

Immunisation Policy

Purpose:	The purpose of this policy is to effectively manage the risk to children and employees of exposure to diseases that are preventable by vaccination	
Scope:	Children attending the service, parents, and employees, including full-time, part-time, permanent, fixed term and casual employees, as well as contractors, volunteers and people undertaking work experience or vocational placements	
Status:	Approved	Supersedes: All previous Immunisation Policies
Authorised by:	Dee Farquharson	Date of Authorisation: 17 Nov 2021
References:	<ul style="list-style-type: none"> • Education and Care Services National Law (Queensland) • Education and Care Services National Regulations, sections 88, 162(f), 168(2), 170, 171, 172, 177, 181, 183, 184 • Public Health Act 2005 (Qld) • Public Health Regulations 2005 (Qld) • Australian Privacy Principles • National Quality Standard: Quality Area 2.1.4, 2.1.6 and 6.1 • Queensland Vaccination Legislation – A Handbook for Early Childhood Education and Care Services • River School Early Childhood Centre Infectious Disease Policy • River School Early Childhood Centre Work Health and Safety Policy • River School Early Childhood Centre Illness Policy • River School Early Childhood Centre Enrolment and Orientation Policy • River School Early Childhood Centre Privacy Policy • River School Early Childhood Centre Record Retention 	
Review Date:	Every 2 years	Next Review Date: 17 Nov 2023
Policy Owner:	AME Board	

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	1 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Policy Statement

River School Early Childhood Centre is committed to ensuring the health and safety of children and employees at the service who are at risk of exposure to diseases that are preventable by vaccination. Immunisation of children and employees is an effective way to manage this risk.

It is the policy of River School Early Childhood Centre to:

- Actively support the choice of immunisation of all children enrolled at the service.
- Actively support the choice of immunisation of all employees working at the service.
- Inform parents and employees of vaccination recommendations.

In line with the Public Health Act 2005, River School Early Childhood Centre will comply with requests from Queensland Health for information regarding a child enrolled at the service who has a contagious condition.

Children

In line with the *Education and Care Services National Regulation 2011*, River School Early Childhood Centre requires details of any previous infection with vaccine-preventable diseases and the immunisation status for such disease for each child to be kept in their enrolment record. Accordingly, an immunisation history statement will be sought from families upon the enrolment of their child, and thereafter when the child passes a vaccination age milestone relevant to River School Early Childhood Centre (being 2, 4, 6, 12 and 18 months, and 4 years).

In accordance with the National Health and Medical Research Council, River School Early Childhood Centre supports the choice of parents of who enrol their children to vaccinate according to their age group. Please see Appendix A for more information regarding the recommended vaccinations according to a child's age group.

New Enrolments

You should make clear here the service's policy about new enrolments and immunisation requirements under the *Public Health Act 2005*. Your service can choose to:

- a) refuse enrolment of children whose immunisation status is not up to date; or
- b) accept enrolment but refuse attendance of children until proof of up to date immunisation status is provided; or
- c) conditionally accept enrolment or attendance until proof of up to date immunisation status is provided. For example, if a parent does not provide proof of an up to date immunisation status, your service can advise the parent that until an up to date immunisation history statement is provided:
 - attendance may be limited for a specific period of time; or
 - attendance may be limited to particular days or sessions; or
- d) accept the enrolment of children whose immunisation status is not up to date or is unknown

To exercise this discretionary power and to be legally protected, your service must:

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	2 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

- a) request that the parent provide an immunisation history statement showing that their child's immunisation status is up to date;
- b) on making the request, inform the parent of the potential consequences for their child's enrolment or attendance, if their immunisation status is not up to date; and
- c) provide a reasonable time-frame for the parent to provide the immunisation history statement.

It is up to your service to decide what is a reasonable time-frame for providing the immunisation history statement when enrolling a child. A four week timeframe would generally be considered reasonable.

