



West Australian immunisation schedule

Effective 29th February 2016

Age/School Year	Disease	Vaccine brand
Birth (must be given within 7 days of birth)	Hepatitis B	H-B-Vax II Paediatric
6-8 weeks	Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis and Hib Pneumococcal Rotavirus (ORAL use only) (Latest to be given at 12.9 weeks of age)	Infanrix hexa Prevenar 13 RotaTeq
4 months	Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis and Haemophilus influenzae type b Pneumococcal Rotavirus (ORAL use only) (Latest to be given at 32.9 weeks of age) ¹ Allow for minimum interval of 4 weeks between doses.	Infanrix <i>hexa</i> Prevenar 13 RotaTeq
6 months	Diphtheria, Tetanus, Pertussis, Hepatitis B ² , Poliomyelitis and Haemophilus influenzae type b Pneumococcal Rotavirus (ORAL use only) (Latest to be given at 32.9 weeks)	Infanrix <i>hexa</i> Prevenar 13 RotaTeq
6 months to <3 years 3 years and older	} Influenza ³	FluQuadri Jnr. Fluarix Tetra
3 years ≤ 5 years		Fluarix Tetra
>5 years³ Medically at risk children		Fluarix Tetra
12 months	Measles, Mumps, Rubella Haemophilus influenzae type b and Meningococcal C	Priorix or MMR II Menitorix
12 months Aboriginal children only⁴	Hepatitis A	Vaqta
12 months All medically at risk children	Pneumococcal ⁵	Prevenar 13
12 months Pre-term or low birth weight babies	Hepatitis B ⁵	H-B-Vax II Paediatric
18 months	Measles, Mumps, Rubella, Varicella ⁷ Diphtheria, Tetanus, Pertussis	Priorix-Tetra or ProQuad Infanrix, Tripacel
18 months Aboriginal children only⁴	Pneumococcal ⁸ (if not already given at 12 months) Hepatitis A	Prevenar 13 Vaqta
4 years (Vaccines can be administered from 3.5 years)	Diphtheria, Tetanus, Pertussis, Poliomyelitis Measles, Mumps, Rubella (only for children who have not already received 2 doses of MMR containing vaccine)	Quadracel or Infanrix IPV Priorix or MMR II
4 years All medically at risk children⁹	Pneumococcal	Pneumovax 23
School Year 8 Term 1: HPV & Varicella Term 2: HPV & dTpa Term 3/4: HPV & catch up	Human Papilloma Virus Varicella Diphtheria, Tetanus, Pertussis	Gardasil Varivax or Varilrix Adacel
Adults a) ≥15 years Aboriginal ⁴ OR non-Aboriginal ≥65 years b) Non-Aboriginal ≥65 years, Aboriginal ⁴ ≥50 years, OR Aboriginal ⁴ ≥15 years medically at risk c) Pregnant women d) Healthcare workers	Influenza ¹⁰ Pneumococcal ¹¹ Influenza and pertussis ^{10, 12} Influenza	Fluarix Tetra Pneumovax 23 Boostrix, Adacel, Fluarix Tetra Fluarix Tetra, FluQuadri

Key:

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

1	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 <u>has not reached</u> 33 weeks of age
2	Hepatitis B serology for infants born to mothers with chronic Hep B infection	Please see page 219 of the Immunisation Handbook 10 th Ed.
3	Influenza vaccines for children All children aged 6 months to <3 years should receive FluQuadri Jnr ONLY All those aged 3 years and older (including adults) should receive Fluarix Tetra ONLY.	Children 6 months to <9 years receiving influenza vaccine for the <u>first time</u> require two doses, at least 4 weeks apart, to maximise the immune response to the vaccine strains. Children who have received an influenza vaccine in a previous year (1 or more doses of TIV or QIV) only require a single dose of influenza vaccine (irrespective of whether TIV or QIV is being used for the current season). Two doses, at least 4 weeks apart, are recommended for persons with certain immunocompromising conditions (i.e. haematopoietic stem cell transplant or solid organ transplant) who are ≥9 years of age and are receiving influenza vaccine for the first time post-transplant, irrespective of their previous vaccination history. Refer to 10 th Ed Handbook, pages 252 and 253, for specified medical conditions that put persons at increased risk of influenza complications
4	Aboriginal	Aboriginal refers to Aboriginal and/or Torres Strait Islander people.
5	Pneumococcal vaccines for those medically at risk	Refer to 10 th Ed Handbook, page 326 and 327, Category A and B for a list of eligible medical conditions.
6	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 this cohort.
7	MMRV vaccine at 18 months	MMRV <u>must not be administered as first dose</u> of MMR containing vaccine. Always administer MMR as the first dose
8	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 th Ed Handbook, page 325.
9	Medically at risk	Refer to 10 th Ed Handbook, page 326 and 327, Category A and B for a list of eligible medical conditions.
10	Influenza vaccine eligibility	All pregnant women, all persons 65 years of age or older, all Aboriginal Australians aged 15 years and older, persons with specified medical conditions that put them at increased risk of influenza complications, refer to 10 th Ed Handbook, pages 252 and 253.
11	Second dose of pneumococcal (23PCV) vaccine	To be considered for those at high risk of pneumococcal disease.
12	Pertussis vaccine for pregnant women	All pregnant women are eligible to receive a pertussis vaccine in their third trimester, preferably between 28 and 32 weeks gestation.
<p>State funded vaccine program Specified vaccines are available for high risk groups such as persons with asplenia, persons at high risk of acquiring blood borne viruses and humanitarian entrants. Contact your public health unit for more information on eligibility. Public health response to the management of outbreaks of vaccine preventable diseases- <u>only applicable to nurses covered by the Vaccine Administration Code</u> Immunisation certified nurses involved in public health response to vaccine preventable disease outbreaks where vaccination of community cohorts has been directed by a Public Health Physician in an attempt to contain transmission of disease.</p>		



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