



Practice Nurse Immunisation Seminar

Communicable Preventative Disease Unit (CDPU)

Acknowledgement of traditional owners



We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Some housekeeping

- Morning tea 10:30am
- Please ensure phones are on silent
- At the end of the session, we will be roaming with links to an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme.

Learning outcomes

- Discuss the purpose of the National Immunisation Strategy 2025-2030 and Tasmania's Action Plan
- Identify Tasmanian state funded immunisation programs, including recent additions such as the maternal and infant protection program
- Navigate key immunisation resources including the Australian Immunisation Handbook (AIH) online
- Develop and document catch-up plans, incorporating the use of the National Immunisation Catch-up calculator (NICC)
- Respond confidently to patients with questions around vaccine safety
- Describe some of the key challenges in adolescent coverage and understand what is being done nationally and locally to address barriers

Presenters



Ingrid Hartog
Clinical Nurse Consultant



Nicola Mulcahy
Clinical Nurse Consultant



Leah Willis
Clinical Nurse Consultant

Disclaimer

Please note that all information in this presentation is correct as of February 2026.

Immunisation advice is frequently updated and should be checked regularly using the described resources.

Quiz Time!

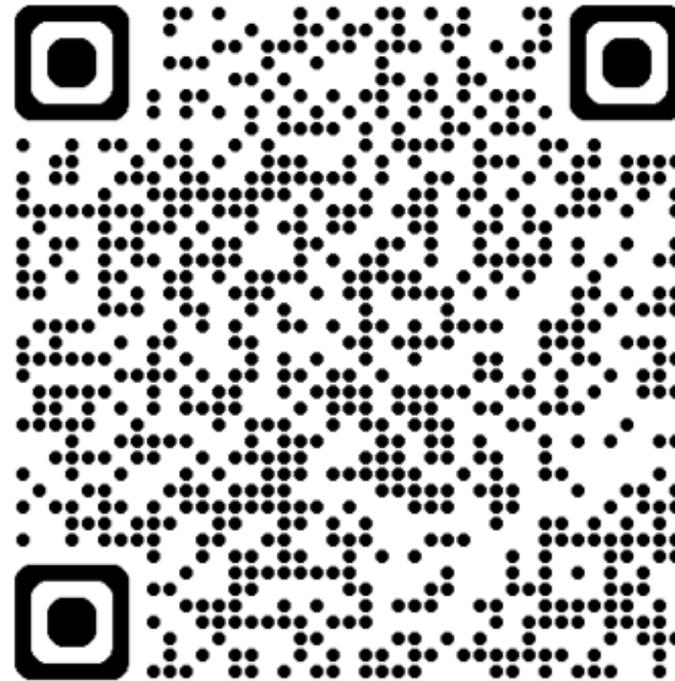
Join at [menti.com](https://www.menti.com)

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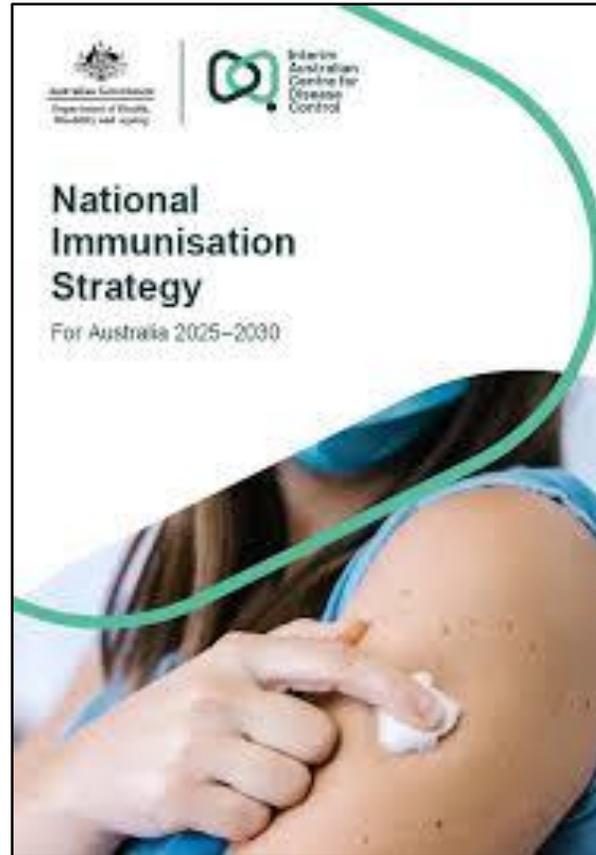
Question 1

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An outline of the National Immunisation Strategy (NIS) 2025 - 2030



Presented by Nicola Mulcahy

What is the purpose of the NIS 2025-2030?

- Framework to increase and sustain immunisation uptake in Australia over the next 5 years
- Target resources to those areas of priority
- Address inequities to achieve disease prevention
- Improve trust in health and prevention systems and build community vaccine acceptance
- Decision making based on data

Reduce the impact of vaccine-preventable disease on individuals and in communities

Delivering the NIS requires a collaborative effort across all levels of government, healthcare providers, researchers and communities.

6 Priority Areas

1. Improve access to immunisation, with a focus on equity for Aboriginal and Torres Strait Island people and other priority populations
2. Build trust, understanding and acceptance of immunisation in communities
3. Use data more effectively to target immunisation strategies and monitor performance
4. Strengthen the immunisation workforce
5. Harness new technologies to respond to the evolving communicable disease and vaccine landscape
6. Implement sustainable reform in vaccine program governance, program delivery and accountability

Tasmanian Action Plan for the National Immunisation Strategy : A plan to guide our work

Activities identified to align with the NIS (currently in progress):

- Working in collaboration with PHT to assist Residential Aged Care Homes to access vaccination services and understand barriers
- Support for pharmacies to increase their scope of practice (Vaccines as per the AIH for those aged 5 and over, or influenza for those aged 2 and over- excludes travel vaccines)
- Implementation of an online booking system and online consent for council clinics and school-based immunisation programs – complete
- Work with service providers of refugees and recently arrived migrants, CALD people and Aboriginal and/or Torres Strait Islander to assess and improve vaccination coverage
- Working with our communications team to update and improve our website so that information on local programs and policies is easy to find
- Strategies to improve adolescent coverage

Tasmanian Action Plan for the National Immunisation Strategy : A plan to guide our work

- Working with our colleagues in THS to ensure that inpatient and outpatient immunisations given are uploaded to AIR as per the AIR Act (2015) including birth Hep B and RSV immunisations. South doing well- great improvement in DEM. North/NW is in progress
- Use of acute respiratory illness immunisation report (internal) to inform public and provider communications
- Systematic extracts of vaccination coverage in early childhood using AIR data to encourage recall by last know provider if overdue (Children overdue for follow up -CoFUP)
- Implement enhanced passive surveillance for new programs e.g. vaccine administration errors for new vaccines such as the RSV program
- Publication of immunisation coverage online

Further planned projects

- Increase engagement with community, tailored messaging
- Work with primary care to improve vaccine coverage in Aboriginal and Torres Strait Islander individuals (identification)
- Participation in Community expos
- Increase awareness of state funded vaccines
- Explore inpatient vaccination focusing on long-stay facilities and in discharge planning
- Community champions to co-design communication campaigns
- Work with pharmacy peak bodies to promote vaccine availability in pharmacies

Quiz Time!

Join at [menti.com](https://www.menti.com)

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Question 2 & 3

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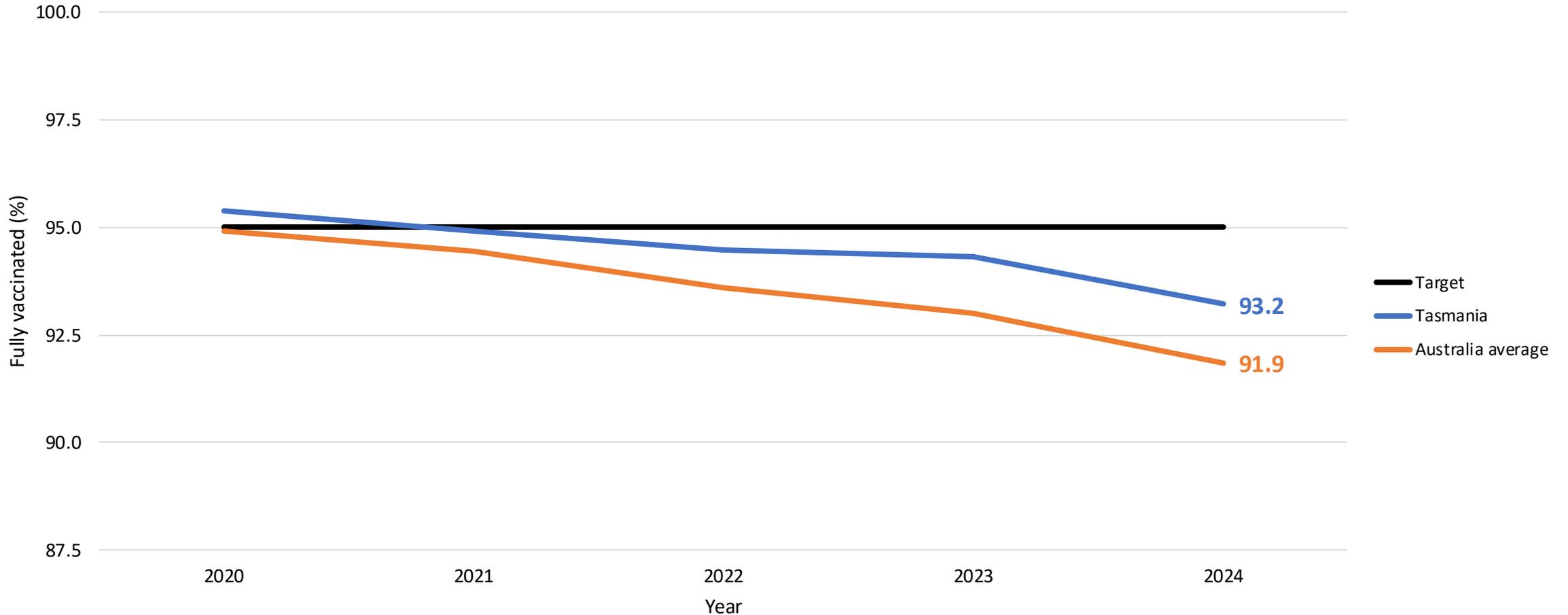


Vaccination rates in Tasmania



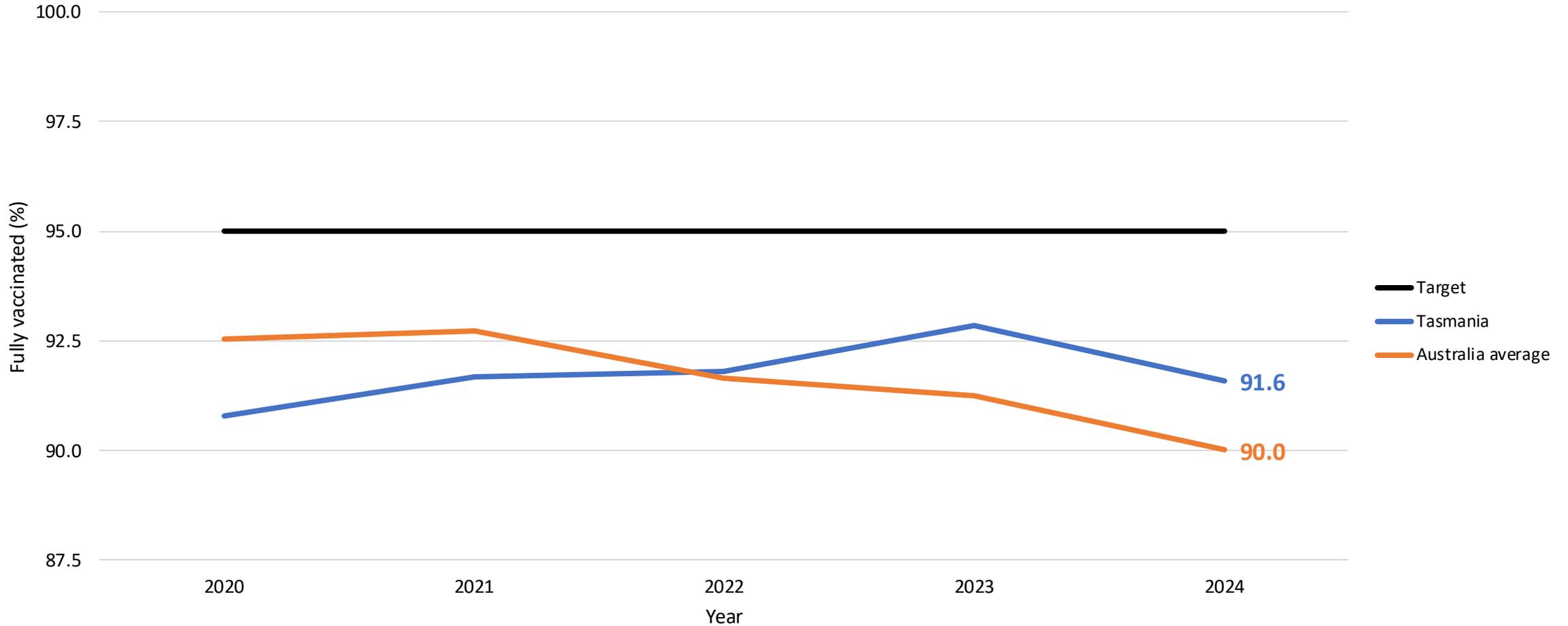
Presented by Ingrid Hartog

Percentage of children fully vaccinated by 1 year of age, Tasmania and Australia, 2020 to 2024



Received dose 3 DTPa, dose 3 polio, dose 3 HepB, dose 3 Hib and dose 2 13vPCV. Data relate to children turning 1 year of age between 1 Jan and 31 Dec of the relevant calendar year, with vaccination status assessed for quarterly cohorts at 30 Jun, 30 Sep, 31 Dec and 31 Mar the following year ('annualised').
Source: Services Australia - Australian Immunisation Register. Prepared by: Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services, Department of Health, Tasmania based on data available at [Immunisation data | Australian Government Department of Health, Disability and Ageing](#).