As the power under this Act is entirely discretionary, your service has the flexibility to accommodate vulnerable children whose immunisation status may be unknown or not up to date. Furthermore, your service cannot cancel or refuse enrolment or attendance of a child on the basis of their immunisation status if they:

- have a medical contraindication to some or all scheduled vaccines; and/or
- are on a recognised vaccination catch-up schedule.

While technically not fully vaccinated, these children are still classified as having an up to date immunisation status, and this should be indicated on their immunisation history statements.

Existing enrolments

You should make clear here the service's policy about existing enrolments and immunisation requirements. Your service can choose to:

- a) cancel enrolment of children whose immunisation status is not up to date; or
- b) refuse attendance of children until proof of up to date immunisation status is provided; or
- c) impose another condition on the child's enrolment or attendance until proof of up to date immunisation status is provided.

To exercise this discretionary power and to be legally protected, your service must:

- a) be satisfied that the child has passed one of the vaccination milestones under the National Immunisation Program Schedule Queensland (see section 7.1)
- b) request the parent provide an immunisation history statement showing that their child's immunisation status is up to date
- c) on making the request, inform the parent of the potential consequences for the child's enrolment or attendance, if their child's immunisation status is not up to date, and
- d) give the parent at least four weeks to provide the immunisation history statement.

Note that enrolments cannot be cancelled when a child has a medical contraindication or is on a recognised catch-up schedule, as outlined above. Also note that as the power under this Act is entirely discretionary, your service has the flexibility to accommodate vulnerable children whose immunisation status may be unknown or not up to date.

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	3 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Outbreaks of Infectious Diseases

Please see the River School Early Childhood Centre Infectious Disease Policy for more information on the action the service will take if there is an occurrence of an infectious disease at the service.

In accordance with both *Public Health Act 2005* and the National Health and Medical Research Council's *Staying Healthy* (5th ed), if children are not medically vaccinated according to their age group, they will be excluded from care at River School Early Childhood Centre during outbreaks of some infectious diseases (such as measles and pertussis), even if the child is well. If a family has not provided an immunisation history statement to the service, River School Early Childhood Centre will assume that the child is not medically vaccinated and act accordingly.

Employees

In line with *Staying Healthy* (5th ed), River School Early Childhood Centre requires details of any previous infection with vaccine-preventable diseases and the immunisation status for such diseases for each employee to be kept in their employment record.

Furthermore, and in accordance with *Staying Healthy*, River School Early Childhood Centre recommends that its employees are immunised against:

- Pertussis
- Measles–mumps–rubella (MMR)
- Varicella
- Hepatitis A
- Influenza
- Hepatitis B (if caring for children with intellectual disabilities)
- COVID 19

Any person who is not immunised will be excluded from the service if and when an outbreak of a vaccine-preventable infectious disease occurs to protect that person and to prevent further spread of infection. In the instance of the person actually being immunised and the Immunisation records have not been provided to the service, the person will be viewed as not being immunised and will require to be excluded. If a person is suspected to be infected with the COVID 19 virus and is not fully vaccinated, said employee will be required to remain at home in quarantine or as directed by recognised health authority, until a negative test result is returned, using their sick leave entitlements. If no leave entitlement is available, the employee will have leave without pay.

Employees who are pregnant or immunocompromised should seek their own medical advice about vaccinations.

If an employee refuses reasonable requests for immunisation, there may be potential consequences as follows:

- Potentially having to take antibiotics during outbreaks of bacterial diseases that are vaccine preventable, even if the employee is not ill; and/or
- Being excluded from work during outbreaks of preventable diseases.

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	4 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Please see the River School Early Childhood Centre Infectious Disease Policy for more information on the action the service will take if there is an occurrence of an infectious disease at the service.

Definitions

Definitions relevant to this policy include:

Catch-up schedule: a documented plan to complete a course of vaccination and provide optimal protection against disease as quickly as possible

Contagious condition: means a contagious medical condition prescribed under the *Public Health Regulation 2005*, Schedule 2A, Part 1 as a contagious condition

Immunisation: both receiving a vaccine and becoming immune to a disease, as a result of being vaccinated

Immunisation history statement: Section 160A of the *Public Health Act 2005* defines this statement as being:

- an official record issued by the Australian Childhood Immunisation Register (ACIR) or
- a letter from a recognised immunisation provider (e.g. a General Practitioner or recognised immunisation nurse).

