

# Appendix 2: Planning immunisation catch-ups

It is essential that vaccinators have a sound understanding of the number of antigens and the most effective spacing of doses required for a primary course and subsequent boosters in order to assess an individual's immunisation requirements. The principles described below will help vaccinators in this process.

Section A2.2 discusses catch-up requirements for children aged under 18 years, and section A2.3 discusses the requirements for adults.

Plan and document your complete catch-up schedule in the patient notes and recall system to ensure continuity of care.

For assistance with planning catch-up schedules, contact your immunisation coordinator, call the IMAC freephone line on 0800 IMMUNE/0800 466 863, or discuss with an experienced colleague.

## A2.1 Eligibility for publicly funded vaccines

The *Health and Disability Services Eligibility Direction 2011* (the Eligibility Direction) issued by the Minister of Health sets out the eligibility criteria for publicly funded health and disability services, including National Immunisation Schedule vaccines, in New Zealand. Only people who meet the eligibility criteria defined in the Eligibility Direction can receive publicly funded health and disability services.

However, regardless of their immigration and citizenship status, all children aged under 18 years are eligible to receive Schedule vaccines, and providers can claim the immunisation benefit for administering the vaccines.

## A2.2 Planning catch-ups for infants, children and adolescents aged under 18 years

When planning a catch-up schedule, start by focusing on the antigens already received and the additional antigens required, not the vaccine combinations available or trade names. There is no need to think in terms of events missed (eg, the 6-week, 3-month, 5-month, 12-month or 15-month vaccination events). It is important to note the age of the child when the antigens were received.

Although catch-up tables are provided in this appendix, children may not fit these unless they are completely unvaccinated, or there is no documented history and they are assumed to be unvaccinated. Trying to fit a child's vaccine requirements to a table can result in too many or not enough antigens being administered.

Use the following principles to establish what antigens the infant, child or adolescent requires.

### A2.2.1 Principles of catch-up for infants and children aged under 10 years

1. If the immunisation status of a child is uncertain or unknown, plan the catch-up schedule assuming the vaccines have not been given.
2. Administer catch-up immunisations as per the New Zealand Schedule, not an overseas immunisation schedule.
3. The best approach is to ascertain the antigens required for the child's current age, subtract any already given and then develop the individual's catch-up schedule.
4. There is considerable flexibility when planning catch-up schedules. To offer the best protection in the shortest time possible, most vaccines can be given at the same visit, and the catch-up schedule shortened to four-weekly intervals to ensure the required number of doses are administered.
5. If the schedule has been interrupted, do not repeat prior doses regardless of how long ago the previous doses were given. Exceptions to this principle are the following vaccines given to children aged under 12 months: MMR or measles-containing vaccine (see point 9 below), Hib vaccine (see point 10), PCV (see point 11), and varicella vaccine (see point 12).
6. If a child infrequently attends general practice and failure to return for future immunisation is a concern, it is prudent to administer as many antigens as possible at every visit.

