

Resources needed to plan a Catch-up Vaccination

1. Online Australian Immunisation Handbook:

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

<https://immunisationhandbook.health.gov.au/catch-up-calculator/calculator>

Tables of Importance

- To work out how many vaccine doses required for children <10yrs of age go to: [Number of vaccine doses the child should have received by their current age.](#)
- To check intervals required between vaccine doses for children <10yrs of age go to: [Minimum acceptable dose intervals for children <10 years of age.](#)
- Use for catch up of HIB <5 years of age go to: [Catch up schedule for Haemophilus influenzae type b \(Hib\) vaccination for children <5 years of age.](#)
- Use for Prevenar13 catch up for all Aboriginal and Torres Strait Islander children <5yrs go to: [Catch up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in NT, Qld, SA or WA ONLY, and all children with any medical condition\(s\) associated with an increased risk of invasive pneumococcal disease, aged <5 years.](#)
- Use for Prevenar13 catch up for all other children <5yrs go to: [Catch up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in NSW, Vic, Tas or ACT, and all children who do not have medical condition\(s\) associated with an increased risk of invasive pneumococcal disease, aged <5 years.](#)
- Use for catch up for those ≥10 yrs of age: [Catch up schedule for people ≥10 years of age \(for vaccines recommended on a population level\).](#)
- Minimum acceptable age <https://immunisationhandbook.health.gov.au/resources/handbook-tables/table-minimum-acceptable-age-for-the-1st-dose-of-scheduled-vaccines-in>

2. Additional resources

- [National Immunisation Program – Pneumococcal vaccination schedule from 1 July 2020 – Clinical decision tree for vaccination providers](#)
- [ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020](#)
- http://apps.who.int/immunization_monitoring/globalsummary/schedules

3. Current Qld National Immunisation Program Schedule(s)

- **Children (under 10 years):**
https://www.health.qld.gov.au/data/assets/pdf_file/0032/989114/qld-immunisation-schedule-children.pdf
- **Adolescents & Adults:**
https://www.health.qld.gov.au/data/assets/pdf_file/0031/989113/qld-immunisation-schedule-adolescent-adult.pdf

4. VSP catch-up Worksheet

5. AIR access

6. Details of previous immunisations given in Australia and Overseas

- Child's health book
- AIR history/VIVAS history
- Overseas immunisation history (*if applicable*)

Townsville Public Health Unit
Phone: 4433 6900 Fax: 4433 6901



Queensland
Government

Immunisation Catch-Up worksheet
All children < 10 yrs of age

Name:		Date Today:	
Address:		Date of Birth:	
Medicare No:		Age:	
low birth weight < 2000gms <input type="checkbox"/> Premature < 32 weeks <input type="checkbox"/>		Aboriginal and/or Torres Strait Islander * <input type="checkbox"/>	
Overseas / Refugee <input type="checkbox"/> Medical Risk Factors <input type="checkbox"/>		* Use worksheet for Aboriginal and/or Torres Strait Islander	

Dose	1	2	3	4	5	COMMENTS
Antigen	(Enter dates given)					
Infanrix Hexa <small>DTPa-hepB-IPV-Hib</small>	2mths	4mths	6mths			
Prevenar13 <small>13vPCV</small>	2mths	4mths	<i>*6mths for medical risk factors</i>	12mths	<i>*Catch Up to Extra</i>	5 yrs of age, check Pneumococcal Table dose at 6 mths if Med at Risk or ATSI
Rotavirus	2mths	4mths				Strict Time parameters apply check dosing wheel
Nimenrix <small>MenACWY</small>	*12mths					If previous history of MenC vaccine not eligible for this vaccine
Priorix or MMR II <small>MMR</small>	12mths					
Priorix Tetra or ProQuad <small>MMRV</small>		18mths				
Act HIB				*18mths		*Check Hib Table
Infanrix or Tripacel <small>DTPa</small>				*18mths		For Children born after 10/2014. Need 6 mths between dose 3 of Infanrix Hexa and dose 4 of DTPa
Infanrix IPV or Quadracel <small>DTPa-IPV</small>					4yrs	Need 6 mths between doses 4 and 5 of DTPa containing vaccines
Pneumovax23 <small>23vPPV</small>	*4yrs					*Children Medically at Risk for IPD
Influenza	From 6mths Dose 1	<i>* Dose 2 in first year of receiving flu vaccine</i>				Funded for all children 6 mths to <5yrs

CATCH UP SCHEDULE (below record details of what is due)

Date	Interval to next dose	Vaccines and Dose Number
	Now	
	months from last	
	months from last	
	months from last	

Medical Centre:.....