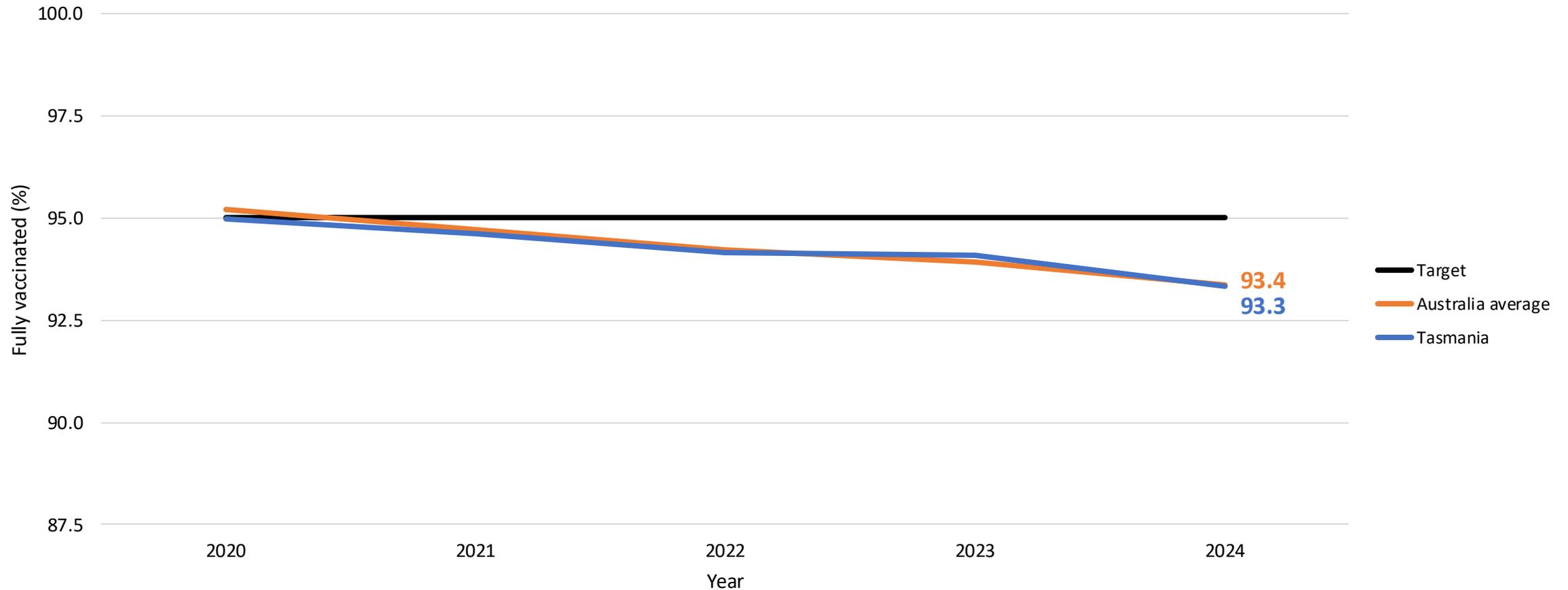
Percentage of children fully vaccinated by 2 years of age, Tasmania and Australia, 2020 to 2024



Received dose 4 DTPa, dose 3 polio, dose 3 HepB, dose 4 Hib, dose 1 menC, dose 1 varicella, dose 2 MMR, dose 3 13vPCV. Data relate to children turning 2 years of age between 1 Jan and 31 Dec of the relevant calendar year, with vaccination status assessed for quarterly cohorts at 30 Jun, 30 Sep, 31 Dec and 31 Mar the following year ('annualised').

Source: Services Australia - Australian Immunisation Register. Prepared by: Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services, Department of Health, Tasmania based on data available at [Immunisation data | Australian Government Department of Health, Disability and Ageing](#).

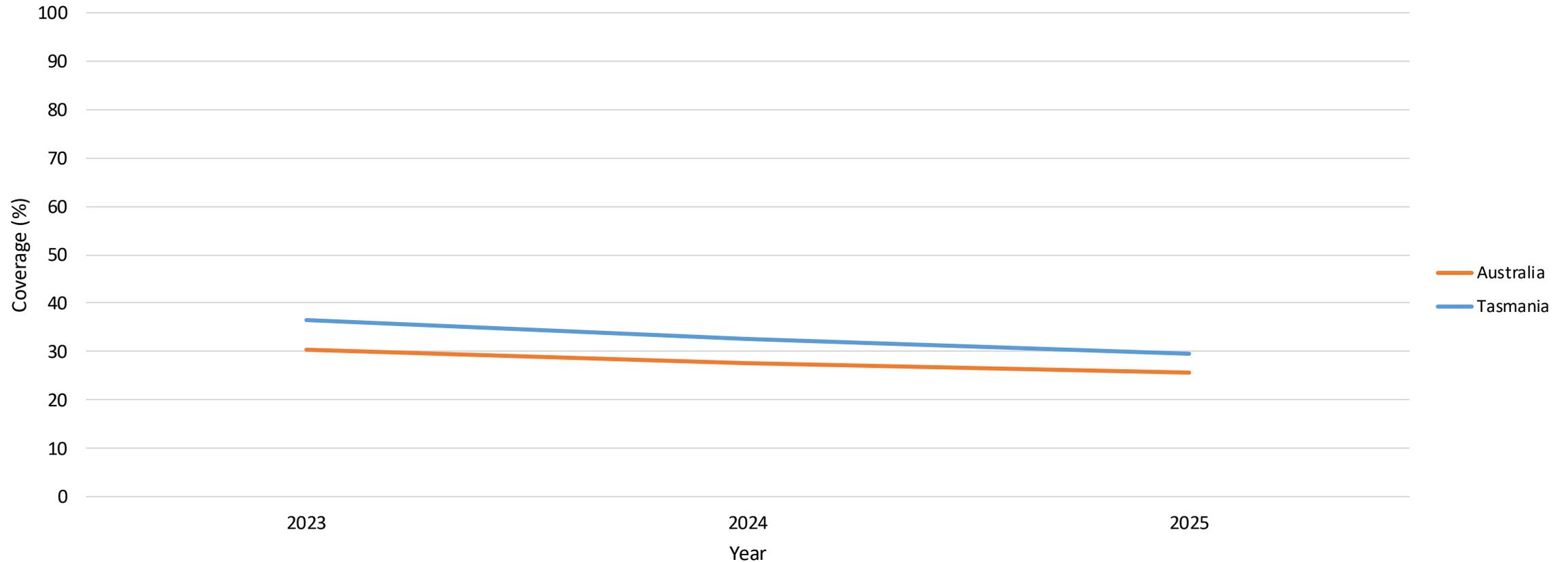
Percentage of children fully vaccinated by 5 years of age, Tasmania and Australia, 2020 to 2024



Received dose 5 DTPa and dose 4 polio. Data relate to children turning 5 years of age between 1 Jan and 31 Dec of the relevant calendar year, with vaccination status assessed for quarterly cohorts at 30 Jun, 30 Sep, 31 Dec and 31 Mar the following year ('annualised').

Source: Services Australia - Australian Immunisation Register. Prepared by: Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services, Department of Health, Tasmania based on data available at [Immunisation data | Australian Government Department of Health, Disability and Ageing](#).

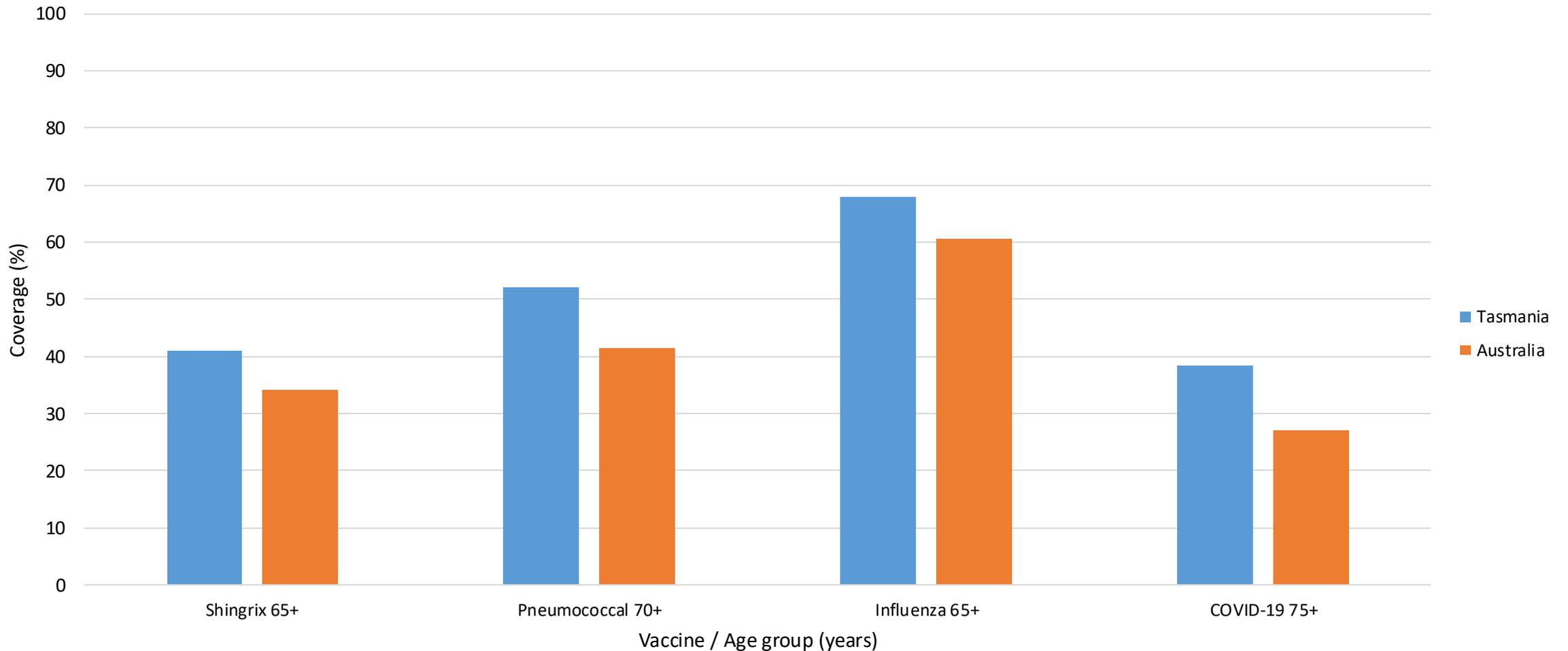
Percentage of children aged 6 months to <5 years vaccinated against influenza, Tasmania and Australia, 2023 to 2025



2023 & 2024 data – received at least one influenza vaccination in the calendar year; 2025 data – received at least one influenza vaccination since 1 Mar 2025 as at 7 Sep 2025.

Source: Services Australia - Australian Immunisation Register. Prepared by: Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services, Department of Health, Tasmania based on data available at [Immunisation data | Australian Government Department of Health, Disability and Ageing](#).