7. For infants and children aged under 10 years, use DTaP-IPV-HepB/Hib or DTaP-IPV for primary immunisation. Tdap may be used as an alternative for primary immunisation of children aged 7 to under 18 years (note that Tdap (Boostrix) is not registered for primary immunisation, but there is no evidence of safety concerns).
8. The first dose of rotavirus vaccine (RV1, Rotarix) should be given before age 15 weeks (ie, the latest age is 14 weeks and 6 days), and the second dose administered a minimum of four weeks later. An infant who has not had the first dose before age 15 weeks will not be eligible to commence the rotavirus course. Where the first dose is inadvertently given at age 15 weeks or older, the remaining dose should be given, but both doses should be given before age 25 weeks (ie, by age 24 weeks and 6 days).
9. From 1 October 2020, the first dose of MMR is scheduled at 12 months and the second dose of MMR at 15 months, or at least four weeks after the first MMR. MMR or any single-antigen measles vaccine given before age 12 months is not counted as part of the two-dose MMR schedule.
10. A single dose of Hib-PRP-T is required for all children aged 12 months to under 5 years regardless of the number of doses given in their first year. Children who receive catch-up DTaP-IPV-HepB/Hib between 12 months to under 5 years do not require a single antigen Hib vaccine as this is covered by the combination vaccine. Healthy children aged 5 years and older do not need Hib-PRP-T.
11. For healthy infants commencing PCV10 vaccination under 12 months of age, a primary course is two doses with a minimum of eight weeks between doses. A booster dose is given eight weeks after the completion of the primary course. It may be given after at least four weeks if that coincides with the 12-month immunisation event, to get them back on to schedule. Unimmunised healthy children aged 12 months to under 5 years require two PCV doses at least eight weeks apart. If a child did not complete their primary course when under 12 months of age, do not count the doses given prior to 12 months when determining the number of PCV10 catch-up doses required. Healthy children aged 5 years and older do not need PCV. See chapter 15 'Pneumococcal disease' for PCV13 schedules for high-risk children.
12. One dose of varicella vaccine is funded at 15 months for children who were born on or after 1 April 2016. A child who has received a non-funded varicella vaccine prior to 12 months is still eligible to receive the 15-month funded vaccine. A child who has had varicella disease does not require the varicella vaccine.
13. Remember to check whether the infant/child has any specific health conditions that may make them eligible for additional vaccines or additional doses of vaccine (see chapter 4 'Immunisation of special groups').
14. Once the child has received the appropriate vaccines for their age, they should continue with the Schedule as usual.

**Table A2.1: Minimum number of antigens required, by age at time of presentation, for infants and children aged <10 years**

<12 months	12 months to <5 years	5 years to <10 years
3 DTaP <sup>a</sup>	3 or 4 DTaP <sup>a</sup>	4 DTaP <sup>a</sup>
3 IPV <sup>a,e</sup>	3 or 4 IPV <sup>a,e</sup>	3 or 4 IPV <sup>e</sup>
3 HepB <sup>b</sup>	3 HepB <sup>b</sup>	3 HepB <sup>b</sup>
3 Hib-PRP-T	1 Hib-PRP-T <sup>f</sup>	2 MMR
2 PCV10 <sup>c</sup>	2 PCV10 <sup>c</sup>	
2 RV <sup>d</sup>	2 MMR <sup>g</sup>	
	1 VV <sup>h</sup>	

- a. Use DTaP-IPV-HepB/Hib (or DTaP-IPV) for the 3-dose primary series (at a minimum of 4-weekly intervals), then continue with the usual childhood schedule with a booster dose of DTaP-IPV given at age 4 years. If the child commences immunisation at age 4 years or older, give the booster dose at least 6 months after the 3rd dose of the primary series. A fourth DTP given earlier than 3 years of age on an overseas schedule is not counted as the 4 year dose.
- b. If the child received HepB at birth, they require a total of 4 HepB doses. Children born to HBsAg-positive mothers require serological testing at age 9 months – see section 8.5.2.
- c. For healthy infants commencing PCV10 vaccination under 12 months of age, a primary course is 2 doses with a minimum of 8 weeks between doses. A booster dose is given 8 weeks after the completion of the primary course. It may be given after at least four weeks if that coincides with the 12-month event, to get them back on to schedule. For healthy children aged 12 months to under 5 years who are commencing immunisation or with an incomplete course, 2 doses of PCV10 at least 8 weeks apart. (See chapter 15 'Pneumococcal disease' for PCV13 schedules for high-risk children.)
- d. The first dose of rotavirus vaccine should be given before age 15 weeks (ie, the latest is 14 weeks and 6 days) and the second dose given a minimum of 4 weeks later. Both doses must be given before age 25 weeks (ie, the latest is 24 weeks and 6 days). Where the first dose is inadvertently given at age 15 weeks or older, the second dose should be given, but both doses must be given before age 25 weeks (ie, latest age 24 weeks and 6 days).
- e. A minimum of 3 polio doses are required for the primary series (at a minimum of 4-weekly intervals) for children aged under 10 years, but 4 doses may be given when combination vaccines are used (eg, DTaP-IPV-HepB/Hib or DTaP-IPV). For all infants and children who have had OPV (ie, either OPV or bOPV) a further dose of IPV should be administered even if they have completed a full OPV/bOPV course.
- f. A single dose of Hib-PRP is required for all children from age 12 months to under 5 years, regardless of the number of doses given before age 12 months. Children who receive catch-up DTaP-IPV-HepB/Hib between 12 months to under 5 years do not require a single antigen Hib-PRP vaccine as this is covered by the combination vaccine.
- g. Children commencing immunisation at age 12 months or older require 1 dose of MMR, then continue the usual childhood schedule with a second dose of MMR given at age 15 months, or at least 4 weeks after the first MMR dose.
- h. One dose of varicella vaccine is funded for children born on or after 1 April 2016. Children who received a non-funded varicella vaccine prior to 12 months are still eligible to receive the funded 15-month varicella vaccine. A child who has had varicella disease does not require the varicella vaccine.

