine is recommended to provide increased protection and minimise the chance of breakthrough varicella in children and adolescents <14 years of age. This could potentially be given at 4 years of age, or at any time up to 14 years of age (at least 4 weeks after the 1st dose).
- k** Two doses of hepatitis A vaccine are recommended and NIP-funded for Aboriginal and Torres Strait Islander children living in jurisdictions with a higher risk of disease (Northern Territory, Queensland, South Australia and Western Australia) – 1st dose at 12 months of age and 2nd dose at 18 months of age. Hepatitis A vaccine is recommended for children and adolescents with chronic liver disease and children and adolescents with developmental disabilities. A two-dose schedule is required, with a recommended interval between doses of 6 months.
- l** Influenza vaccine is recommended annually for all people ≥ 6 months of age. Influenza vaccine is funded under the NIP for people ≥ 6 months of age with certain medical conditions predisposing them to severe influenza and for Aboriginal and Torres Strait Islander people ≥ 6 months of age. For further details, refer to the [2019 ATAGI advice on seasonal influenza vaccines](#).
- m** HPV vaccine is recommended and NIP-funded for adolescent girls and boys (aged ~12–13 years) in a 2-dose course. A 3rd dose of HPV vaccine is recommended (but not NIP-funded) for adolescent girls and boys who commence vaccination after turning 15 years of age. A 3rd dose of HPV vaccine is recommended and NIP-funded for immunocompromised adolescent girls and boys at any age. School years at which the school-based programs are delivered vary among states and territories. Contact your state or territory health department for more details.