



Key changes to the childhood immunisation schedule of the NIP with effect from 1 July 2018:

1. Infant pneumococcal vaccination (**Prevenar 13[®]**) will now be given at **2*, 4 and 12 months** of age instead of at 2*, 4 and 6 months of age.
 - i. Children at a higher risk will continue to receive this vaccine at 2*, 4, 6 and 12 months of age as recommended prior to this change.
2. The combined meningococcal C conjugate-*Haemophilus influenzae* type b (Menitorix[®]) vaccine currently scheduled at 12 months of age will **no longer** be given. Instead, it will be **replaced** by two vaccines:
 - ii. A dose of meningococcal ACWY conjugate vaccine (**Nimenrix[®]**) given at **12 months** of age.
 - iii. A dose of monovalent *Haemophilus influenzae* type b (**ActHIB[®]**) vaccine at **18 months** of age—this is the 4th Hib-containing vaccine in the NIP schedule and serves as a booster dose.

Pneumococcal vaccination

From 1 July 2018, the infant pneumococcal vaccination (13vPCV, Prevenar 13[®]) schedule will be doses at 2*, 4 and 12 months of age instead of at 2*, 4 and 6 months of age.

The Australian Technical Advisory Group on Immunisation (ATAGI) reviewed the infant pneumococcal vaccination schedule and recommended that Australia move to a routine pneumococcal vaccination schedule with two primary doses at 2* and 4 months of age and a booster dose at 12 months of age. ATAGI considers there to be clear evidence that a dose of 13vPCV at 12 months of age rather than at 6 months of age will reduce pneumococcal disease even further.

Eligibility

The new pneumococcal infant vaccination schedule (2*, 4, 12 months of age) for children who do not have increased risk of pneumococcal disease will be implemented on 1 July 2018. Children due for their 12 month vaccination from 1 July 2018 (those born from 1 July 2017) will be offered a booster dose at 12 months of age.

Children who are currently recommended to receive 4 doses, including Aboriginal and Torres Strait Islander children living in QLD, NT, WA and SA or children at increased risk of invasive pneumococcal disease (IPD) will continue to receive a total of **4 doses** of 13vPCV at **2*, 4, 6 and 12 months of age**.

For details of those at higher risk of IPD see the Australian Immunisation Handbook 10th Edition (online).

Should children who have received a third dose of 13vPCV at 6 months of age according to the previous schedule receive a booster dose at 12 months of age?

All children who are 12 months of age at 1 July 2018 or later are recommended to receive a funded booster dose of 13vPCV at 12 months of age.

Children born between 1 July 2017 and 31 December 2017 without increased risk of IPD, may receive a total of 4 doses of 13vPCV during the transition. Parents should be reassured that this is safe. For this small cohort, the 12 month vaccine is funded, but is not required to be considered fully immunised for the purposes of child care subsidies and family assistance payments.

Catch up recommendations

Details of catch-up recommendations for children who present without having completed the age-appropriate course of 13vPCV is provided in the updated Australian Immunisation Handbook 10th edition (online).

Meningococcal ACWY vaccination

From 1 July 2018, the meningococcal ACWY vaccine (Nimenrix[®]) will be given at 12 months of age instead of the current combination meningococcal C-*Haemophilus influenzae* type b (Hib) vaccine.

Previously, a dose of meningococcal C vaccine, which protects against disease caused by the meningococcal serogroup C, was scheduled to be given at 12 months of age, in a combination vaccine formulation that included the Hib vaccine (Menitorix[®]).

To broaden the protection of young Australian children, the meningococcal ACWY vaccine (Nimenrix[®]) which provides protection against disease caused by serogroups A, W and Y in addition to serogroup C, will be given at 12 months of age.

A monovalent Hib vaccine will be given at 18 months of age.

*Vaccinations due to be given at 2 months of age can be given from 6 weeks.

Is there a catch-up program?

No. Children who have **already** received their meningococcal C vaccine at 12 months of age are not eligible for a meningococcal ACWY vaccine.

If a child **did not** receive their meningococcal C vaccination, they can be caught up using meningococcal C vaccines under the Government's free NIP catch up for all children up to 19 years of age.