## A2.2.2 Principles of catch-up for children and adolescents aged 10 to under 18 years

1. The best approach is to ascertain the antigens required for current age, subtract any already given and then develop the individual's catch-up schedule.
2. There is considerable flexibility when planning catch-up schedules. To offer the best protection in the shortest time possible, most vaccines can be given at the same visit and the catch-up schedule shortened to four-weekly intervals to ensure the required number of doses are administered.
3. If the Schedule has been interrupted, do not repeat prior doses regardless of how long ago the previous doses were given.
4. If the immunisation status of an individual is uncertain or unknown, plan the catch-up schedule assuming the vaccine has not been given.
5. If an individual infrequently attends general practice and failure to return for future immunisation is a concern, it is prudent to administer as many antigens as possible at every visit. MMR should be recommended at the first visit.
6. For individuals aged 10 years to under 18 years, Tdap is recommended and funded for primary and booster immunisation. While Tdap is not approved for use (registered) as a primary course, no safety concerns are expected when using Tdap for primary immunisation in individuals aged 10 to under 18 years.
7. For individuals aged 11–15 years, an alternative two-dose hepatitis B catch-up schedule may be considered using Engerix B 20 µg, with the second dose given four to six months after the first.
8. A two-dose schedule of HPV at least 6–12 months apart is recommended for individuals who receive their first dose before their 15th birthday, even if they are 15 years or older at the time of the second dose. Individuals who start their HPV schedule from age 15 years and older receive three doses of HPV at 0, 2 and 6 months. If required, a shortened schedule of three doses can be given over a 5-month period, with a minimum of four weeks between any two doses. Non-residents who were under age 18 years when they commenced HPV vaccination are currently funded to complete the course, even if they are aged 18 years or older when they complete it. See Table A2.9 for HPV catch-up schedules.
9. One dose of varicella vaccine is funded for children born on or after 1 July 2006, from age 11 years, who have not previously had varicella vaccination or infection. The appropriate varicella schedule for those ages 13 years or older when starting is two doses with a minimum of a four-week gap; however, only one dose is currently funded for those born on or after 1 July 2006.
10. Remember to also check whether the individual has any specific health conditions that may make them eligible for additional vaccines or additional doses of vaccine (see chapter 4 'Immunisation of special groups').
11. Once the individual has received the appropriate vaccines for their age, they should continue with the Schedule as usual.

**Table A2.2: Minimum number of antigens required by individuals aged 10 to under 18 years at the time of presentation**

10 years to <18 years
4 Tdap <sup>a</sup>
3 IPV <sup>b</sup>
3 HepB for children aged 10 to <18 years; or alternatively 2 HepB doses for children aged 11–15 years <sup>c</sup>
2 MMR
2 HPV <sup>d, e, f</sup> for those aged 11–14 years, or 3 HPV <sup>d, g</sup> for those aged 15 years and older
1 VV <sup>h</sup>