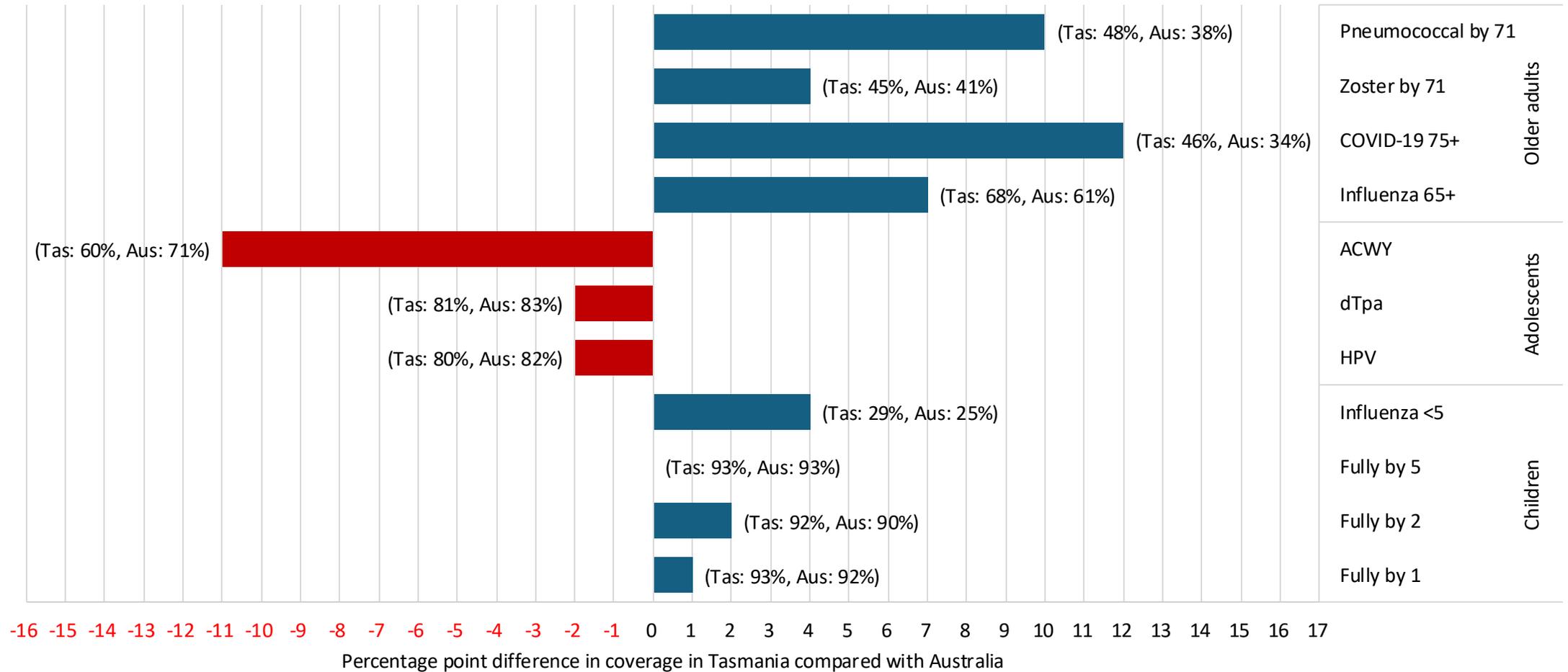
Vaccination coverage in older adults, Tasmania and Australia



Shingrix – Adults aged 65 years and over who have received at least one Shingrix vaccination. Pneumococcal – Adults aged 70 years and over who have received a 13vPCV vaccination. Influenza – Adults aged 65 years and over who have received an influenza vaccination in 2025 (as at 7 Sep 2025). COVID-19 – Adults aged 75 years and over who have received a COVID-19 vaccination in the last 6 months (as at 19 Oct 2025).

Sources: National Centre for Immunisation Research and Surveillance (NCIRS) Annual Report 2024. Prepared by: Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services, Department of Health, Tasmania based on data available at [Reports | NCIRS](#) (Shingrix and Pneumococcal data); NCIRS - Snapshot of the latest 2025 influenza vaccination coverage data in Australia, available at: [All persons: 2025 \(YTD\) influenza vaccination coverage by age group and state/territory | NCIRS](#) [Accessed 6 Nov 2025] (Influenza data); Australian Government Department of Health, Disability and Ageing - Australian Respiratory Surveillance Report, available at: [Australian Respiratory Surveillance Reports – 2025 | Australian Government Department of Health, Disability and Ageing](#) [Accessed 6 Nov 2025].

Vaccination coverage across the life course



Children: Fully by 1 - Received dose 3 DTPa, dose 3 polio, dose 3 HepB, dose 3 Hib and dose 2 13vPCV by 1 year of age; Fully by 2 - Received dose 4 DTPa, dose 3 polio, dose 3 HepB, dose 4 Hib, dose 1 menC, dose 1 varicella, dose 2 MMR, dose 3 13vPCV by 2 years of age; Fully by 5 - Received dose 5 DTPa and dose 4 polio by 5 year of age. Data relate to children turning 1, 2 and 5 years of age between 1 Jan and 31 Dec of 2024, vaccination status assessed for quarterly cohorts at 30 Jun, 30 Sep, 31 Dec and 31 Mar the following year ('annualised'). Source: Services Australia - Australian Immunisation Register.

Adolescents: HPV - Received at least one adolescent dose of human papillomavirus (HPV) vaccine between the ages of 11 and 14 years inclusive; dTpa - Received at least one adolescent dose of diphtheria, tetanus, acellular pertussis vaccine between the ages of 11 and 14 years inclusive; MenACWY - Received at least one adolescent dose of meningococcal ACWY vaccine between the ages of 14 and 16 years inclusive. Source: Services Australia - Australian Immunisation Register.

Adults: Influenza - Persons aged 65 years and over that have received an influenza vaccination since 1 Mar 2025 as at 7 Sep 2025; COVID-19 - Persons aged 75 years and over vaccinated in the last 6 months as at 7 Sep 2025; Source: Commonwealth Government Department of Health, Ageing and Disability. Zoster - Received one dose of Zostavax or two doses of Shingrix for adults turning 71 years of age in 2023; Pneumococcal - Received an adult dose of 13vPCV for adults turning 71 years of age in 2023; Source National Centre for Immunisation Research and Surveillance (NCIRS).

Prepared by: Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services, Department of Health, Tasmania.

Adolescent immunisations – School based program

Year 7 (ages 12-13)

Human Papillomavirus (HPV) - Gardasil®9

- 3 dose schedule for severely immunocompromising conditions
- Catch up funded up to and including 25 years of age

Diphtheria, Tetanus and Pertussis (dTpa) - Boostrix® or Adacel®

- First booster since their 4-year-old dose. Required every 10 years

Year 10 (ages 14-16)

Meningococcal ACWY- MenQuadfi®

- Catch up funded up to age of 20 years
- Must have a dose after 14 years of age to be up to date on AIR

Adolescent coverage

There has been a decline in vaccination coverage in recent years.

In 2025 approximately:

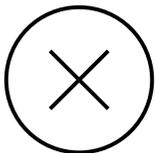


- 60% of adolescents were vaccinated in the Year 7 school program.
- 20% catch-up through community pharmacy and GP.



- **20% of adolescents not vaccinated by 15 years of age.**

- 50% of adolescents are vaccinated in the year 10 school program



- 10% catch-up through community pharmacy and GP
- **40% of adolescents not vaccinated by 17 years of age.**

Why coverage is declining

Access barriers:

-  **Non-return of consent forms**, and other school-program related process and setting factors
-  Irregular **school attendance**
-  **Missed catch-up opportunities** through general practice and community pharmacy
-  **Competing needs** within families or households

Knowledge and acceptance barriers:

-  Parent and adolescent **understanding about the vaccinations**, including rationale for vaccination and safety concerns
-  Students expressing a **desire for more agency** in health-related decision making and ensuring materials are accessible

What Public Health Services are doing about it

Public Health Services is working closely with stakeholders to understand barriers and develop strategies to increase uptake.

Examples of some strategies include:

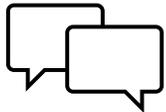
- Introduction of **online consent forms** for the school-based immunisation program
- Promoting **catch-up opportunities** across all secondary years
- Promoting catch-up opportunities through **general practice and community pharmacies**
- Completing **vaccinations earlier** in the school year

- Improving **health education materials** and distribution to ensure they are youth friendly and timely
- Increasing **email/SMS reminders**
- Facilitating **more after-hours clinics**
- Exploring **self-consent for older students** who are assessed as a 'mature minor'

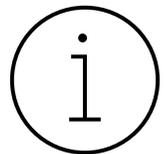
What can be done in Primary health / GP setting



Recall all adolescents on your practice system who are not up to date with their adolescent vaccines



Talk with adolescent patients about immunisations – give info and explain recommendations



Have posters / pamphlets / videos in your waiting and clinical areas promoting Adolescent vaccines

Videos resources for adolescents

Adolescent vaccines:

- <https://www.health.gov.au/resources/collections/vaccination-videos-for-high-school-students>
- [Adolescent vaccinations | Sharing Knowledge About Immunisation | SKAI](#)

HPV vaccines:

- <https://www.health.gov.au/resources/videos/hpv-animation-video-for-students>

Meningococcal vaccines:

- <https://www.health.gov.au/resources/videos/90-second-animation-meningococcal-acwy-vaccine>
- [Adolescent meningococcal ACWY vaccine – Seb's story](#)

Quiz Time!

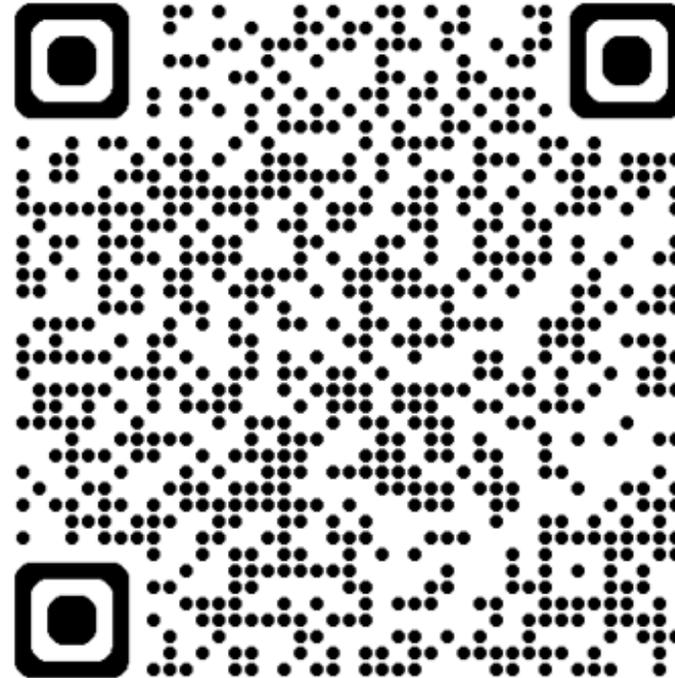
Join at menti.com

Use code: 7330 5160

Question 4 & 5

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scan QR code below 😊



National and state immunisation program updates

Immunisation in Pregnancy

Stage	Brand	Disease/Antigen	Notes
20-32 weeks gestation	Boostrix® or Adacel®	Diphtheria, tetanus, pertussis (dTpa)	Single dose recommended in each pregnancy, ideally at 20–32 weeks gestation, but may be given up until delivery.
From 28 weeks gestation	Abrysvo®	Respiratory syncytial virus (RSV)	Single dose recommended in pregnancy from 28 weeks gestation but may be given up until delivery. Requires administration at least two weeks prior to birth for infant protection.
Any stage of pregnancy	Influenza, age-appropriate brand	Influenza	A single dose is recommended in each pregnancy, at any stage of pregnancy.