What if a child is late for their 12 month vaccination; do they get Hib- meningococcal C or meningococcal ACWY vaccine?

If a child **has not** received their 12 month meningococcal C-Hib vaccination they will be offered a meningococcal ACWY vaccine and monovalent Hib vaccine at the appropriate time.

What if a parent wants to initiate meningococcal ACWY vaccination prior to 12 months of age?

Parents who wish to initiate meningococcal ACWY vaccinations prior to their child's first birthday can speak to their GP about private prescription and administration.

Should a child who commenced a vaccination course for meningococcal ACWY prior to 12 months of age be vaccinated at 12 months of age? Is it funded?

A single dose of meningococcal ACWY vaccine, Nimenrix®, is recommended and funded to be given at 12 months of age for all children. This is regardless of whether the child has previously received any number of doses of meningococcal ACWY vaccine of the same or different brand prior to 12 months of age. However, there should be a minimum interval of 8 weeks from the latest meningococcal ACWY vaccine dose before Nimenrix® is given.

What if a child has already received a meningococcal ACWY vaccine after 12 months of age?

If a child has received a full course of any meningococcal ACWY vaccine after 12 months of age then they are considered protected against meningococcal ACWY and are not recommended to receive further doses under the NIP.

All other age-appropriate vaccines are required to be eligible for child care subsidies and family assistance payments. This will depend on the age of the child.

Haemophilus influenzae type b (Hib) vaccination

From 1 July 2018, because of the change to meningococcal ACWY vaccine, the fourth and final Hib vaccine dose will now be provided as a monovalent vaccine and moved to 18 months of age.

Four doses of Hib vaccine will continue to be provided through the NIP, for infants at 2*, 4, and 6 months of age, with the final dose recommended for 18 months of age instead of 12 months of age.

The Hib vaccine doses at 2*, 4, and 6 months of age are combined with tetanus, diphtheria, pertussis, hepatitis B and polio.

Note: It is safe and effective to use remaining stock of Menitorix® instead of monovalent Hib (ActHIB) at 18 months of age.

What If a child already received a Hib vaccine at 12 months of age?

All children who are 12 months of age at 1 July 2018 or later are recommended to receive a funded booster dose of Hib vaccine at 18 months of age.

Children born between 1 January 2017 and 30 June 2017 may receive a total of 5 doses of Hib vaccine during the transition. Parents should be reassured that this is safe. For this small cohort, the 18 month vaccine is funded, but is not required to be considered fully immunised for the purposes of child care subsidies and family assistance payments.

Vaccine safety

Meningococcal ACWY vaccine does not have an increased incidence of fever as a side effect compared to other vaccines and prophylactic paracetamol is not recommended.

Common side effects of Hib, meningococcal and pneumococcal vaccines include redness, pain and swelling at the injection site, fever, feeling unsettled or tired and decreased appetite.

These side effects are usually mild and go away within a few days, normally without any treatment.

For all vaccines the absolute contraindication is anaphylaxis following a previous dose of the respective vaccine, or anaphylaxis following any component of the vaccine.

Adverse events following immunisation

Notification of all adverse events following immunisation at any age should be made through the usual reporting mechanisms in your state or territory.

Vaccine delivery

Vaccines on the NIP will be distributed according to the usual channels in your state or territory. If you have any questions regarding ordering NIP vaccines, contact your state or territory immunisation program (see details below).

Australian Immunisation Register

The Australian Immunisation Register (AIR) accepts data on vaccines administered to people of all ages. Providers are required to submit data to the AIR on all vaccines administered.

Further information and contacts

Advice on the 1 July 2018, National Immunisation Program childhood schedule changes can be found in:

- The Australian Technical Advisory Group on Immunisation (ATAGI) clinical advice on revision of childhood immunisation schedule of the National Immunisation Program (NIP) from July 2018. (health.gov.au/immunisation)
- The Australian Immunisation Handbook 10th edition (online). (health.gov.au/immunisation)

State and territory health department contact numbers:

ACT	02 6205 2300	SA	1300 232 272
NSW	1300 066 055	TAS	1800 671 738
NT	08 8922 8044	VIC	1300 882 008
WA	08 9321 1312	QLD	Contact your local Public Health Unit