The Red Book or Personal Health Record from Queensland Health is a good record for parents. However, as it contains handwritten immunisation records it is not recognised as an official record of a child's immunisation status and is not an acceptable form of proof of vaccination.

Medically vaccinated: when a person has received a vaccine that has been scientifically proven to be effective in preventing disease

Non-medically vaccinated: when a person has either not received a vaccination at all, or has received a treatment that is said to act as a vaccine but has not been scientifically proven to be effective (e.g. homeopathic or naturopathic vaccination)

Vaccination: having a vaccine; that is, actually getting the injection

Responsibilities

River School Early Childhood Centre

River School Early Childhood Centre has the following role and responsibilities:

- Keep up to date and accurate records of the immunisation status of children and employees;
- Manage the collection of "sensitive information" about health information, including immunisation, in accordance with the *Australian Privacy Principles*;
- Take all reasonable steps to encourage children and employees who are not medically vaccinated to be vaccinated; and
- Comply with information requests by Queensland Health under section 172 of the *Public Health Act 2005*.

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	5 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Employees

Employees of River School Early Childhood Centre have the following role and responsibilities:

- Be aware of and act in accordance with River School Early Childhood Centre’s Immunisation Policy.
- Provide an accurate and up to date record of their infectious disease record and immunisation status upon commencement.
- Advise River School Early Childhood Centre in a timely manner when they receive a vaccination.
- Accept and act upon decisions by River School Early Childhood Centre to take appropriate action to protect employees who are not medically immunised from infectious diseases.
- Accept and act upon decisions by River School Early Childhood Centre to exclude employees during outbreaks of some infectious diseases if they are not medically vaccinated against the disease, as recommended by the National Health and Medical Research Council exclusion guidelines.

Families

Families at River School Early Childhood Centre have the following role and responsibilities:

- Be aware of and act in accordance with River School Early Childhood Centre’s Immunisation Policy.
- Provide an accurate and up-to-date record of their child’s infectious disease record and an up-to-date immunisation history statement upon enrolment if child is immunised.
- If child is immunised, provide an accurate and up to date copy of their child’s immunisation history statement when the child passes a vaccination age milestone relevant to River School Early Childhood Centre (being 2, 4, 6, 12 and 18 months, and 4 years); and
- Accept and act upon decisions by River School Early Childhood Centre to exclude their child during outbreaks of some infectious diseases if the child is not medically vaccinated against the disease, as recommended by the National Health and Medical Research Council exclusion guidelines and the *Public Health Act 2005*.

Implementation

In practice, River School Early Childhood Centre’s commitment to effectively managing the risk of exposure to diseases that are preventable by vaccination means that it will implement the following measures:

- Awareness – provide information of immunisation to families and employees, including this Policy.
- Record keeping, monitoring, reporting – An immunisation register based on the immunisation status of each enrolled child and employed person will be kept at the service. Information and translated information can be obtained by families, from the Department of Health.
- Exclusion – We will minimise the spread of potential infectious diseases between children and educators by excluding anyone who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	6 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

in children. Children or employees may attend care or work with symptoms or signs of illness, or while in here, may suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for them. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child or employee from the service. Many illnesses, while not fitting exclusion criteria, can transmit disease to other people at the centre, and many non-exclusion diseases can make a person too ill to participate in normal care activities. In these instances, children may be excluded from the service as guided by Staying Healthy (5th ed), or at the discretion of the Nominated Supervisor or Responsible Person in day-to-day charge if they feel the child is too unwell to remain at the service.