Additional Immunisation for people with medical risk conditions



Age	Brand	Disease/Antigen	Notes
All ages	Nimenrix® Bexsero®	Meningococcal ACWY (MenACWY) Meningococcal B (Men B)	For those with <u>specified medical risk conditions</u> that increase their risk of meningococcal disease, including asplenia. Number of doses needed depends on age.
6 months and over	Age-appropriate brand	Influenza	For all those over 6 months of age with <u>specific medical conditions</u> that increase their risk of complications from influenza. Administer annually.
6 months and over	Age appropriate COVID-19 vaccine	COVID-19	COVID-19 vaccination recommendations vary according to age and medical risk conditions. Refer to the Australian Immunisation Handbook-COVID-19 chapter for further information.
Over 12 months and under 18 years	Prevenar 20®	Pneumococcal (20vPCV)	For people over 12 months of age and under 18 years of age with newly identified <u>risk conditions</u> administer a single dose of 20vPCV at diagnosis.
5 years and over	Act-Hib®	Haemophilus influenzae type b (Hib)	Those over 5 years of age with asplenia or hyposplenia who were not fully vaccinated against Hib in childhood are recommended to receive 1 dose of Hib vaccine.
18 years and over	Shingrix®	Shingles/herpes zoster (VZV)	Shingrix®: For those over 18 years of age with <u>specified medical risk conditions</u> that increase their risk of zoster. Give 1-2 months apart in people who are immunocompromised.
	Prevenar 13® and Pneumovax 23®	Pneumococcal (13vPCV and 23vPCV)	Pneumococcal: For those over 18 years of age with newly identified <u>risk conditions</u> administer a single dose of 13vPCV at diagnosis, followed by a first dose of 23vPPV 12 months later. Give a second dose of 23vPPV at least 5 years after the first.

Note: For a quick reference table by condition, see the Australian Immunisation Handbook (Resources): immunisationhandbook.health.gov.au/resources/publications/immunisation-recommendations-for-people-with-certain-medical-risk-conditions

State funded programs

Program	Brand	Disease/Antigen	Notes
Hepatitis B for high-risk groups	Engerix B®	Hepatitis B (HBV)	Standard 3-dose schedule for those at increased risk of acquiring hepatitis B. For eligibility criteria see Hepatitis B vaccine for high-risk groups on the Tasmanian Department of Health website.
Measles	M-M-R II®	Measles, mumps, rubella (MMR)	People born during or after 1966 without documented evidence of two measles containing vaccines or serological evidence of immunity. Infants aged 6-12 months travelling overseas (will need repeating if given prior to 11 months of age).
Mpox	Jynneos®	Mpox	For those who meet the eligibility criteria give 2 doses at least 28 days apart. See Mpox on the Tasmanian Department of Health website. Contact Public Health Services for post-exposure vaccination advice.

Refer to [The Australian Immunisation Handbook](#) for further clinical advice.

We use the word "Aboriginal" to describe all Aboriginal and Torres Strait Islander people in Tasmania, in recognition that Aboriginal people are the original inhabitants and traditional owners of Lutruwita/Tasmania. This schedule has been adapted from the National Immunisation Program Schedule with permission from the Australian Government Department of Health and Aged Care.

Presented by Nicola Mulcahy

National Immunisation Updates

- From 1 September: introduction of Prevenar 20 and revised dosing schedules for Aboriginal children and all children with a risk condition (no Pneumovax 23 for those under age 18)
- Abrysvo offered free under the NIP all year around

On the horizon:

- RSV vaccine for older adults: recommended for the NIP by the Pharmaceutical Benefits Advisory Committee (PBAC)
- COVID-19 vaccine: recommended by PBAC for the NIP for specific ages and risk groups (smaller group than current)

Both now awaiting government negotiations and approvals

“The weekly jab” is compiled by the National Centre for Immunisation Research and Surveillance (NCIRS)- keeps health professionals up to date. Subscribe for a weekly newsletter by email :<https://ncirs.org.au/health-professionals/ncirs-newsletters>

Immunisation Communications subscription: Updates from our team by email.

<https://www.health.tas.gov.au/health-topics/immunisation/immunisation-providers#immunisation-communications-subscription>

State funded programs

Measles, mumps and rubella vaccination

Hepatitis B vaccination

Mpox vaccination

RSV-specific monoclonal antibody (not a vaccine, but provides passive immunisation)

Eligibility

Measles

- people born during or after 1966 without documented evidence of two measles containing vaccines or serological (blood test) evidence of immunity.
- infants aged 6 to 12 months travelling overseas (needs repeating if given prior to 11 months of age)

Mpox

- At-risk eligible people: 2 doses at least 28 days apart
- Post exposure vaccination can be given up to 14 days after exposure to a case of mpox to prevent disease (preferably within 4 days)

Hepatitis B

- household contacts of people with Hepatitis B virus
- sexual contacts of people with Hepatitis B virus
- men who have sex with men
- sex workers
- people who have HIV infection
- people who have hepatitis C infection
- people who inject drugs
- Aboriginal and Torres Strait Islander people
- inmates of correctional facilities
- migrants from high endemic Hepatitis B virus regions

RSV Maternal & Infant Program



Presented by Leah Willis

Quiz Time!

Join at [menti.com](https://www.menti.com)

Use code: 7330 5160

Question 6 & 7

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RSV Maternal and Infant Protection Program

Abrysvo continues to be NIP funded year-round for pregnant women from 28wks gestation

Beyfortus (nirsevimab) program for infants is a seasonal program

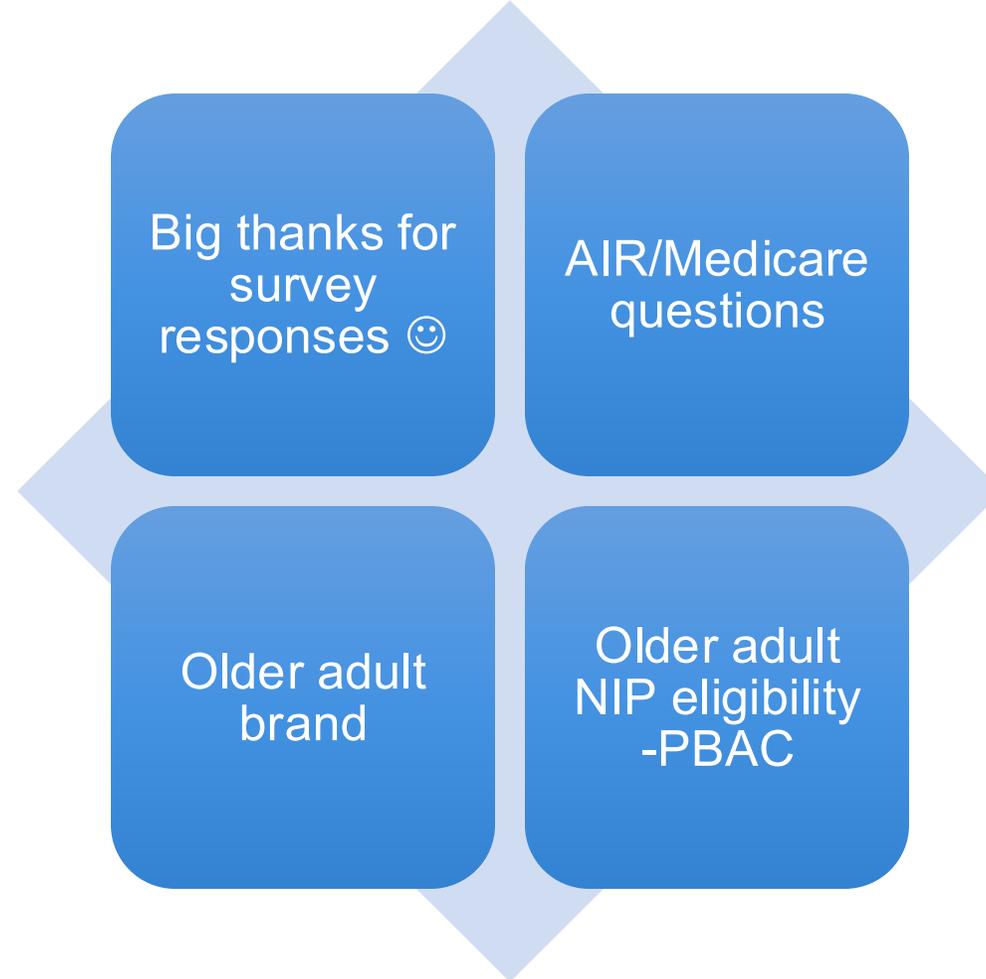
1 April 2026 to 31 October 2026

How did we do in 2025?
Uptake of Maternal vaccine has been pleasing

Full review to come when data is available, anecdotal reports of less hospital admissions

Antenatal services, Primary care and Pharmacies all working hard at this

Practice Nurse feedback and questions



The Pharmaceutical Benefits Advisory Committee (PBAC)

Why are some vaccines funded under the NIP for some groups?

The Pharmaceutical Benefits Advisory Committee (PBAC) is an independent statutory body established under the *National Health Act 1953* to make recommendations and give advice to the Minister about which drugs and medicinal preparations should be subsidised on the PBS.

The PBAC considers:

medical effectiveness and safety

cost-effectiveness of a proposed benefit compared to alternative therapies

Financial implications

Other factors – disease severity, equity, expert advice

If there is a positive recommendation, the government negotiates a price with the manufacturer

Practice Nurse feedback and questions



ELIGIBILITY
CONFUSION



RESOURCES



STICKERS



HOSPITAL DISCHARGE
SUMMARIES

Your chance to have a say

- Infant Program eligibility
- Change to how the information is presented
- Website improvements to allow real-time changes and keep information current
- Vaccine administration errors – covered in more detail shortly
- We need your help!
- Share information and resources with your GP's
 - **We value Practice Nurses and your attention to detail and safety**

Beyfortus® (nirsevimab) Dose Recommendations

Eligibility	Weight	Dose	Number of syringes to administer
<p>Infants entering their <u>1st RSV season</u> in 2026 (born from 1 October 2025 AND <8 months of age at time of administration)</p> <p><i>Once an infant reaches 8 months of age, they will no longer be eligible for this dose.</i></p>	<p>Infants <5kg (at the time of administration)</p>	<p>50mg</p>	<p>Give 1 x 50mg prefilled syringe via intramuscular injection. Volume for IM injection = 1x 0.5mL</p>
	<p>Infant ≥5kg (at the time of administration)</p>	<p>100mg</p>	<p>Give 1 x 100mg prefilled syringe via intramuscular injection. Volume for IM injection = 1 x 1mL (administer with 23g needle)</p>
<p>Children entering their <u>2nd RSV season</u> with specific conditions associated with increased risk of severe RSV disease* (<24 months of age at time of administration)</p> <p><i>Once a child reaches 24 months of age, they will no longer be eligible for this dose.</i></p>	<p>All infants and children, regardless of weight with specific conditions associated with increased risk of severe RSV disease*</p>	<p>200mg</p>	<p>Give 2 x 100mg prefilled syringes** via separate intramuscular injections. (administer with 23g needle) (Administer both syringes at the same appointment/during the same encounter.) Volume for IM injection = 2 x 1mL</p>

*See [the Australian Immunisation Handbook](#) – conditions associated with increased risk of severe disease in infants and young children

**Note:

- Immunisation providers may be supplied both 50mg and 100mg prefilled syringes as part of their order.
- If 100mg prefilled syringes are unavailable, immunisation providers can administer 2 x 50mg prefilled syringes for a 100mg dose.
- 100mg prefilled syringes are suitable for infants and young children requiring a 200mg dose. **DO NOT** use 4 x 50mg prefilled syringes to administer a 200mg dose.

