



Meningococcal ACWY schedule for children and adolescents without risk factors

Eligibility	Age at commencement of vaccine course	Vaccine brand	Dosing guidance for healthy people*
Aboriginal children (6 weeks to 11 months)	6 weeks–5 months	Nimenrix	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age)
	6–11 months	Nimenrix	2 doses (2nd dose at 12 months of age or 8 weeks after 1st dose, whichever is later)
All children (12 months)	12 months	Nimenrix	1 dose
All children (13 months to <5 years)	≥ 13 months	Nimenrix	1 dose Administer only if 12 month scheduled dose not received
All adolescents (15 to 19 years)	15-19 years	Nimenrix	1 dose

* Children with specified medical conditions that are associated with an increased risk of invasive meningococcal disease (IMD) usually require additional doses of MenACWY vaccine. For recommendations for children at increased risk of IMD, refer to the table below and the Australian Immunisation Handbook immunisationhandbook.health.gov.au

Notes:

- Nimenrix can be co-administered with other scheduled NIP vaccines at a different injection site.
- There should be a minimum interval of 8 weeks between MenACWY doses.
- The same brand of MenACWY vaccines should be given for subsequent doses, especially for completion of the primary vaccination course. A different brand may be substituted if the MenACWY brand administered is either unavailable or unknown.



Meningococcal B schedule for **Aboriginal** children without risk factors

Age at commencement of vaccine course	Vaccine brand	Dosing guidance for healthy people*
6 weeks to 11 months	Bexsero	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
≥12 months to 2 years	Bexsero	2 doses (8 weeks between doses)

* Children with specified medical conditions that are associated with an increased risk of invasive meningococcal disease (IMD) usually require additional doses of MenB. For recommendations for children at increased risk of IMD, refer to the table below and the Australian Immunisation Handbook immunisationhandbook.health.gov.au

Notes:

- Bexsero can be co-administered with other scheduled NIP vaccines at different injection sites, otherwise if not co-administering, there should be a minimum interval of three days to reduce the risk of fever. **Y**
- There should be a minimum interval of 8 weeks between Bexsero doses.
- The same brand of MenB vaccine must be used to complete the vaccination course.



Meningococcal ACWY and Meningococcal B schedule for people with a specified medical condition that increases their risk of invasive meningococcal disease

Age at commencement of vaccine course	Vaccine brand	Dosing requirements for people with a specified medical condition associated with increased risk of meningococcal disease*
6 weeks to 5 months	Nimenrix and Bexsero	4 doses* (8 weeks between doses; 4th dose at 12 months of age or 8 weeks after 3rd dose, whichever is later)
6-11 months	Nimenrix and Bexsero	3 doses* (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
≥ 12 months	Nimenrix and Bexsero	2 doses* (8 weeks between doses)

Reference: ATAGI clinical advice on vaccination recommendations for people with risk conditions from 1 July 2020 (www.health.gov.au/resources/publications/atagi-clinical-advice-on-vaccination-recommendations-for-people-with-risk-conditions-from-1-july-2020)

*Specified medical conditions include inherited defects or deficiency of properdin or complement components, receiving treatment with eculizumab, functional or anatomical asplenia, HIV infection and haematopoietic stem cell transplant. Bexsero is NIP-funded for Aboriginal and Torres Strait Islander infants with any of these conditions. Otherwise, Bexsero and Nimenrix are NIP funded only for people with asplenia and hyposplenia, complement deficiency and those receiving treatment with eculizumab. For further information refer to the Australian Immunisation Handbook immunisationhandbook.health.gov.au

Notes:

- Nimenrix and Bexsero can be co-administered with other scheduled NIP vaccines at different injection sites. If not co-administering Bexsero, there should be a minimum interval of three days to reduce the risk of fever.
- There should be a minimum interval of 8 weeks between MenACWY/MenB doses.
- The same brand of MenACWY vaccines should be given for subsequent doses, especially for completion of the primary vaccination course for young children. A different brand may be substituted if the MenACWY brand administered is either unavailable or unknown.
- The same brand of MenB vaccine must be used to complete the vaccination course.

Catch-up schedule for 13vPCV for all children with any medical condition(s) associated with an increased risk of invasive pneumococcal disease, aged <5 years

Number of 13vPCV doses received previously	Age at presentation	Age at 1st dose of PCV	Age at 2nd dose of PCV	Age at 3rd dose of PCV	Number of further primary PCV dose(s) needed	Number of PCV booster doses needed at age ≥12 months
None	<12 months	Na	na	na	3	1
	12–59 months	Na	na	na	1	1
1	<12 months	Any age	na	na	2	1
	12–59 months	<12 months	na	na	1	1
	12–59 months	≥12 months	na	na	None	1
2	<12 months	Any age	Any age	na	1	1
	12–59 months	<12 months	<12 months	na	1	1
	12–59 months	<12 months	≥12 months	na	None	1
	12–59 months	≥12 months	≥12 months	na	None	None
3	<12 months	Any age	Any age	Any age	None	1
	12–59 months	<12 months	<12 months	Any age	None	1
	12–59 months	<12 months	≥12 months	≥12 months	None	None

Taken from the ATAGI clinical advice on vaccination recommendations for people with risk conditions from 1 July 2020 (www.health.gov.au/resources/publications/atagi-clinical-advice-on-vaccination-recommendations-for-people-with-risk-conditions-from-1-july-2020).

This schedule does not apply to people who have had a haematopoietic stem cell transplant. Please refer to the Vaccination for people who are immunocompromised chapter in the Australian immunisation handbook <https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-who-are-immunocompromised>.

The minimum interval between doses is 1 month if child aged <12 months, and 2 months if aged ≥12 months.