Table 12.2: Quick guide to catch-up immunisations

Age	Vaccine Most = 0.5ml Route	Minimum dosing intervals have been used Initial T=0	+ 1 month	+ 2 months	+ 4 months	Subsequent	Notes
All	DT (P) containing IM			Can be given at 2m instead if hepatitis B not required		See note	Age < 4 years – 3 doses then 4th dose at 18 months or 6 months after primary course and 5th dose at 4 years. If the 4th dose is given after the child is 3.5 years the 5th dose is not required. Usually given as combination vaccine,* if using hexavalent vaccine with hepatitis B, dosing interval = 2 months between dose 2 and 3, and 4 months between dose 1 and 3. Age 4-9 years – 3 doses for primary series then 4th dose 6 months after primary course, usually given as combination vaccine* as above. Age 10 years and older – dTPa then dT, dT, then booster dTpa after 10 years.
All	IPV IM or SC			As above			4th dose required at 4 years if aged <4 years for primary course. SC if given as IPV only, IM in combination vaccines. Hexavalent dosing as above.
All	Hepatitis B IM						Age 11–15 years – can be given as alternate 2-dose schedule (adult dose), with 4-month interval. Paediatric dose 0.5ml (0 – 19 years), adult dose 1ml (20 years and older).
Born >1966	MMR IM MMR-V SC						Now available as MMR-V for age <14 years, see below.
All	Varicella SC						<14 years one dose, now available as MMR-V, see below. Age 14 years and older, born after 1992 – 2 doses (check serology first if no history infection).
Born >1987	MenC IM	If using MenC		If using MenC/Hib			Age <10 years, see below.
<5 years	Hib IM						Only <5 years, dosing varies, 2–11 months: 2 or 3 doses then booster, 1–5 years: 1 dose then booster, interval varies. Hexavalent dosing as above. Children <10 years get extra doses due to combination vaccines (see below).
<5 years	13vPCV IM						Only <5 years unless medical risk factors. Dosing varies, <7 months 3 doses, 7–11 months 2 doses, 1–5 years 1 dose.
Born >1981F >1999M	HPV IM					+ 4 months after dose 2	Age 12–15 years, born after 1981 (females) and after 1999 (males), complete dosing within 12 months.
	Combination vaccines* – use where possible. Hexavalent vaccine – DTP-IPV-Hib-Hep B – age <10 years (IM). DTPa-IPV (IM) – age <10 years, also dTpa-IPV (IM) age 10 years and older. MMR-V – age <14 years, not used as first dose MMR age <4 years (SC). MenC-Hib – age <10 years, if possible, not with hexavalent vaccines, OK with DTP-IPV, HBV instead (IM). MenC instead is likely to be more convenient and reduce catch-up visits.						Other notes Offshore entrants may have MMR, +/- OPV & YF, Syrian cohorts may have had additional DT containing vaccines – wait 1 month before other vaccines. Do not give TST within 4 weeks of LVV (including DHC vaccines). Rotavirus not usually catch-up – has to be given before 13–15 weeks. Consider BCG in age <16 years if not given previously – needs negative TST first. All 0.5ml dose except adult HBV vaccine, also used for adolescent catch-up.

Legend for table 12.2 = Give = Give depending on age and numbers of doses required = Dose not required

Paxton, G & Singleton, G 2016, 'Immunisation', in NJ Chaves, G Paxton, BA Biggs, A Thambiran, M Smith, J Williams, J Gardiner & JS Davis (eds), Recommendations for comprehensive post-arrival health assessment for people from refugee-like backgrounds, 2nd edn, Australian Society for Infectious Diseases, Surry Hills, NSW, pp. 89-97.