RSV Immunisation (nirsevimab/Beyfortus) Eligibility Assessment for administration between 1 April -31 October 2026

To be eligible for nirsevimab, an infant must meet one of the following criteria:

Infant's First RSV Season

To be eligible for nirsevimab (Beyfortus), an infant must

- Be born between 1 November 2025 and 31 October 2026
- Be less than 8 months of age at time of administration and
- meet one of the following criteria:
 - Mother **did not** receive Abrysvo during pregnancy
 - Mother was vaccinated with Abrysvo <2 weeks before delivery
 - Infant has a condition associated with increased risk of severe RSV as per the Australian Immunisation Handbook **regardless of mother's vaccination status**
 - Infants born to mothers with severe immunosuppression, where the immune response to maternally administered RSV vaccine was impaired, as per the Australian Immunisation Handbook

Child's Second RSV Season (high risk only)

To be eligible for nirsevimab (Beyfortus) in their second RSV season, a child must

- Be less than 24 months at time of administration and
- Have an increased risk of severe RSV disease as per the Australian Immunisation Handbook

See the Australian Immunisation Handbook: [Conditions associated with increased risk of severe RSV disease in infants and young children](#)



Patient Weight	Dose of nirsevimab
<5 kg	50mg/0.5ml (prefilled syringe with <u>Blue</u> plunger rod)
>5kg	100mg/1ml (prefilled syringe with <u>Blue</u> plunger rod – use 23g needle)
All children entering 2 nd RSV season regardless of weight	200mg (give 2 x 100mg/1ml via separate IM injections using 23g needle)



Beyfortus (nirsevimab) eligibility assessment tool 2026 - Tasmania

Infant First RSV Season Eligibility Assessment		
1. Is it currently RSV season, <u>1 April – 31 October</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO — ↓	Seasonal immunisation program only	
2. Infant is currently aged <8 months? <input type="checkbox"/> YES <input type="checkbox"/> NO — ↓	Beyfortus (nirsevimab) First Season Immunisation Program restricted to infants aged <8 months	
3. Infant has specific conditions associated with increased risk of severe RSV disease regardless of maternal RSV vaccination status^? <input type="checkbox"/> NO <input type="checkbox"/> YES — ↓	Beyfortus (nirsevimab) is recommended*	Weight-based dose for infants aged <8 months: <5Kg = 50mg/0.5ml (purple plunger) ≥5Kg = 100mg/1ml (blue plunger) use 23g needle 
4. Mother received Abrysvo at least 2 weeks prior to delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO — ↓		
5. Infant born to Mother with severe immunocompromise or infant underwent a procedure that led to loss of maternal antibodies^? <input type="checkbox"/> NO <input type="checkbox"/> YES — ↓		
Infant does not require Beyfortus [®] (nirsevimab)		
<small>*Record on AIR and in Immunisation section of baby's Personal Health Record (Blue Book) ^See Australian Immunisation Handbook (RSV Chapter) for further information</small>		



High Risk Child's Second RSV Season Beyfortus (nirsevimab) Eligibility Assessment		
Is it currently RSV season, <u>1 April – 31 October</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO — ↓	Seasonal immunisation program only	
Child is currently aged <24 months? <input type="checkbox"/> YES <input type="checkbox"/> NO — ↓	Beyfortus (nirsevimab) Second Season Immunisation Program restricted to infants aged <24 months	
Infant has a specific condition associated with increased risk of severe RSV disease (as per the Australian Immunisation Handbook) ^? <input type="checkbox"/> NO <input type="checkbox"/> YES — ↓	Beyfortus (nirsevimab) is recommended*	Dose is 200mg (give 2 x 100mg/1ml prefilled syringes via separate IM injections using 23g needle) 
Infant does not require Beyfortus [®] (nirsevimab)		
<small>*Record on AIR and in Immunisation section of baby's Personal Health Record (Blue Book) ^See Australian Immunisation Handbook (RSV Chapter) for further information</small>		

Handy hints

01

Review records early for babies born 1 November 2025- 1 April 2026

02

Have a system/responsible person to check eligibility and recall – current stock expires September

03

Build the eligibility assessment into every scheduled vaccine visit and document so as not to duplicate

04

Value add! Flu for every 6 month + visit (RSV admissions were down but flu admissions for respiratory support were up!!!)

05

Use a blue 23g needle – pressure is too high/takes too long to inject 100mg/1ml using an orange 25g needle

Meningococcal B infant program



Presented by Leah Willis

When does the program start and who is eligible?

- The State-funded *Infant Meningococcal B (MenB) Vaccine Program in Tasmania* starts on **1 July 2026**.
- Under this program:
 - Routine MenB vaccination will be recommended and funded on the childhood schedule at 6 weeks, 4 months and 12 months of age.
 - A **catch-up program** is available for children born from 1 July 2025 and aged less than 2 years old.
- The National Immunisation Program (NIP) continues to fund MenB vaccines for:
 - Aboriginal and Torres Strait Islander children under 2 years of age, and
 - Children of any age with a specified medical risk condition.

Men B doses required and notes

Age at start of Bexsero[®] vaccine course	Dose requirements for healthy people (without any medical conditions associated with increased risk of invasive meningococcal disease)
6 weeks to 11 months	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
12 months to <2 years	2 doses (8 weeks between doses)

Notes:

AIR entry and fridge management– State versus NIP

Can be co-administered with other scheduled childhood vaccines

Prophylactic paracetamol regime

Provider FAQ

Parent resource

Morning Tea



Vaccine safety and reporting



presented by Leah Willis

Quiz Time!

Join at [menti.com](https://www.menti.com)

Use code: 7330 5160

Question 8

OR

scan QR code below 😊



Adverse event following Immunisation (AEFI)

- An adverse event following immunisation (AEFI) is any negative reaction that follows vaccination.
- It does not necessarily have a causal relationship with the vaccine.
- Differentiate from a common expected side effect
 - Table. Common side effects following immunisation for vaccines used in the National Immunisation Program schedule | The Australian Immunisation Handbook
 - **To report an AEFI**
- New fillable online form**
- PHS report all AEFIs to the TGA
- Our role is surveillance, to provide revaccination advice, follow up with providers and/or members of the public

Vaccine Administration Errors (VAE)

- When a vaccine is incorrectly stored, prepared or given outside of current clinical guidelines **potentially resulting in an Adverse Event Following Immunisation (AEFI)**
- **Key takeaway** – all vaccine errors are preventable however there may be contributing factors that result in errors (two people with similar name, hectic, busy nature of treatment rooms)
- **How to manage vaccine errors**
 - Open disclosure – tell the person what has happened (can result in loss of confidence if not addressed in a timely manner)
 - Report error using AEFI report form + /- ring for immediate advice
 - Review of error – investigate and identify the cause
 - Provide support for staff involved
 - Management is specific to type of error – repeat dose/specific clinical advice/monitor for AEFI

Responding confidently to patients with questions around vaccine safety

The screenshot shows the NCIRS website with a navigation bar for health professionals, the public, work, publications, news, and about us. The main content area features a 'Vaccine safety' section with a photo of a family and text about resources for healthcare providers and the public. A sidebar lists various vaccine topics, and a central grid provides links to detailed information on vaccine development, ingredients, precautions, and safety monitoring.

NCIRS National Centre for Immunisation Research and Surveillance Australia

Australia's trusted immunisation experts

For health professionals v **For the public v** Our work v Publications v News & events About us v

Vaccine safety

Vaccine safety resources for healthcare providers and the public

FOR THE PUBLIC

- » COVID-19 vaccines
- » Immunisation schedules
- » Immunisation records
- » Influenza vaccination information for Aboriginal and Torres Strait Islander people
- » MMRV vaccine decision aid
- » HPV vaccination
- » No Jab No Pay, No Jab No Play

It's normal to have questions about the safety of vaccines. This section provides information on a range of vaccine safety topics grouped into key areas below.

- How vaccines are developed**
- How vaccine decisions are made and can we trust them**
- Vaccine ingredients**
- Vaccine side effects**
- Vaccination precautions**
- Vaccine safety monitoring**

The screenshot shows the SKAI website with a navigation bar for home, pregnancy & newborn, childhood, adolescent, and about SKAI. The main content area features a green banner for 'Introducing SKAI Adolescent' with a photo of a woman and a young man, and a 'Learn more' link.

SKAI Sharing Knowledge About Immunisation

Home Pregnancy & Newborn vaccinations Childhood vaccinations Adolescent vaccinations About SKAI For healthcare professionals Q

Introducing SKAI Adolescent

Explore our latest communication suite, which has been developed to help parents make informed decisions about the vaccines recommended to protect adolescents from a range of infectious diseases – including those offered free under the National Immunisation Program in Australia.

[Learn more](#) →

Explore SKAI

Explore SKAI



SKAI Pregnancy and Newborn

Information about vaccination during pregnancy, and for babies at birth.



SKAI Childhood

Information about vaccination for children up to 5 years of age.



SKAI Adolescent

Information about adolescent vaccination, including school immunisations.



SKAI Healthcare Professionals

Resources and tools to support conversations about vaccination.

[Vaccine safety | NCIRS](#)

[Home | Sharing Knowledge About Immunisation | SKAI](#)

Administration of RSV vaccines and RSV monoclonal antibodies by age group or cohort

Age group or cohort	RSV vaccines for adults		RSV monoclonal antibodies for Infants	
	Abrysvo® 0.5ml (Pfizer) 	Arexvy® 0.5 mL (GSK) 	Beyfortus™ (Nirsevimab) 0.5 mL (Purple) (Sanofi) 	Beyfortus™ (Nirsevimab) 1 mL (Blue) (Sanofi) 
Pregnant women at 28 to 36 weeks	NIP FUNDED	DO NOT USE	DO NOT USE	DO NOT USE
Infants & children <24 months	DO NOT USE	DO NOT USE	STATE & TERRITORY FUNDED	STATE & TERRITORY FUNDED
People aged ≥50 years with medical risk factors	DO NOT USE	AVAILABLE PRIVATELY BASED ON CLINICAL DECISION*	DO NOT USE	DO NOT USE
All people aged ≥60 years (including Aboriginal and Torres Strait Islander people)	AVAILABLE PRIVATELY BASED ON CLINICAL DECISION	AVAILABLE PRIVATELY BASED ON CLINICAL DECISION*	DO NOT USE	DO NOT USE

Note: **NIP FUNDED** indicates vaccine is NIP funded. **DO NOT USE** indicates that the vaccine is **NOT** recommended to be used by that age group. **STATE & TERRITORY FUNDED** indicates that it is funded under a state and territory Immunisation program. *Funded under some state and territory programs. For state and territory eligibility, refer to the state or territory's immunisation schedule. **AVAILABLE PRIVATELY** indicates this product is only available through private prescription and is not subsidised under the NIP. For further information including dosage and administration, refer to the Australian Immunisation Handbook chapter – [Respiratory syncytial virus \(RSV\)](#).

This information is current as of August 2025

COMMON VACCINE ERRORS	EXAMPLE	HOW TO AVOID	MANAGEMENT
<p>Vaccine administered: to the wrong person</p> <p>Or administered the wrong vaccine or wrong vaccine formulation for age (can result in increased local injection site reactions or under vaccination and therefore inadequate protection)</p>	<p>MMRV to a 6-week-old</p> <p>Infanrix Hexa instead of Infanrix</p> <p>Priorix instead of Priorix Tetra</p> <p>Combo vaccine with higher antigens to >10- year-old</p> <p>Abrysvo(maternal vaccine)given to a baby</p> <p>Beyfortus(paediatric formulation)given to a pregnant person</p>	<p>Double check – all the “rights”</p> <p>Label vaccines baskets in fridge</p> <p>Ask - Use patient identifiers -Can you confirm your name and DOB</p> <p>Check AIR – don’t rely on patient recall</p>	<p>Open disclosure Report error Review Provide support Monitor for AEFI Give correct vaccine /get clinical advice form PHS</p>
<p>Extra doses are administered/and or repeated</p>	<p>Shingrix (3 doses) common VAE</p>	<p>Double check order check AIRevidence child health record my gov record practice software record</p>	<p>Monitor for AEFI</p>
<p>Shoulder injury following vaccine administration (SIRVA) An example of when a VAE results in an AEFI</p> <p>Can be very debilitating – loss of movement/function and pain++</p>	<p>Failure to expose arm Failure to check landmarks Failure to measure</p>	<p>Expose upper arm Identify landmarks Imagine an inverted triangle Inject into centre of triangle</p>	<p>Refer to GP and +or- physio Anti-inflammatories Ice compresses Analgesia</p>

COMMON VACCINE ERRORS	EXAMPLE	HOW TO AVOID	MANAGEMENT
<p>Vaccines administered outside of expiry date or</p> <p>Administration of vaccines compromised by cold chain breach</p>	<p>All vaccines have an expiry date</p> <p>Last day of the month indicated i.e. 1/2026 up to and including 31st January</p>	<p>Double check – 2 people</p> <p>Stock take</p> <p>Don't over order</p> <p>Rotate your stock</p> <p>Soon to expire at front</p>	<p>Vaccine likely will need to be repeated but need to provide guidance on when (e.g. MMR expired may need to wait 4 weeks still)</p> <p>If COVID or private vaccines call VOC or manufacturer PHS do not provide advice on travel vaccines thermostability</p>
<p>Vaccines administered earlier than the recommended dosing interval</p>	<p>Hep B / DTPa</p> <p>Example 2,4 and 6 months</p> <p>If they present late for 4 month's then need to wait for 2 months before 6 months</p>	<p>Twice daily fridge temps</p> <p>Double check intervals</p> <p>Stick to intervals</p> <p>Advise reception to rebook not before certain date</p>	<p>May result in mass revaccination and it often does</p> <p>May result in revaccination (and often does) especially with Hep B and DTPa</p> <p>See specific handbook advice</p>

COMMON VACCINE ERRORS	EXAMPLE	HOW TO AVOID	MANAGEMENT
Unapproved age group Enhanced surveillance with RSV program as a new program Abrysvo to babies Beyfortus to pregnant mums Fluvad Quad to under 65years	TGA approved Human error Off licence use Out of scope Services Australia may call to follow up	Check eligibility Education and use resources Fridge baskets labelled	Give appropriate dose Monitor for AEFI May require future follow up
Reconstitution issue i.e. Diluent only administered	Infanrix hexa without – Hib pellet Priorix Tetra (10 pack) diluent and the vial pellet/antigen	Double check	Give Act Hib dose Recall 10 children and offer revaccination as potential to not be vaccinated??
	COVID 19-multi dose vial given complete vial = multiple doses (need to look at each formulation for number of doses in a vial)	Double check	Monitor for AEFI

COMMON VACCINE ERRORS	EXAMPLE	HOW TO AVOID	MANAGEMENT
Vaccines administered later than the recommended interval	Rotarix has upper and lower age limits 15 weeks dose 1 25 weeks dose 2 Reason to avoid potential side effects i.e. intussusception Shingrix 2 nd dose given at 8mth post dose 1		AIH guidance Department of Health guidance May or may not need repeating AIH build on vaccine history Do not restart course
Administration of an incomplete dose of vaccine	Incomplete dose given e.g. ROTARIX - vomit/spit out needle/ syringe disconnection	Rule is if more than 50% given don't repeat	May or may not need repeating AIH guidance Give a replacement dose
Wrong administration technique Can result in more severe local reactions Most vaccines are given IM	SC instead of IM What vaccines need to be SC IPOL JE (Imojev live) Q fever Mpox		AIH vaccine injection techniques May still be sufficiently immunogenic if given SC instead of IM <i>If a vaccine that is registered for subcutaneous administration is inadvertently given intramuscularly, it is usually not necessary to repeat the dose. The immune response is unlikely to be affected. Australian Immunisation Handbook</i>
Administration of live attenuated vaccines in pregnancy	Example MMR given but early pregnancy	Live vaccine checklist	Seek guidance from Department of Health on clinical advice or specialist

Quiz Time!