Requesting Nurse/MO:..... Childs Appointment Date:.....



IMMUNISATION CATCH-UP WORKSHEET

Aboriginal and/or Torres Strait Islander Children < 10 years of age

Name:	Date Today:
Address:	Date of Birth:
Medicare No:	Age:
Medical risk factors List:.....	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>

Dose	1	2	3	4	5	COMMENTS
Antigen	(Enter dates given)					
Infanrix Hexa DTPa-hepB-IPV-Hib	2mths	4mths	6mths			
Prevenar 13 13vPCV	2mths	4mths	6mths	12mths		Catch Up to 5 yrs of age
Rotavirus	2mths	4mths				Strict time parameters apply check dosing wheel
Bexsero (Meningococcal B)	*2mths	4mths	12mths			If first dose given ≥12mths of age only 2 doses required, 8wks apart Prophylactic use of Paracetamol recommended
Nimenrix (MenACWY)	*12mths					If previous history of MenC vaccine not eligible for this vaccine
Priorix or MMR II MMR	12mths					
Priorix Tetra or ProQuad MMRV		18mths				
VAQTA Hepatitis A	*18mths	*4yrs				
Act HIB				*18mths		* Check Hib Table
Infanrix or Tripacel DTPa				*18mths		For children born after 10/2014. Need 6mths between dose 3 of Infanrix Hexa and dose 4 of DTPa
Infanrix IPV or Quadracel DTPa-IPV					4y rs	Need 6 mths between doses 4 and 5 of DTPa containing vaccines
Pneumovax 23 23vPPV	4yrs					
Influenza	From 6mths Dose 1	* Dose 2 in first year of receiving flu vaccine				Funded for all children 6 mths to <5yrs and all ATSI children from 6 mths

CATCH UP SCHEDULE (below record details of what is due)

Date	Interval to next dose	Vaccines and Dose Number
	Now	
	months from last	
	months from last	
	months from last	

Medical Centre:.....

Requesting Nurse/MO:.....

Childs Appointment Date:.....



IMMUNISATION CATCH-UP WORKSHEET

≥ 10 – 19 years of age

Name:			Date Today:	
Address:			Date of Birth:	
Medicare No:			Age:	
Overseas / Refugee <input type="checkbox"/>			Aboriginal <input type="checkbox"/>	
Grade in High School:			Torres Strait Islander <input type="checkbox"/>	
Dose	1	2	3	COMMENTS
Antigen	(Enter dates given)			
Hepatitis B				10 to <11yrs and 16-19yrs (use 3 doses Paediatric vaccine) If between 11-15 yrs of age (use 2 doses Adult Hep B vaccines)
dT / dTpa				
IPV				
MMR				If <14 yrs of age and also requires a VZV can have an MMRV
Men C	10 – <15yrs			If hasn't received Men C give MenACWY
MenACWY	15-19yrs			The Meningococcal ACWY program is a limited program for Year 10 students and 15 – 19 yr olds
HPV			Dose 3 if ≥15yrs old	Year 7 students
VZV		Dose 2 if ≥ 14yrs old		Dose 2 required if aged ≥14yrs of age
Influenza	* if MAR			* Funded for all individuals with medical risk factors and all Aboriginal and/or Torres Strait Islanders
Pneumococcal	Prevenar13 @ diagnosis*	Pneumovax23 2-12mth later*	Pneumovax23 5-10yrs later*	* Funded for Medically at Risk for IPD The number of lifetime doses of Pneumovax23 is 2 doses
CATCH UP SCHEDULE (below record details of what is due)				
Date	Interval to next dose	Vaccines and Dose Number		
	Now			
	months from last			
	months from last			
	months from last			

Medical Centre:.....

Requesting Nurse/MO:..... Childs Appointment Date:.....



IMMUNISATION CATCH-UP WORKSHEET

Over 20 years – REFUGEE and other Humanitarian entrants

Name:	Date Today:
Address:	Date of Birth:
Medicare No:	

Dose	1	2	3	COMMENTS
Antigen	(Enter dates given)			
Hepatitis B				<i>Depending on pathology investigation results</i>
dT / dTpa				
IPV				
MMR				
VZV				<i>Depending on pathology investigation results</i>
Influenza	*			* Funded for all individuals with medical risk factors
Pneumococcal	**	**	**	** Funded for Medically at Risk for IPD

CATCH UP SCHEDULE (below record details of what is due)

Date	Interval to next dose	Vaccines and Dose Number
	Now	
	months from last	
	months from last	
	months from last	

Medical Centre:.....

Requesting Nurse/MO:..... **Clients Appointment Date:**

NOTES:

.....

.....

