NSW Immunisation Schedule Updated October 2023



Vaccines funded under the National Immunisation Program

Age				Childhood vaccines		
		Disease		Vaccine	Information	
3		Hepatitis B		H-B-VAX II (IM)	Within 7 days of birth	
6 weeks		Diphtheria, tetanus, pertussis, hepatitis B,		OR ENGERIX B (IM) INFANRIX HEXA (IM)	(ideally within 24 hours)	
		polio, Haemophilus influenzae type b		OR VAXELIS (IM)		
		Pneumococcal		PREVENAR 13 (IM)	Rotarix: Dose 1 limited to 6-14 weeks of age	
		Rotavirus Meningococcal B (Aboriginal* children only)		ROTARIX (Oral)	Rotarix: Dose i timited to 6-14 weeks of age	
		Meningococcat B (Aboriginat" Chitaren onty)		BEXSERO (IM)	Bexsero: Recommended for other children (see AIH ^v). Prophylactic paracetamol recommended	
4 mont	ths	Diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus influenzae</i> type b		INFANRIX HEXA (IM) OR VAXELIS (IM)		
		Pneumococcal		PREVENAR 13 (IM)		
		Rotavirus		ROTARIX (Oral)	Rotarix: Dose 2 limited to 10-24 weeks	
		Meningococcal B (Aboriginal [#] children only)		BEXSERO (IM)	Bexsero: Recommended for other children (see AIH ^v). Prophylactic paracetamol recommended	
	6 months	Diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b		INFANRIX HEXA (IM) OR VAXELIS (IM)	Children ≥ 6 months with at risk conditions for IPD‡ are recommended to receive an additional dose of Prevenar 13 (see AIH ^v)	
ual influenza vaccination					Aboriginal [#] children ≥ 6 months with certain at risk conditions may require an additional dose of Bexsero (see AIH ^V)	
acc	12 months	Meningococcal ACWY		NIMENRIX (IM)	Bexsero: Recommended for other children (see AIH ^v).	
Za v		Pneumococcal		PREVENAR 13 (IM)		
renz		Measles, mumps, rubella		MMR II OR PRIORIX (IM or SC)		
퓔		Meningococcal B (NIP funded for Abo	original# children only)	BEXSERO (IM)	Prophylactic paracetamol recommended	
i la l	18 months	Diphtheria, tetanus, pertussis		INFANRIX OR TRIPACEL (IM)		
*Ann		Measles, mumps, rubella, varicella		PRIORIX TETRA (IM or SC)		
*		Haemophilus influe	nzae type b	ACT-HIB (IM or SC)		
	4 years	Diphtheria, tetanus, pertussis, polio		INFANRIX-IPV OR QUADRACEL (IM)	Children with at risk conditions for IPD [‡] are recommended to receive an additional dose of Pneumovax 23 (see AIH ^v)	
			At risk gr	oups, adolescents and adults		
Age/group Disease						
	roup		Disease	Vaccine	Information	
	ople with asple	enia, hyposplenia,	Disease Meningococcal ACWY		See AIH ^v for required doses and	
comple	ople with asple	enia, hyposplenia, ncy and treatment		Vaccine		
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