Table 2: GP/Practice Nurse catch-up vaccination plan		
Practice Name:		
Contact Person:		
Dh•	Fav	

Instructions: Use this form in conjunction with Table 1. Complete all sections below, working from left to right columns.

If you would like your calculations checked either fax or email this form to: Fax: 9485 6050 Email: NSLHD-PHUImmunisation@health.nsw.gov.au



PATIENT'S NAME: DOB: __/__/___ (weeks) MEDICARE NO: _ Current age: (years) ____ (months) _____ No. doses No. further Date(s) all doses | Age when | No. VALID** Australian NIP vaccine formulations for Today's Date: _____ **CATCH-UP PLAN** required at doses given (complete dose was doses given catch-up in children <10 years of age Check minimum dose intervals required current age all relevant dates) given** (circle one) **Vaccine Antigens** between each dose as per Table 1. (see Table 1) (circle one) Choose the vaccine with the least None Give all the vaccines that are due None None **Diphtheria Tetanus Pertussis** amount of additional antigens. One One now - do not defer. One Two Two (DT only vaccines are not valid for the Two DTPa containing vaccines Visit 1 give now: Three Three Three purposes of determining catch-up) Infanrix Hexa (DTPa + Polio + Hib + Four Four Four Five Five HepB) Five Infanrix/Tripacel (DTPa only) None None None Poliomyelitis (IPV or OPV) Infanrix IPV (DTPa + Polio) One One One Quadracel (DTPa + Polio) Two Two Booster dose recommended at 4 years of Two Three Three Three age. If the 4th dose was given before 3.5 NB: Boostrix and Adacel brands are not Four Four Four Visit 2 (Min months later) give: years of age, it should be repeated. registered for use ≤10 yrs of age. Five MMR combination vaccines Birth: N/A (exl. birth dose) None None **Hepatitis B** MMRII or Priorix (MMR only) None One One One • Priorix Tetra or Proquad (MMRV) -Administered overseas?*: yes / no Two Two Two not for dose 1 MMR Three Three Three NB: MMRV brands are not registered for None None None MMR use ≥14 yrs of age. One One One (NOT including measles only vaccine) Visit 3 (Min months later) give: Two Two Two Meningococcal vaccines None Meningococcal C (MenCCV/4vMenCV) Nimenrix (4cMenCV) One None None NeisVac-C (MenCCV) Conjugate only. Polysaccharide (4vMenPV) Two One One vaccine is not counted as a valid dose. Three Bexsero (MenBCV) None None None **Monovalent vaccines** Meningococcal B (Aboriginal children One One One • Engerix-B or H-B-VaxII paediatric only) Two Two Two formulations (Hep B only) Three Three Three Visit 4 (Min months later) give: Varivax or Varilrix (varicella only) None Varicella None None • IPOL (Polio only) One One One Prevenar 13 (PCV only) Two See Handbook Act-HIB (Hib only) None Haemophilus Influenzae (Hib) None Catch-up Table One One (Only required if < 5 years old) Haemophilus Two Two influenzae type Three Monovalent Hep B vaccine at birth, 1-2 Three b (Hib) Four months and 6-18 months of age is an None See Handbook None acceptable alternative overseas Hep B Pneumococcal (PCV) One Catch-up Table One schedule (Only required if < 5 years old - unless Two 13vPCV Two **Ensure minimum intervals have been

Three

Three

Four

underlying medical risks)

observed as per Table 1.