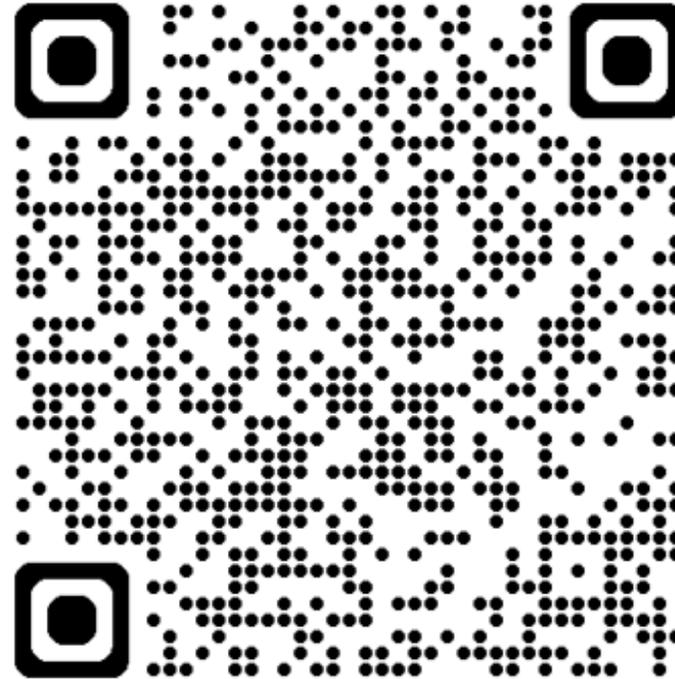
Join at [menti.com](https://www.menti.com)

Use code: 7330 5160

Question 9 & 10

OR

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Navigating the Australian Immunisation Handbook

<https://immunisationhandbook.health.gov.au>



Australian **Immunisation** Handbook

Presented by Nicola Mulcahy



A simple way to find what you need:

- Go to “Diseases” tab
- Navigate to recommendations

Under each category you will find NIP eligibility, specific information for that group, and links to tables.

Catch-up vaccination:

- Go to catch-up tab, navigate to “Catch-up resources” to find the tables
- Link to catch-up calculator

Hepatitis B

- Vaccines, dosage and administration tab- dose and route
- Tables for age, intervals and alternative schedules
- Use recommended schedule where possible (not accelerated)
- Note on DoH website: Immunisation providers page- University Clinical Student Assessments

Immunocompromised chapter

- **Navigate to Contents tab**
- **“Vaccination for special risk groups”**
- **“Vaccination for people who are immunocompromised”**

You will find tables to assist in assessment of a patient's level of immunocompromise.

Includes:

- Timing of live vaccine administration for people receiving or soon to receive immunosuppressive therapies
- Immunosuppressive potential of corticosteroids
- Solid organ transplant tables
- Haematopoietic stem cell transplant table
- Asplenia or hyposplenia table (remember also Spleen Australia)

Look for “next” button at bottom of each page

Other things to note

- **Variations from product information:**

AIH recommendations may differ from product information e.g. Bexsero (PI states that a booster dose is recommended for all children, however ATAGI recommends it only for certain risk groups)

- **Resource:** Immunisation recommendations for people with certain medical risk conditions

- Shows recommendations for people with medical risk factors and funding status

<https://immunisationhandbook.health.gov.au/resources/publications/immunisation-recommendations-for-people-with-certain-medical-risk-conditions>

- **Resource:** National Centre for Immunisation Research and Surveillance

- NCIRS Fact sheets, FAQs and provider resources

Immunisation catch-up tips



Presented by Ingrid Hartog

Quiz Time!

Join at [menti.com](https://www.menti.com)

Use code: 7330 5160

Question 11 & 12

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Catch-up vaccination aims to provide:

- ✓ optimal protection against disease
- ↓
- ✓ as quickly as possible
- ↓
- ✓ by completing a person's recommended vaccination schedule
- ↓
- ✓ in the shortest but most effective time frame.



Catch-up vaccination for adolescents and adults

Catch-up vaccination aims to provide the best protection against disease as quickly as possible by completing a person's recommended vaccination schedule.

1 Confirm the person's vaccination history



- ✓ Review the person's vaccination history to determine whether they are up to date.
- ✗ If you cannot confirm previous vaccination, assume the person has not received that vaccine. People can safely receive most vaccines as additional doses, **except for Q fever**.
- ? If you are not sure how to plan the catch-up schedule, or if the catch-up is complicated, seek further advice from your state or territory health authority.

2 Plan a catch-up schedule



Consider laboratory testing for immunity to some diseases

- ✓ Consider laboratory testing to guide catch-up vaccination for:
 - ▶ hepatitis A and B
 - ▶ MMR
 - ▶ varicella
 - ▶ Q fever
- ✗ Do not use laboratory testing for any other diseases.
- ▶ Do not use past infection to guide the catch-up schedule.
- ▶ Do not give Q fever vaccine if unsure about the person's Q fever immunisation status.

Consider valid doses

- ✓ Check that any previous doses were received at the correct age and dosing intervals.
- ✗ In almost all cases, do not repeat valid doses — count them as part of the schedule.

Refer to catch-up resources

- ✓ Use the catch-up resources in the Australian Immunisation Handbook to help plan a catch-up schedule.

Use the HALO principle for adults

- ✓ When planning which vaccines are needed, consider the person's:
 - ▶ health
 - ▶ age
 - ▶ lifestyle
 - ▶ occupation

3 Start the catch-up schedule



- ✓ Discuss the catch-up schedule with the person, or their parent or carer before starting.
- ✗ Do not use childhood combination vaccines for adolescents or adults.

Catch up is for:

 People less than 20 years of age who have a Medicare card and all refugees and humanitarian entrants are eligible for free catch-up for NIP vaccines (up to 26 years of age for HPV).

 **NB:** For adults ≥ 20 years of age, historical records of vaccines received before September 2016 may not be reported to the AIR.

Australian Immunisation Handbook (AIH)

- Number one resource for all things immunisation
- Catch- up vaccination chapter
- Have it bookmarked as a favourite
- Phone app available



Catch-up vaccination

Catch-up vaccination aims to provide optimal protection against disease as quickly as possible by recommended vaccination schedule in the shortest but most effective time frame.

Updates made

This page was updated on **19 January 2026**. [View history of updates](#)

On this page

[Overview](#)

[Assessing immunisation status](#)

[Principles of catch-up vaccination](#)

[Catch-up resources](#)

[Using the catch-up worksheet for children aged <10 years](#)

[Catch-up guidelines for individual vaccines for children aged <10 years](#)

[Catch-up schedules for people aged ≥10 years](#)

[References](#)

[Page history](#)

The AIH catch up worksheet

- Essential resource to plan a catch-up immunisation
- A worksheet for over 10 years and under 10 years of age

Resource. Catch-up worksheet for children <10 years of age for National Immunisation Program vaccines

Use this worksheet alongside other [catch-up resources](https://immunisationhandbook.health.gov.au/node/136#catchup-resources) (https://immunisationhandbook.health.gov.au/node/136#catchup-resources) in this Handbook.

Catch-up worksheet					
Name:					
Date of this assessment:					
Date of birth:					
Age at this assessment:					
Vaccine	Last dose given (dose number and date)	Number of doses needed at current age	Dose number due now	Further doses (interval or date)	Comments
DTPa (diphtheria-tetanus-acellular pertussis vaccine)					
Poliovirus (IPV (inactivated poliovirus vaccine))					
Hepatitis A					
Hepatitis B					
Hib					
Pneumococcal (13vPCV (13-valent pneumococcal conjugate vaccine))					
Pneumococcal (23vPPV (23-valent pneumococcal polysaccharide vaccine))					
MenACWY (https://immunisationhandbook.health.gov.au/technical-terms#menacwy)					
MMR (measles-mumps-rubella)					
Rotavirus					DO NOT give after upper age limits for each dose. See Rotavirus (https://immunisationhandbook.health.gov.au/node/158).
Varicella					

Catch up appointments

Date	Vaccines and dose numbers	Interval to next dose (if needed)	Comments

Number of vaccine doses due

- This shows how age can affect the number of vaccines a child is due.
- What a child under one might need may not be the same as an older child – make sure you check :)

Table. Number of vaccine doses the child should have received by their current age, for NIP-funded vaccines

See [Catch-up guidelines for individual vaccines for children <10 years of age](#) for important details, including for Hib, meningococcal and pneumococcal vaccines.

Vaccine	Child aged 0 to <2 months	Child aged 2 to <4 months	Child aged 4 to <6 months	Child aged 6 to <12 months	Child aged 12–18 months	Child aged >18 months to <4 years	Child aged 4 years to <10 years
DTPa	0	1	2	3	3	4	5 (unless dose 4 received at >3.5 years of age, then dose 5 is not needed)
Hepatitis A (Aboriginal and Torres Strait Islander children living in NT, Qld, SA and WA only)	0	0	0	0	0	1 (contact state or territory health authorities for advice about catch-up in children >2 years of age)	2 (contact state or territory health authorities for advice about catch-up in children >2 years of age)
Hepatitis B	0 (birth dose is recommended but no need to catch up if missed)	1	2	3	3	3	3
MenACWY (Nimenrix and MenQuadfi) (infants with certain immunocompromising conditions need extra doses — see Meningococcal disease)	0	0	0	0	1 (2 doses required if Menveo used)	1 (2 doses required if Menveo used)	1 (2 doses required if Menveo used)
MenB (Aboriginal and Torres Strait Islander children only) (infants with certain immunocompromising conditions need extra doses — see Meningococcal disease)	0	1	2	2	3	3	3
MMR	0	0	0	0	1	2 (can be given as MMRV)	2 (can be given as MMRV)
Pneumococcal disease – PCV (Aboriginal and Torres Strait Islander children and those with a risk condition need an extra dose — see Pneumococcal disease)	0	1	2	2	3	3	3
Poliovirus (IPV)	0	1	2	3	3	3	4 (unless dose 3 received at >4 years of age, then dose 4 is not needed)
Rotavirus (specific age limits — see Rotavirus)	0	1 (Rotarix) or 1 (RotaTeq)	2 (Rotarix) or 2 (RotaTeq)	No catch-up (Rotarix), 3 (RotaTeq)	No catch-up	No catch-up	No catch-up
Varicella	0	0	0	0	0	1 (can be given as MMRV)	1 (can be given as MMRV)

Dose intervals

- Shows the required intervals between vaccine doses.
- This can vary depending on the dose number

Table. Minimum acceptable dose intervals for children <10 years of age, for NIP-funded vaccines

See [Catch-up guidelines for individual vaccines for children <10 years of age](#) for important details, including for **Hib**, **meningococcal** and **pneumococcal** vaccines.

These are not the routinely recommended intervals between vaccine doses. These minimum intervals are only to be used for catch-up vaccination. Catch-up using a [combination vaccine](#) **must** meet the minimum intervals for all antigens.