- If aged 10 years to under 18 years, use Tdap for the primary series and the booster dose, with a minimum interval of 6 months between doses 3 and 4 (the primary series and the booster dose).
- A minimum of 3 polio doses are required for the primary series (at a minimum of 4-weekly intervals).
- If aged 10 years to under 18 years, 3 doses of HepB are required. An alternative 2-dose schedule may be used for children aged 11–15 years with the second dose given 4–6 months after the first.
- Individuals who started with HPV4 may complete their remaining doses with HPV9.
- For those aged 11–14 years, the second HPV dose is preferably given at least 6 months after the first. If the second dose is given earlier than 5 months after the first, a third HPV dose is recommended and funded — give the third dose at least 5 months after the first dose.
- A two-dose schedule of HPV at least 6–12 months apart is recommended for individuals who receive the first dose before their 15th birthday, even if they are 15 years or older at the time of the second dose.
- For those aged 15 years and older, give a 3-dose HPV course at 0, 2 and 6 months. If a shortened schedule is required for these older individuals, the 3 doses can be given over a 5-months period, with a minimum of 4 weeks between any two doses.
- One dose of varicella vaccine is funded for children born on or after 1 July 2006, who have not previously had varicella vaccination or infection.

### A2.2.3 National Immunisation Schedule catch-up guides for infants, children and adolescents aged under 18 years

Note: the following tables are guides only, and the principles described in sections A2.2.1 and A2.2.2 should be followed. The vaccinator must subtract any previous doses given. It is important to note the age at which the antigens have been given.

**Table A2.3: Age at presentation: 3–6 months**

Note: Subtract previous doses given.

Dose	Vaccines		
First dose*	DTaP-IPV-HepB/Hib	PCV <sup>a</sup>	RV <sup>b</sup>
4 weeks later	DTaP-IPV-HepB/Hib		RV <sup>b</sup>
4 weeks later	DTaP-IPV-HepB/Hib	PCV <sup>a</sup>	

Once the child has received the appropriate vaccines for their age, continue with the Schedule as usual.

- See chapter 15 'Pneumococcal disease' for PCV13 schedules for high risk children.
- Only eligible for RV if the first dose is given before age 15 weeks (ie, 14 weeks and 6 days). The second dose must be given before age 25 weeks (ie, 24 weeks and 6 days).

**Table A2.4: Age at presentation: 7–11 months**

Note: Subtract previous doses given.

Dose	Vaccines
First dose	DTaP-IPV-HepB/Hib PCV*
4 weeks later	DTaP-IPV-HepB/Hib
4 weeks later	DTaP-IPV-HepB/Hib PCV

Once the infant has received the appropriate vaccines for their age, continue with the Schedule as usual.

\* See chapter 15 'Pneumococcal disease' for PCV13 schedules for high-risk children.

**Table A2.5: Age at presentation: 12–23 months**

Note: Subtract previous doses given.

Dose	Vaccines
First dose	DTaP-IPV-HepB/Hib <sup>a</sup> PCV <sup>b</sup> MMR <sup>c</sup> VV <sup>d</sup>
4 weeks later	DTaP-IPV-HepB/Hib <sup>e</sup> MMR <sup>c</sup>
4 weeks later or at age 15 months, whichever is applicable	DTaP-IPV-HepB/Hib <sup>e</sup> PCV <sup>b</sup>

Once the child has received the appropriate vaccines for their age, continue with the Schedule as usual.

- One dose of Hib-PRP is required from age 12 months to under 5 years regardless of previous doses. Children who receive DTaP-IPV-HepB/Hib between 12 months to under 5 years do not require a single antigen Hib-PRP as this is covered by the combination vaccine.
- Healthy children commencing immunisation at age 12–23 months require 2 PCV doses, with a minimum interval of 8 weeks between doses. If the child did not complete a primary course of PCV when under 12 months of age, do not count the previously given doses when determining the number of PCV catch-up doses required. If the child completed a primary course of PCV before age 12 months, give a booster dose from 12 months of age, at least 4 weeks after the completion of the primary course. (See chapter 15 'Pneumococcal disease' for PCV13 schedules for high-risk children.)
- The first dose of MMR is scheduled at age 12 months, with a second dose given at 15 months or at least 4 weeks after the first dose.
- One dose of varicella vaccine is funded for children born on or after 1 April 2016 at 15 months. Children who received a non-funded varicella vaccine prior to 12 months are still eligible to receive the 15-month varicella vaccine.
- Parents/guardians should be informed that their child will receive extra doses of Hib but there are no safety concerns with these extra doses. If the parents/guardians prefer, vaccinators may administer the DTaP-IPV and HepB vaccines as 2 separate injections instead of the combination DTaP-IPV-HepB/Hib vaccine.

