

NIP 2020 vaccine changes Quick tips

Aboriginal and/or Torres Strait Islander children:

Bexsero

- 2, 4 and 12 month schedule
- Catch up to < 2 years until June 2023.

Age at start of catch up	Doses required
< 12 months	3 doses (8 weeks between doses 1 and 2; 3 rd dose at 12 months of age or 8 weeks after the 2 nd dose whichever is later)
> 12 months to < 2 yrs	2 doses (8 weeks apart)

Hepatitis A

- Dose one at 18 months
- Dose two at 4 years

Medical at Risk (MAR)

Meningococcal vaccines all ages:

Funding eligibility

- Eculizumab
- Asplenia
- Deficiency of complement components, including Factor H, factor D or properdin Deficiency

Bexsero and Nimenrix (Meningococcal ACWY) Medically at risk catch up:

Age at start of vaccination	Dose requirements for people with an associated risk of meningococcal disease
6 weeks to 5 months	4 doses (8 weeks between doses; 4 th dose at 12 months of age or 8 weeks after the 3 rd dose whichever is later)
6 – 11 months	3 doses (8 weeks between doses 1 and 2; 3 rd dose at 12 months of age or 8 weeks after the 2 nd dose whichever is later)
≥ 12 months	2 doses (8 weeks apart)

Hib

Funding eligibility

- Adults and children > 5 yrs with asplenia and hyposplenia
- Single dose if not previously vaccinated in infancy or incompletely vaccinated.
- Booster doses not required

Pneumococcal Risks	Prevenar 13	Pneumovax 23
MAR children ≤ 12 months & All Aboriginal and Torres Strait Islander children living in QLD	2, 4, 6 and 12 months	12 months after Prev 13 or ≥ 4 years Whichever is later Dose 2 five years later
Children > 12 months, adolescents and adults of any age with a risk	At time of diagnosis	12 months after Prev 13 or ≥ 4 years Whichever is later Dose 2 five years later

Risk conditions funded for Pneumococcal vaccines	Eligibility for NIP funding	
	<5 years of age	≥5 years of age
Previous episode of invasive pneumococcal disease	✓	✓
Functional or anatomical asplenia, including		
– sickle cell disease or other haemoglobinopathies	✓	✓
– congenital or acquired asplenia (for example, splenectomy) or hyposplenia	✓	✓
Immunocompromising conditions, including		
– congenital or acquired immune deficiency, including symptomatic IgG subclass or isolated IgA deficiency	✓	✓
– haematological malignancies	✓	✓
– solid organ transplant	✓	✓
– haematopoietic stem cell transplant	✓	✓
– HIV infection	✓	✓
Proven or presumptive cerebrospinal fluid (CSF) leak, including		
– cochlear implants	✓	✓
– intracranial shunts	✓	✓
Chronic respiratory disease, including[¶]		
– suppurative lung disease, bronchiectasis and cystic fibrosis	✓	✓
– chronic lung disease in preterm infants	✓	✓
Chronic renal disease		
– relapsing or persistent nephrotic syndrome	✓	✓
– chronic renal impairment – eGFR <30 mL/min (stage 4 or 5 disease)	✓*	✓*
Cardiac disease, including		
– congenital heart disease	✓	
– coronary artery disease	✓	
– heart failure	✓	
Children born less than 28 weeks gestation	✓	
Trisomy 21	✓	

* Funded under the NIP for eGFR <15 mL/min only (including patients on dialysis)

Note: ✓ NIP funded vaccines

Risk Conditions	Recommended vaccine		
	Pneumococcal vaccines – 13vPCV and 23vPPV	Meningococcal vaccines – MenB and Men ACWY	Hib vaccine
Previous episode of invasive pneumococcal disease	✓		
Functional or anatomical asplenia, including			
– sickle cell disease or other haemoglobinopathies	✓	✓	✓§
– congenital or acquired asplenia (for example, splenectomy) or hyposplenia	✓	✓	✓§
Immunocompromising conditions, including			
– congenital or acquired immune deficiency, including symptomatic IgG subclass or isolated IgA deficiency	✓		
– haematological malignancies	✓		
– solid organ transplant	✓		
– haematopoietic stem cell transplant	✓		
– HIV infection	✓		
Proven or presumptive cerebrospinal fluid (CSF) leak, including			
– cochlear implants	✓		
– intracranial shunts	✓		
Chronic respiratory disease, including¶			
– suppurative lung disease, bronchiectasis and cystic fibrosis	✓		
– chronic lung disease in preterm infants	✓		
Chronic renal disease			
– relapsing or persistent nephrotic syndrome	✓		
– chronic renal impairment – eGFR <30 mL/min (stage 4 disease)	✓*		
Cardiac disease, including¶			
– congenital heart disease	✓†		
– coronary artery disease	✓†		
– heart failure	✓†		
Children born less than 28 weeks gestation	✓†		
Trisomy 21	✓†		
Defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency		✓	
Current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)		✓	

Note: ✓ NIP funded vaccines

¶ Individual conditions listed beneath or those that are similar based on clinical judgment

* Funded under the NIP for eGFR <15 mL/min only (including patients on dialysis)

† Funded under the NIP only for children aged <5 years at diagnosis of the condition

§ Only for those who were not fully vaccinated in early childhood according to the Hib vaccination recommendations for infants and children