

**Table 2: GP/Practice Nurse catch-up vaccination plan**

Practice Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Current age: \_\_\_\_ (years) \_\_\_\_ (months) \_\_\_\_ (weeks) MEDICARE NO: \_\_\_\_\_ ( )

**Instructions:** Use this form in conjunction with Table 1 and complete your planned catch-up schedule below, working from left to right columns.

If you would like your calculations checked either fax or email this form to:  
 Fax: 4221 6759 Email: ISLHD-PHU@health.nsw.gov.au



**Health**  
 Illawarra Shoalhaven  
 Local Health District

Today's Date: _____	Date(s) all doses given (complete all relevant dates)	Age when dose was given**	No. VALID** doses given (circle one)	No. doses required at current age (see Table 1)	No. further doses required (circle one)	Australian NIP vaccine formulations for catch-up in children <10 years of age	CATCH-UP PLAN Check minimum dose intervals between each dose as per Table 1.
<b>Vaccine Antigens</b>							
<b>Diphtheria Tetanus Pertussis</b> (DT only vaccines are not valid for the purposes of determining catch-up)			None One Two Three Four Five	One Two Three Four Five	None One Two Three Four Five	<b>When choosing the best vaccine, pick the one with the least amount of additional antigens e.g. Menitorix if only Hib catch-up required.</b>	<b>Give all the vaccines that are due now – do not defer.</b>  <b>Visit 1 give now:</b>
<b>Poliomyelitis (IPV or OPV)</b>			None One Two Three Four Five	One Two Three Four	None One Two Three Four Five	<b>DTPa containing vaccines</b> <ul style="list-style-type: none"> <li>• Infanrix Hexa (DTPa + Polio + Hib + HepB)</li> <li>• Infanrix/Tripacel (DTPa only)</li> <li>• Infanrix IPV (DTPa + Polio)</li> </ul>	<b>Visit 2 (Min__ months later) give:</b>
<b>Hepatitis B</b> Administered overseas?*: yes / no	Birth: _____	N/A	( <i>exl. birth dose</i> ) None One Two Three	One Two Three	None One Two Three	<b>Pneumococccal (PCV) vaccine</b> <ul style="list-style-type: none"> <li>• Prevenar 13 (PCV only)</li> </ul>	<b>Visit 3 (Min__ months later) give:</b>
<b>MMR</b> (NOT including measles only vaccine)			None One Two	None One Two	None One Two	<b>MMR combination vaccines</b> <ul style="list-style-type: none"> <li>• MMRII or Priorix (MMR only)</li> </ul>	<b>Visit 4 (Min__ months later) give:</b>
<b>Meningococcal C conjugate (MenCCV)</b> Quadrivalent polysaccharide (4vMenPV) vaccine is not counted as a valid dose.			None One Two Three	None One	None One	<ul style="list-style-type: none"> <li>• Priorix Tetra or Proquad (MMR + varicella) - <b>not for use as dose 1 MMR</b></li> </ul>	
<b>Varicella</b>			None One Two	None One	None One	<b>Meningococcal C (MenCCV) vaccines</b> <ul style="list-style-type: none"> <li>• Menitorix (MenCCV + Hib)</li> </ul>	
<b>Haemophilus Influenzae (Hib)</b> (Only required if < 5 years old)			None One Two Three Four	See Handbook Table 2.1.8	None One Two Three Four	<b>Monovalent vaccines for catch-up</b> <ul style="list-style-type: none"> <li>• Engerix-B or H-B-VaxII paediatric formulations (Hep B only)</li> <li>• Varivax or Varilrix (varicella only)</li> <li>• NeisVac-C (MenCCV only)</li> <li>• IPOL (Polio only)</li> </ul>	
<b>Pneumococcal (PCV)</b> (Only required if < 5 years old – unless underlying medical risks)			None One Two Three Four	See Handbook Table 2.1.9 and 2.1.11	None One Two Three Four		

\* Monovalent Hep B vaccine at birth, 1-2 months and 6-18 months of age is an acceptable alternative overseas Hep B schedule.

\*\*Ensure minimum intervals have been observed as per Table 1.

**OFFICE USE ONLY: Checked by \_\_\_\_\_ (ISPHU Immunisation Team) Date: \_\_/\_\_/\_\_**