**Table A2.6: Age at presentation: 2 years to under 5 years**

Note: Subtract previous doses given.

Dose	Vaccines			
First dose	DTaP-IPV-HepB/Hib <sup>a</sup>	PCV <sup>b</sup>	MMR	VV <sup>c</sup>
4 weeks later	DTaP-IPV-HepB/Hib <sup>d</sup>		MMR <sup>e</sup>	
4 weeks later	DTaP-IPV-HepB/Hib <sup>d</sup>	PCV <sup>b</sup>		
6 months later	DTaP-IPV <sup>f</sup>			

Once the child has received the appropriate vaccines for their age, continue with the Schedule as usual.

- One dose of Hib-PRP is required from age 12 months to under 5 years regardless of previous doses. Children who receive DTaP-IPV-HepB/Hib between 12 months to under 5 years do not require a single antigen Hib-PRP as this is covered by the combination vaccine.
- A healthy child who presents at age 2 years to under 5 years: if previously unvaccinated, requires 2 PCV doses at least 8 weeks apart. If they completed a primary PCV course before age 12 months, give 1 PCV dose. If they started but did not complete a primary PCV course before age 12 months, give 2 PCV doses at least 8 weeks apart (this is the exception to the principle of counting previous doses given). (See chapter 15 'Pneumococcal disease' for PCV13 schedules for high-risk children.)
- One dose of varicella vaccine is funded for children who were born on or after 1 April 2016. Children who received a non-funded varicella vaccine prior to 12 months are still eligible to receive the 15-month varicella vaccine.
- Parents/guardians should be informed that their child will receive extra doses of Hib, but there are no safety concerns with these extra doses. If the parents/guardians prefer, vaccinators may administer the DTaP-IPV and HepB vaccines as 2 separate injections instead of the combination DTaP-IPV-HepB/Hib vaccine.
- Administer the second MMR dose a minimum of 4 weeks after the first dose.
- Administer DTaP-IPV at age 4 years, a minimum of 6 months after the third DTaP-IPV-HepB/Hib dose. If the child is aged 4 years or older at presentation, administer DTaP-IPV a minimum of 6 months after the third DTaP-IPV-HepB/Hib dose. A fourth DTP given earlier than 3 years of age overseas is not counted as the 4-year dose.

**Table A2.7: Age at presentation: 5 years to under 10 years**

Note: Subtract previous doses given.

Dose	Vaccines	
First dose	DTaP-IPV-HepB/Hib <sup>a,b</sup>	MMR
4 weeks later	DTaP-IPV-HepB/Hib <sup>a,b,c</sup>	MMR
4 weeks later	DTaP-IPV-HepB/Hib <sup>a,b,c</sup>	
6 months later	DTaP-IPV <sup>c</sup>	

Once the child has received the appropriate vaccines for their age, continue with the Schedule as usual.

- Healthy children aged 5 years and older do not need Hib-PRP. However, DTaP-IPV-HepB/Hib should be offered to reduce the number of injections at each visit. Parents/guardians should be informed that their child will receive extra doses of Hib-PRP but there are no safety concerns with these extra doses.
- If the parents/guardians prefer, vaccinators may administer DTaP-IPV and HepB vaccines as 2 separate injections instead of the combination DTaP-IPV-HepB/Hib vaccine.
- If a child turns 10 years old before completing their catch-up programme, they should continue on the 10 years to under 18 years catch-up schedule (see Table A2.8).

**Table A2.8: Age at presentation: 10 years to under 18 years – excluding HPV**

Note: Subtract previous doses given.