- Notification of the child’s parents/guardians or authorised contact will occur according to the services Incident, Injury, Trauma and Illness Policy and procedures.
- All appropriate notifications to the local Public Health Unit are available under the ‘Infectious Diseases requiring Notification to the local Public Health Unit’ and must occur within 24 hours. The Nominated Supervisor or Centre Director is responsible for notifying the local Public Health Unit.
- State specific information regarding notifiable disease can be found via this link:
- [Queensland](#)

Specific Diseases relating to pregnant women

To reduce the risk of infectious diseases while pregnant, the service recommends:

Team members/visitors to the service who are pregnant be made aware of the increased risk and affect some infectious diseases have on the unborn child. If a team member/visitor is pregnant, it is important all people follow universal precautions, and the Nominated Supervisor is to encourage all team members and visitors follow good infection control practices. The following infectious diseases pose significant risk to unborn children:

- Cytomegalovirus – Pregnant team members/visitors can be relocated to reduce the risk of exposure to diseases that can harm their unborn baby. For example if team member who usually works in the nursery becomes pregnant, she could be relocated to an older aged room, where she is less likely to be exposed to cytomegalovirus through nappy changing and feeding. Cleaning toileting accidents should also be avoided.
- Hand, Foot and Mouth disease
- Human Parvovirus B19
- Listeriosis
- Rubella (German Measles)
- Toxoplasmosis
- Varicella (Chicken Pox)
- Measles
- Hepatitis B
- Influenza
- HIV (Human Immunodeficiency Virus, AIDS (Acquired Immunodeficiency Syndrome)
- Pertussis (Whooping Cough)

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	7 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Compliance and Monitoring

In accordance with its responsibilities, River School Early Childhood Centre will undertake the following compliance and monitoring activities:

- Keep up to date and accurate records of the immunisation status of children and employees, as follows:
 - Develop a child and employee immunisation record that documents each child and employee's previous infection with vaccine-preventable diseases or immunisation for such diseases.
 - Require all new and current children and employees to complete the immunisation record.
 - When enrolling children, make a note of when the child will need updates to their vaccinations and remind parents of this in the month prior.
 - Regularly update child and employee immunisation records as vaccinations are administered.
 - Conduct an annual review of the immunisation status of all children and employees and take reasonable steps to support appropriate immunisation.
- Document advice given to parents and employees.
- Comply with requests by Queensland Health under section 172 of the *Public Health Act* 2005.

In line with the *Education and Care Service National Regulations*, River School Early Childhood Centre will ensure that:

- Copies of this policy and any related procedures are readily accessible and available for inspection by the Nominated Supervisor, employees, and families.
- Parents of children enrolled at the service are notified at least 14 days before the service makes any change to a policy or procedure that may have a significant impact on the service's provision of education and care to any child enrolled at the service or the family's ability to utilise the service.

Appendices

Appendix 1 – Table of Recommended Minimum Exclusion Periods

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	8 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Appendix 1 – Table of Recommended Minimum Exclusion Periods

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	9 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Table 1.1 Recommended minimum exclusion periods

Condition	Exclusion of case	Exclusion of contacts^a
<i>Campylobacter</i> infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
<i>Cryptosporidium</i>	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (no organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein–Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	10 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Condition	Exclusion of case	Exclusion of contacts^a
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until the person has fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	11 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Condition	Exclusion of case	Exclusion of contacts ^a
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring Exclusion is not necessary if treatment has occurred	Not excluded













a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

b If the cause is unknown, possible exclusion for 48 hours until the cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours. Adapted from SA Health Communicable Disease Control Branch <http://www.dh.sa.gov.au/pehs/ygw/index.htm>. Note that exclusion advice is consistent with the Communicable Diseases Network Australia Series of National Guidelines (SoNGs), where available.

