



National Immunisation Program: Free catch-up vaccines for refugees and other humanitarian entrants aged 20 years and over (ongoing)

VACCINATION PROVIDER FACT SHEET

- From 1 July 2017 refugees and other humanitarian entrants are eligible for free catch-up vaccines on an ongoing basis through the National Immunisation Program (NIP).
- Providing a nationally consistent catch-up schedule enables newly arrived refugees and other humanitarian entrants free access to recommended vaccines.

ELIGIBILITY

Quick reference:

- Use this schedule (Table 1) for refugees or humanitarian entrants aged 20 years or over.
- For refugees or humanitarian entrants aged 10 to 19 years, refer to *Free catch-up vaccines for all individuals aged 10 to 19 years*.

All refugees and other humanitarian entrants aged 20 years and over can now receive free catch-up vaccines through the NIP.

FUNDED VACCINES

The following vaccines are funded for the eligible cohort on an ongoing basis under the expanded NIP. Refugees and other humanitarian entrants should also be closely evaluated regarding the potential need for other vaccines based on risk factors (e.g. influenza vaccine). Refer to the *Australian Immunisation Handbook*, 10th edition, updated 2017 online for more information.

Table 1. Funded vaccine arrangements under this measure. The following table and footnotes are adapted from the *Australian Immunisation Handbook*, 10th edition, updated 2017 online.

Vaccine	Doses required*	Minimum interval between dose 1 and 2	Minimum interval between dose 2 and 3
Diphtheria, tetanus and pertussis	3 doses [‡]	4 weeks	4 weeks
Poliomyelitis	3 doses	4 weeks	4 weeks
Measles, mumps and rubella	2 doses	4 weeks	Not required
Hepatitis B - Aged ≥20 years	3 adult doses	1 month	3 months [§]
Varicella ^{**}	2 doses if aged ≥14 years	4 weeks	Not required

* This column outlines the number of vaccine doses required for a person who has not previously received any vaccine doses for that antigen. To determine how many further doses are required for a person who has received previous vaccine doses, the number of previous doses should generally be deducted from the number in this column.

[‡]If a person ≥10 years of age has not received the number of pertussis vaccine doses recommended prior to 10 years of age, they only require 1 dose to be considered up-to-date (irrespective of the number of previous doses of pertussis-containing vaccine they received prior to 10 years of age). A single booster dose of pertussis-containing vaccine is routinely recommended for all adolescents, optimally delivered between 11 and 13 years of age (refer to 4.12 *Pertussis*). Given that dT is not funded under the NIP, up to 3 doses of dTpa may be used.

[^]Note the age groups overlap and this is an either/or, not both.

[§] For hepatitis B vaccine, the minimum interval between dose 1 and dose 3 is 4 months (refer to 4.5 *Hepatitis B*).

[#] Varicella vaccine is recommended for all non-immune persons. Children who have an uncertain clinical history or no documentation of age-appropriate varicella vaccination should be considered susceptible and offered vaccination unless confident clinical diagnosis of prior natural infection is made. All persons aged ≥14 years should receive 2 doses (refer also to 4.22 *Varicella*).

^{**} While MMRV is suitable to provide varicella vaccination in children aged <14 years, this vaccine is not recommended for use in persons ≥14 years of age (refer also to 4.22 *Varicella*).

ASSESS VACCINATION HISTORY

All refugees or humanitarian entrants aged 20 years and over will need an assessment of their immunisation status to clarify their immunisation history, enter information into the Australian Immunisation Register (AIR) if it has not been recorded, and provide catch-up vaccines if needed.

For refugees and other humanitarian entrants, check if overseas (written) immunisation records are available, however, note that most refugees do not have documentation of vaccination.

Refugees and other humanitarian entrants may have received vaccinations through the visa application process or in Australian immigration detention, so check for documentation, detention health summaries, or health discharge assessments from sources such as:

- ✓ the Departure Health Check – provided to Offshore Humanitarian entrants (voluntary process)
- ✓ Australian immigration detention health records

If there is a written record of vaccination, vaccine doses should not be repeated. If any prior vaccination cannot be confirmed due to incomplete documentation, it should generally be assumed that the vaccine(s) have not been given. Serological testing to determine the need for specific vaccinations is not routinely recommended.

Once an assessment of any existing vaccination records and other relevant clinical information is undertaken, develop a catch-up plan. The objective of catch-up vaccination is to complete a course of age appropriate vaccination and provide optimal protection as quickly as possible, generally using minimum dosing intervals.

Apart from a possible increase in local adverse events for frequent doses of diphtheria, tetanus and pertussis-containing vaccines, there are no significant adverse events associated with additional doses of vaccines given to immune individuals.

- ✓ Information on developing a catch-up schedule and intervals between vaccine doses is available in [Chapter 2.1](#) of the *Australian Immunisation Handbook*, 10th edition, updated 2017 online.
- ✓ Information on groups with special vaccination requirements, including vaccination of migrants to Australia is available in [Chapter 3.3](#) of the *Australian Immunisation Handbook*, 10th edition, updated 2017 online.

Note the Department of Social Services provides a free document translating service for Australian citizens and new migrants settling permanently in Australia. Within the first two years of arriving in Australia, eligible individuals can have key personal documents (including vaccination records) translated into English, free of charge, to assist with settlement into the community. The [Free Translating Service](#) is available on the Department of Social Services website.

REPORTING TO THE AIR

GPs should report to the AIR all vaccinations they give to their patients in Australia and those given overseas where the appropriate documentation is available. If your GP practice software does not automatically report vaccinations to the AIR, then you will need to report these vaccinations directly using the AIR site.

Information about registering to send or receive immunisation data from the AIR is available on the Australian Government Department of Human Services [website](#).

ORDERING VACCINES

Catch up vaccines can be ordered through the same process currently used to order vaccines for the National Immunisation Program.

CONTACT DETAILS

State and Territory Health Department contact details for further information.

ACT (02) 6205 2300
SA 1300 232 272
NSW 1300 066 055
NT (08) 8922 8044

QLD 13 HEALTH (13 43 25 84)
TAS 1800 671 738
VIC 1300 882 008
WA (08) 9321 1321