Vaccine intervals ≤ 1 week are specified in days, < 6 months are specified in weeks and those ≥ 6 months are specified in months or years as appropriate. A month, in the case of vaccine intervals, refers to a period of 4 weeks.

Vaccine	Minimum interval between doses 1 and 2	Minimum interval between doses 2 and 3	Minimum interval between doses 3 and 4	Minimum interval between doses 4 and 5
DTPa	4 weeks	4 weeks	6 months	6 months (unless dose 4 received at >3.5 years of age, then dose 5 is not needed)
Hepatitis A (Aboriginal and Torres Strait Islander children living in NT, Qld, SA and WA only)	6 months	na	na	na
Hepatitis B (excluding birth dose)	4 weeks	8 weeks (minimum interval between dose 1 and 3 is 16 weeks)	na	na
Hib (the minimum interval between doses for Hib vaccines depends on the child's age, and previous doses received) - see <i>Haemophilus influenzae</i> type b (Hib) disease	4 weeks	4 weeks	8 weeks	na
MMR	4 weeks	na	na	na
Poliovirus (IPV)	4 weeks	4 weeks	4 weeks (unless dose 3 received at >4 years of age, then dose 4 is not needed)	na
Pneumococcal – PCV (Aboriginal and Torres Strait Islander children and those with a risk condition need an extra dose — see Pneumococcal disease)	4 weeks	8 weeks (must be ≥ 12 months of age)	na	na
MenACWY (at 12 months of age) (infants with certain immunocompromising conditions need extra doses — see Meningococcal disease)	8 weeks (Menveo only; Nimenrix and MenQuadfi are given as a single dose)	na	na	na
Rotavirus	4 weeks (must be within upper age limit)	4 weeks (for RotaTeq 3rd dose in schedule)	na	na
Varicella	4 weeks	na	na	na

Acronyms used

- DTPa = diphtheria-tetanus-acellular pertussis;
- Hib = *Haemophilus influenzae* type b;
- IPV = inactivated poliovirus;
- [MenACWY](#) = meningococcal ACWY;
- MMR = measles-mumps-rubella;
- PCV = pneumococcal [conjugate vaccine](#);
- na = not applicable

Prevenar 20

see table for catch up based on date of birth – before or after 1 March 2025

Table. Catch-up schedule for 20vPCV for children aged <5 years who are either non-Indigenous without a risk condition for pneumococcal disease, or Aboriginal and Torres Strait Islander children living in ACT, NSW, Tas or Vic born before 1 March 2025

The Australian Immunisation Register will record the 3rd dose of pneumococcal vaccine given at ≥11 months of age as a valid dose to calculate immunisation status.

Number of PCV doses received previously	Age at presentation	Age at 1st dose of PCV	Age at 2nd dose of PCV	Age at 3rd dose of PCV	Number of primary 20vPCV dose(s) needed	Number of 20vPCV booster dose(s) at age ≥ 12 months
None	<12 months	na	na	na	2	1
	12–59 months	na	na	na	1	None
1	<12 months	<12 months	na	na	1	1
	12–59 months	<12 months	na	na	None	1
	12–59 months	≥12 months	na	na	None	None
2	<12 months	<12 months	<12 months	na	None	1
	12–59 months	<12 months	<12 months	na	None	1

PneumoSmart® Vaccination Tool – Immunisation Coalition

Helps with Pneumococcal immunisation catch ups and recommendations according to the Australian Immunisation Handbook (AIH).

- Asks for patient details and previously administered Pneumococcal immunisations
- Provides NIP recommendations for pneumococcal vaccines

PneumoSmart

PneumoSmart

The PneumoSmart Tool is currently being updated with the addition of Prevenar 20 according to the 1 September NIP schedule. Currently, it still recommends Prevenar 13 and Pneumovax 23 for Children.

Until the PneumoSmart Tool is updated, please refer to the [Australian Immunisation Handbook](#) for Prevenar 20 recommendations.

The *PneumoSmart Vaccination Tool* (herein referred to as "the tool") has been created using the pneumococcal disease vaccination recommendations in the online Australian Immunisation Handbook, and has been developed to assist GPs, medical specialists and other immunisation providers to comply with them. As pneumococcal disease vaccination recommendations change, the tool will be updated by clinical experts at the Immunisation Coalition.

Catch-up pneumococcal immunisations for children less than 5 years of age are complex. Appropriate catch-up vaccines should be offered as recommended:

- in the online [Australian Immunisation Handbook](#)
- as per the [Immunisation Calculator](#)
- [catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children](#) living in New South Wales, Victoria, Tasmania or the ACT, and all children who do not have risk condition(s) for pneumococcal disease, aged less than 5 years.
- [catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children](#) living in Northern Territory, South Australia or Western Australia **only**, and all children with risk condition(s) for pneumococcal disease, aged less than 5 years

Important information:

If no written records are available to confirm pneumococcal disease vaccination status, or the type of vaccine (Conjugate or Polysaccharide) that may have been previously administered, the provider shall proceed as if the patient has not received previous vaccinations for pneumococcal disease.

I have read and agree to the [Terms and Conditions](#) of use for the PneumoSmart Vaccination Tool.

Proceed

HIB catch up table

- Shows how age and the number of previous doses change catch up requirements
- Like Pneumococcal – no vaccines required after 5 years of age (decreased risk of disease)

Table. Catch-up schedule for Haemophilus influenzae type b (Hib) vaccination for children <5 years of age

This schedule does not apply to people who have had a haematopoietic stem cell transplant. See [Table. Recommendations for vaccination following haematopoietic stem cell transplant \(HSCT\) in children and adults](#) in [Vaccination for people who are immunocompromised](#).

This table assumes that the [minimum interval](#) between doses has been met. See also [Catch-up guidelines for individual vaccines for children < 10 years of age](#) for more details.

Number of Hib doses received previously	Current age	Age at 1st dose of Hib vaccine	Age at 2nd dose of Hib vaccine	Age at 3rd dose of Hib vaccine	Number of further primary dose(s) needed	Number of booster doses needed at age > 18 months, or 8 weeks after the last dose (whichever is later)
None	<7 months	na	na	na	3	1
	7–11 months	na	na	na	2	1
	12–17 months	na	na	na	1	1
	18–59 months	na	na	na	1	Not needed
1	<12 months	<7 months	na	na	2	1
	<12 months	7–11 months	na	na	1	1
	12–17 months	<12 months	na	na	1	1
	12–17 months	≥12 months	na	na	Not needed	1
	18–59 months	<12 months	na	na	Not needed	1
	18–59 months	12–17 months	na	na	Not needed	1
2	<12 months	<7 months	<12 months	na	1	1
	<12 months	7–11 months	7–11 months	na	Not needed	1
	12–17 months	<12 months	Any age	na	Not needed	1
	12–17 months	≥12 months	≥12 months	na	Not needed	Not needed
	18–59 months	<12 months	<12 months	na	Not needed	1
	18–59 months	<12 months	12–17 months	na	Not needed	1
	18–59 months	Any age	≥18 months	na	Not needed	Not needed
	18–59 months	≥12 months	≥12 months	na	Not needed	Not needed
3	<17 months	<12 months	<12 months	<12 months	Not needed	1
	<17 months	At least 1 dose (most likely 3rd dose) at 12–17 months	At least 1 dose (most likely 3rd dose) at 12–17 months	At least 1 dose (most likely 3rd dose) at 12–17 months	Not needed	Not needed
	18–59 months	<12 months	<12 months	<12 months	Not needed	1
	18–59 months	At least 1 dose at ≥12 months	At least 1 dose at ≥12 months	At least 1 dose at ≥12 months	Not needed	Not needed

Footnote:

na: not applicable

Catch up calculator

Creates catch up immunisation plans for people under 20 years

- input vaccines administered already
- maps out an appointment plan to provide the vaccines, using correct intervals
- specifies funded and non-funded vaccine options
- Watch for intervals not appointment dates

The screenshot shows the 'Catch-up Calculator' interface. At the top, it features the Australian Government Department of Health and Aged Care logo and the Australian Immunisation Handbook logo. Below the title, a progress bar indicates four steps: 1. Pre-calculation screening (highlighted), 2. Personal details, 3. Vaccination history, and 4. Catch-up schedule. A 'Start over' link is visible to the right of the progress bar.

Pre-calculation screening

1. Date of birth

dd/mm/yyyy

2. Which of the following valid immunisation records was viewed during the consultation?

To ensure the vaccination history is accurate you must refer to at least one of the following valid immunisation records during the consultation. Wherever possible, always refer to the AIR or the Immunisation History statement as well. For additional information refer [Immunisation Handbook](#).

- Australian Immunisation Register (AIR)
- Australian Immunisation History Statement
- My Personal Health Record (the Blue, Green or Red Book)
- My Health Record
- Overseas record of vaccination from a doctor or physician (in English)
- Departure Health Check (in English)
- Australian Immunisation Detention Health Record
- None of the above

3. Does the person have a medical condition that increases their risk of getting or be impacted by a vaccine preventable disease?

- Yes
- No

Department of Health Resources

Standard vaccination catch-up

Recommendations for children <10 years & > 10 years of age.

Standard Vaccination Catch-up Recommendations for children aged <10 years (adapted from The Australian Immunisation Handbook 10th edition [updated online]).

Vaccine	Current age						Minimum dose interval between dose 1 and 2	Minimum dose interval between dose 2 and 3	Minimum dose interval between dose 3 and 4	Minimum dose interval between dose 4 and 5
	6 weeks to <4 months	4 to <6 months	6 to <12 months	12 to 18 months	>18 mths to <4 years	4 years to <10 years				
	Doses required									
DTPa	1	2	3	3	4	5 ¹	4 weeks	4 weeks	6 months	6 months
Poliomyelitis (IPV)	1	2	3	3	3	4 ²	4 weeks	4 weeks	4 weeks	Not required
Hepatitis B ³ (excl. birth dose)	1	2	3	3	3	3	1 month ⁴	2 - 3 months ⁴	Not required	Not required
MMR ⁵	If given at <11 months of age the 1 st dose should be repeated at 12 months of age.			1	2	2	4 weeks	Not required	Not required	Not required
MenCCV/4vMenCV	If given at <11 months of age a booster dose is required at 12 months of age or 8 weeks after last dose, whichever is later.			1	1	1	Not required	Not required	Not required	Not required
Varicella ⁵	If given at <12 months of age, the dose should be repeated, preferably at 18 months of age.				1 ⁶	1 ⁶	Not required	Not required	Not required	Not required
Rotavirus	Age limits apply - see Handbook Table		NO CATCH-UP							
Meningococcal B (Aboriginal children only)	See Handbook Table: Recommendations for immunisation of infants and children aged <2 years using meningococcal B vaccine ⁷						Recommended interval b/w primary doses is 8 weeks. Booster doses are given >12 months or 8 weeks after the 2nd dose, whichever is later.			
Haemophilus influenzae type B (Hib) – No catch-up > 5 years.	See Handbook Table: Catch-up schedule for Hib vaccination for children <5 years of age ⁸						Recommended interval b/w primary doses is 4 weeks. Booster doses are given >18 months or 8 weeks after the last dose, whichever is later.			
Pneumococcal (PCV) - No catch-up > 5 years for healthy kids.	See Handbook Table: 20vPCV catch-up (born before 1 March 2025) ⁸ See Handbook Table: 20vPCV catch-up (born after 1 March 2025) ⁸						Recommended interval b/w doses is 4 weeks if aged <12 months and 8 weeks if ≥12 months.			

¹ Unless dose 4 received at >3.5 years of age, then dose 5 is not needed.

² A booster dose of IPV is recommended at 4 years of age. If the 4th dose was given before 3.5 years of age, it should be repeated. If 3rd dose of IPV is given after 4 years of age, a 4th dose is *not required*.

³ Acceptable alternate overseas [schedule](#): Monovalent Hep B vaccine at birth, 1-2 months and 6-18 months of age if given overseas.

⁴ MINIMUM interval between dose 1 and 3, is 4 months. MINIMUM interval between dose 2 and 3 is 2 months (however, the optimum schedule is 0, 1 & 6 months). The MINIMUM age for dose 3 is 24 weeks.

⁵ MMRV is not recommended for use as the 1st dose of MMR containing vaccine in children aged <4yrs. **ANY live vaccines can be given on the same day, if not there must be a minimum interval of 4 weeks.**

⁶ Two doses are recommended but only one is funded.

⁷ Doses required depends on age the course was commenced.

⁸ Required doses vary depending on age at presentation and age when vaccine received; [therefore](#) tables [must](#) be referred to for each new catch-up.