Source: *Staying Healthy (5th ed.)*

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	12 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Appendix A – Immunisation Schedule Queensland 2020

Immunisation Schedule Queensland						July 2020	
CHILDREN							
		Before vaccinating: <ul style="list-style-type: none"> • ALWAYS review the Australian Immunisation Register (AIR) to check the patient's previous immunisation history • Check the online Australian Immunisation Handbook (the Handbook) or download the Handbook app for information about catch-up vaccination, timing of vaccination for special risk groups at immunisationhandbook.health.gov.au/ • Check the correct vaccine dose number has been recorded and report all vaccinations to AIR as soon as possible. 				LEGEND  Reconstitute IM Intramuscular SC Subcutaneous AL Anterolateral	
		AGE	DISEASE	VACCINE BRAND	ALL CHILDREN (incl. Aboriginal and Torres Strait Islander children and Children with medical risk factors)	Additional vaccines for: Aboriginal and Torres Strait Islander children Children born with medical risk factors	METHOD & SITE
IMPORTANT: Children diagnosed with medical risk factors for invasive meningococcal disease are funded to receive multiple doses of Meningococcal ACWY (Nimenrix) and Meningococcal B (Bexsero) vaccine. The number and timing of doses is dependent on the age at diagnosis. Refer to the Meningococcal chapter of the Handbook for number and timing of doses.							
Birth	Hepatitis B	H-B-Vaxil paediatric OR Engerix B paediatric	●		IM / AL thigh	● Give within 24 hours of birth. Can be given up to 7 days after birth	
	Tuberculosis	BCG 		▲	Intradermal / Deltoid	▲ Aged 15 years living in Aboriginal and Torres Strait Islander communities. For further information regarding eligibility search 'BCG vaccination' on the Queensland Health website	
2 months (can be given from 6 weeks) AND 4 months	DTPa-hepB-IPV-Hib	Infanrix Hexa 	●		IM / AL thigh		
	Pneumococcal	Prevenar 13	●		IM / AL thigh		
	Rotavirus	Rotarix	●		Oral / By mouth	● First dose must be given <15 weeks of age. Second dose must be given <25 weeks of age. Check Rotarix wheel for timing of vaccination	
	Meningococcal B	Bexsero		▲	IM / AL thigh		
6 months	DTPa-hepB-IPV-Hib	Infanrix Hexa 	●		IM / AL thigh		
	Meningococcal B	Bexsero		▲	IM / AL thigh	▲ Aboriginal and Torres Strait Islander children with medical risk factors for IM D (see Handbook)	
	Pneumococcal	Prevenar 13		▲	IM / AL thigh	◆ Medical risk factors for invasive pneumococcal disease (IPD) (see Handbook)	
12 months	Measles-mumps-rubella	Priorix  OR MMR11 	●		IM or SC / Deltoid		
	Meningococcal ACWY	Nimenrix 	●		IM / Deltoid		
	Pneumococcal	Prevenar 13	●		IM / Deltoid	◆ Children diagnosed with medical risk factors for IPD at >12 months refer to the Adolescents & Adults schedule for number and timing of doses	
	Meningococcal B	Bexsero		▲	IM / Deltoid		
	Hepatitis B	H-B-Vaxil paediatric OR Engerix B paediatric			◆	IM / Deltoid	◆ Premature baby <32 weeks gestation or <2000g birthweight only
18 months	Measles-mumps-rubella-varicella	Priorix Tetra  OR Proquad 	●		IM or SC / Deltoid		
	Haemophilus influenzae type b	Act-HIB 	●		IM or SC / Deltoid		
	DTPa	Infanrix OR Tripacel	●		IM / Deltoid		
	Hepatitis A	Vaqa paediatric		▲	IM / Deltoid		
4 years	DTPa-IPV	Infanrix IPV OR Quadracel	●		IM / Deltoid		
	Hepatitis A	Vaqa paediatric		▲	IM / Deltoid		
	Pneumococcal	Pneumovax 23		▲	IM or SC / Deltoid	◆ Medical risk factors for IPD (see Handbook) ▲ Dose at 4 years of age with additional dose at least 5 years later	

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation>

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	13 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	

Full poster available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0032/989114/qld-immunisation-schedule-children.pdf

LAST REVIEWED	17/11/2021	NEXT REVIEW	16/10/2023
VERSION	1	PAGE	14 of 14
DOCUMENT NUMBER	QA 2.4	This document may be subject to change without notice and is available online. Note: Document is uncontrolled when printed.	