Free Vaccines supplied by the DOH

A resource outlining the NIP funded vaccine and their indications for use

Free Vaccines Supplied by the Department of Health, Tasmania

Antigen	Vaccine	Indications for use	Packaging example
Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenzae type B	Infanrix hexa® or Vaxelis® (DTPa - Hib - Hep B - IPV)	2, 4 and 6 months Catch-up for < 10 years	
Diphtheria, tetanus, pertussis	Tripacel® or Infanrix® (DTPa)	18 months Catch-up for < 10 years	
Diphtheria, tetanus, pertussis, poliomyelitis	Infanrix IPV® or Quadracel® (DTPa-IPV)	4 years Catch-up for < 10 years	
Diphtheria, tetanus, pertussis	Adacel® or Boostrix® (dTpa)	Pregnant women (20-32 weeks gestation) Year 7 school program (12-13 years) Catch-up for 10 to < 20 years Catch-up for refugees and humanitarian entrants ≥ 20 years	

Immunisation catch-ups: tips and tricks

A resource to give some quick reminders on the nuances of catch-up plans

Immunisation catch-ups: tips and tricks 😊

General

No need to restart a schedule again - build upon what has previously been given

The minimum intervals are only to be used for catch-up vaccination

Catch-ups using a combination vaccine must meet the minimum intervals for all antigens

Hepatitis B

2 months between Doses 2 & 3, and 4 months between Doses 1 & 3 (for 3 dose courses), variations exist

DTPa

6 months between Doses 3 & 4 and Doses 4 & 5

Dose 5 is not needed if dose 4 is given after 3.5 years of age

Infanrix hexa[®], Vaxelia[®], Triptacel[®], Infanrix[®], Infanrix IPV[®], and Quadtracel[®] can only be used in children under 10 years of age

HIB & Pneumococcal

Hib & Prevenar20[®] eligible up to 5 years of age (59 months)

From 18 months of age to <5 years of age, only 1 dose of any Hib vaccine is required

Hib minimum intervals for primary doses is 4 weeks

Prevenar minimum interval is 1 month for <12 months of age and 2 months for ≥12 months of age

One dose of Pneumococcal vaccine must be given after 12 months

HPV – single dose except for:

immunocompromised people or people ≥ 26 years of age at the start of their course who require 3 doses

2-month interval between Doses 1 & 2 and 4-month interval between Doses 2 & 3

MMRV

Cannot be used as the 1st dose of MMR-containing vaccine in children aged <4 years

MMRV can be used for children less than 14 years of age

Polio

Polio dose 4 is not needed if dose 3 is given after 3.5 years of age

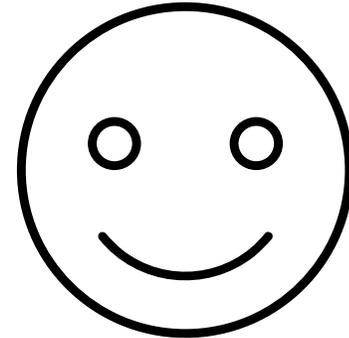
Varicella

2 doses are required for people over 14 years of age (funded)

And of course, there is always the Department of Health
Immunisation team to help as well

Phone: 6166 0632

Email: immunisation@health.tas.gov.au



How can General Practice help?

- Recall all adolescents on your practice system who are not up to date with their adolescent vaccines
- Talk with adolescent patients about immunisations – give info and explain recommendations
- Have posters / pamphlets / videos in your waiting and clinical areas promoting Adolescent vaccines
- Continue to work with us to catch-up children that we identify as overdue, and utilise your own recall and reminder system for overdue immunisations
- Report any adverse events from immunisation and any vaccine administration errors to enable the TGA to flag any issues
- Help to improve vaccine coverage in Aboriginal and Torres Strait Islander individuals (identification)
- Promote uptake of state funded vaccines to those eligible
- Keep pharmacies in mind where it may be convenient for patients to access recommended vaccines

Primary Health Tasmania



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Connecting care across Tasmania for everyone.



Our Primary Health Matters magazine

In the latest issue of our magazine, we showcase a personal approach to professional development, finding strength in isolation, Tasmanian HealthPathways leading to better support and more.



MyMedicare

Information and resources supporting rollout of the MyMedicare voluntary patient registration program



Free exercise program supports healthy ageing

A free strength-based exercise program is now available to support older Tasmanians living with long-term health conditions.



Quick links

[For health professionals](#)



[For the community](#)



[Our services portal](#)



[Our learning hub](#)



[Tasmanian HealthPathways](#)



[After-hours care](#)



[Careers](#)



[Tenders](#)



Latest news

Tasmanian Health Directory

Primary Health Tasmania's Tasmanian Health Directory is a statewide directory aimed at connecting health professionals with other providers and services.

SEARCH NOW

Directory contents

The listings maintained by Primary Health Tasmania in the Tasmanian Health Directory include:

- general practitioners
- medical specialists
- allied health providers
- community pharmacies
- aged care facilities.

Publications

Overview

[Primary Health Matters](#)

[Primary Health Update](#)

[Other key publications](#)

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Publications

Primary Health Tasmania produces two publications on a regular basis: a weekly eNewsletter for primary care and aged care professionals, and a twice-yearly magazine showcasing local innovation in primary health, aged and social care.

Primary Health Tasmania Learning Hub

Popular resources

The high risk foot

Aboriginal cultural respect training

Primary Sense learning resources

Deprescribing Antidepressants: An evening with Dr Mark Horowitz

Clinical update: Launch of Tasmanian guide to support young people to quit e-cigarettes

 ThinkGP education website

 Recognising Deterioration in the Older Person

 Enhancing Patient Outcomes in Breast Screening and Risk Management

 RSV maternal and infant immunisation overview and Winter Immunisation Update – Tasmania 2025

 Kidney disease in Tasmania



Latest resources

COVID-19 infection control and vaccine provider training website

Date: 7 January, 2026



Understanding the New GP Chronic Condition Management Plan Framework for Allied Health Providers

Date: 23 December, 2025



Identifying and Responding to Domestic and Family Violence - e-Learning module

Date: 27 November, 2025

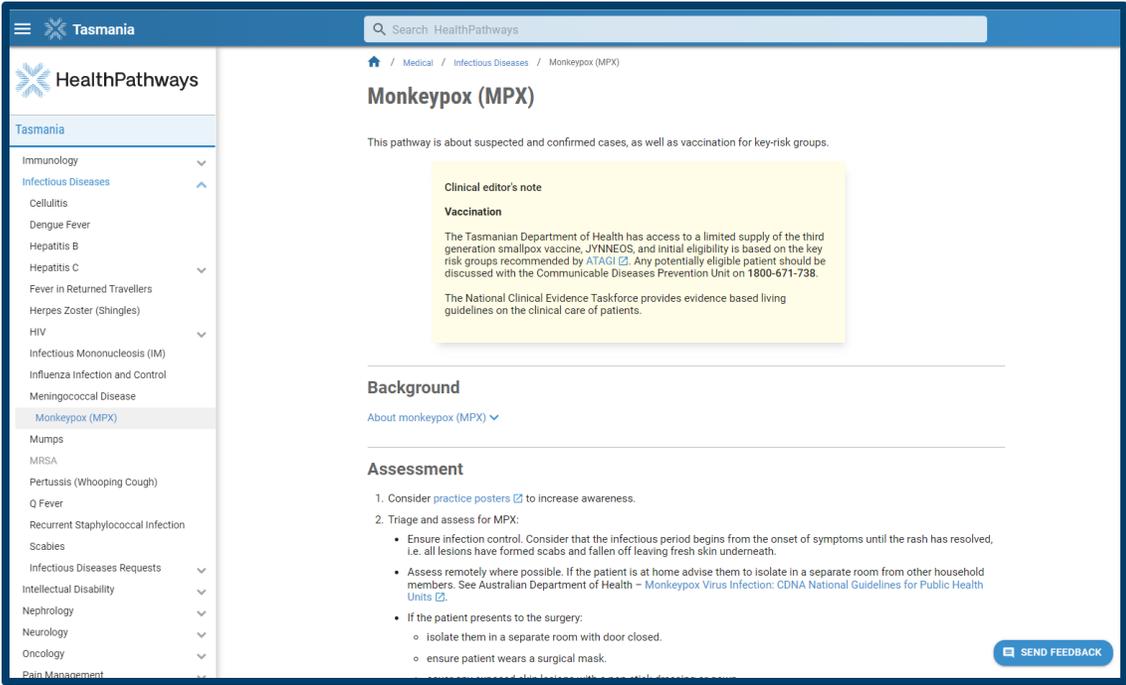
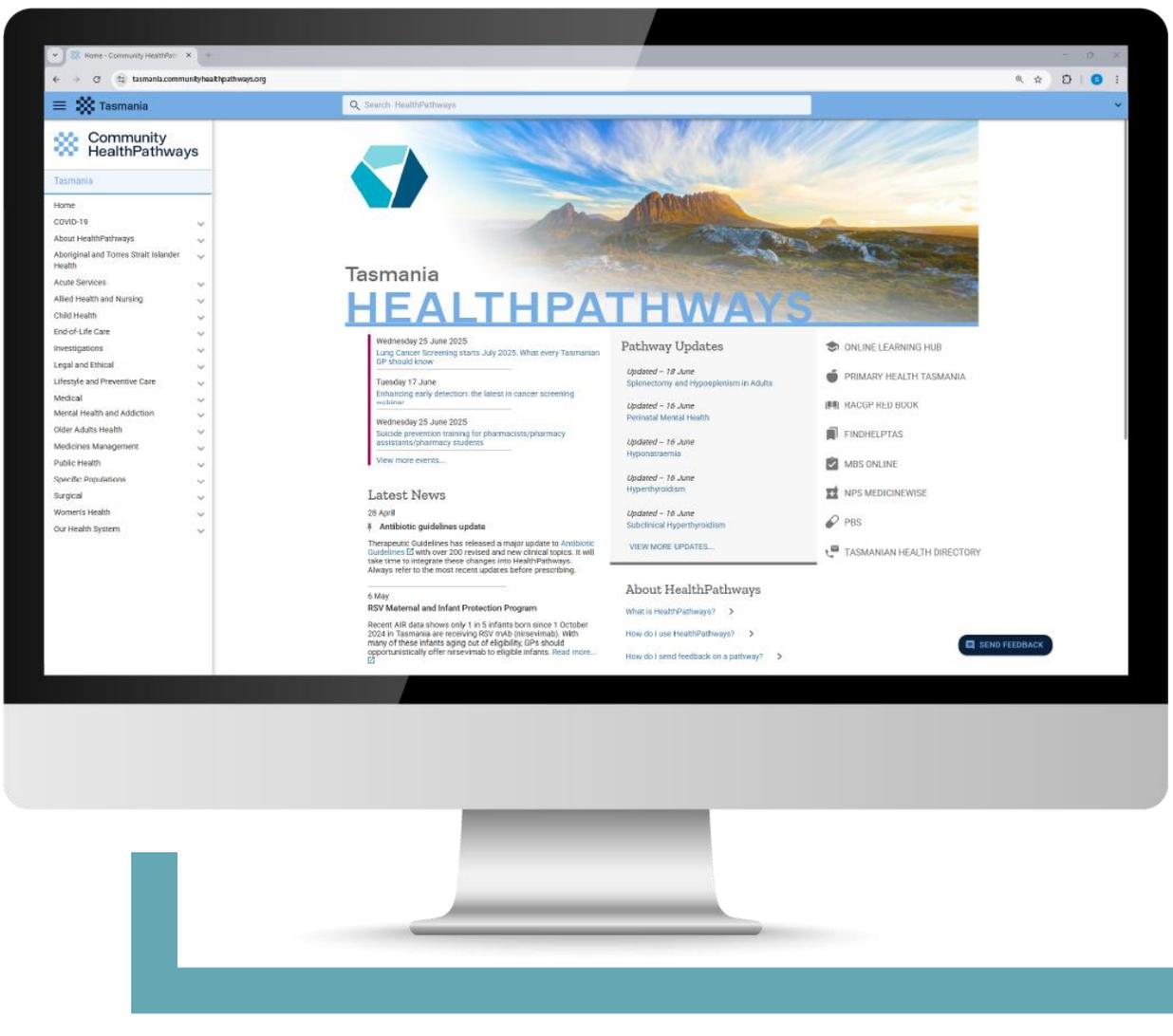


Tasmanian HealthPathways

is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.



tasmania.communityhealthpathways.org



To gain access to HealthPathways, please email healthpathways@primaryhealthtas.com.au

Some final words

- Event evaluation survey
- Statements of attendance will be emailed to participants along with links to the various resources discussed today.
- For any queries, please contact providersupport@primaryhealthtas.com.au

Thank you



Disclaimer

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