Dose	Vaccines			
First dose	Tdap <sup>a</sup>	IPV <sup>b</sup>	HepB <sup>c</sup>	MMR
4 weeks later	Tdap <sup>a</sup>	IPV <sup>b</sup>	HepB	MMR
4 weeks later	Tdap <sup>a</sup>	IPV <sup>b</sup>	HepB	
6 months later, or at age 11 years	Tdap			
At age ≥11 years				VV <sup>d</sup>

- Use Tdap for the primary series and the booster dose, with a 6-month interval between the completion of the primary series and the booster (doses 3 and 4).
- A minimum of 3 IPV doses are required for the primary series (at a minimum of 4-weekly intervals).
- If aged 10 years to under 18 years, 3 doses of HepB are required. An alternative 2-dose schedule of HepB may be used for children aged 11–15 years with the second dose given 4–6 months after the first.
- One dose of varicella vaccine is funded for children born on or after 1 July 2006, who have not previously had varicella vaccination or infection.

**Table A2.9: Age at presentation: 11 years to under 18 years – HPV only**

Note: Subtract previous doses given.

Dose	Vaccine
<b>Age 11–14 years<sup>a,b</sup> at presentation</b>	
First dose	HPV
6–12 months later <sup>c,d</sup>	HPV
<b>Age 15 years or older<sup>b,e</sup> at presentation</b>	
First dose	HPV
2 months later	HPV
4 months later	HPV

- Although the usual schedule is at age 11 or 12 years (school year 7 or 8), HPV vaccine may be given from age 9 years.
- Individuals who started with HPV4 may complete their remaining doses with HPV9.
- For those aged 11–14 years, the second dose is preferably given at least 6 months after the first. However, if the second dose is given less than 5 months after the first, a third HPV dose is recommended and funded — give the third dose at least 5 months after the first dose.
- A two-dose schedule at least 6–12 months apart is recommended for individuals who receive the first dose before their 15th birthday, even if they are 15 years or older at the time of the second dose.
- If a shortened schedule is required for those aged 15 years or older, the 3 doses can be given over a 5-month period, with a minimum of 4 weeks between any two doses.

## A2.3 Immunisation catch-up for eligible adults aged 18 years and older

When seen at general practice or by vaccination providers, adults should be checked to see that they have received protection against the following diseases and have received a primary immunisation course as in Table A2.10 below. Adults are eligible for age-appropriate catch-up immunisations if they are New Zealand residents, citizens, former refugees or hold a visa which makes them eligible for health care in New Zealand.

1. If the requisite number of doses have not been received, catch-up vaccination is recommended. There is flexibility when planning catch-up schedules. To offer the best protection in the shortest time possible, most vaccines may be given at the same visit and the catch-up schedule shortened to four-weekly intervals to ensure the required number of doses are administered.
2. Do not repeat prior doses regardless of how long ago the previous doses were given.
3. Adults should be reminded of the necessity for age-appropriate boosters for tetanus, diphtheria and pertussis at 45 years of age if they have not previously received four tetanus vaccines in their lifetime, and for all adults at 65 years of age.
4. Pertussis (Tdap; given from 16 weeks' gestation) and influenza vaccines are recommended and funded in every pregnancy. A single dose of unfunded Tdap and influenza vaccines may be considered for adults requesting pertussis and influenza protection, especially for those in close contact with young babies.
5. Women of childbearing age should know whether they are immune to rubella, and are considered immune if have two documented doses of MMR after 12 months of age. If the patient does not have documented evidence of immunity (see section 11.8.3), two doses of funded MMR should be offered four weeks apart (MMR cannot be given in pregnancy and pregnancy should be avoided for four weeks following vaccination). If they have received one documented dose of MMR, a second dose should be administered.
6. Previously unvaccinated males and females aged 15 years to 26 years inclusive may receive three doses of HPV vaccine. Those who started with HPV4 may complete their remaining doses with HPV9. Those who were aged under 27 years when they commenced but did not complete HPV vaccination are funded to complete the three-dose course even if they are aged 27 years or older when they complete it. Non-residents who were under the age of 18 years when they commenced HPV vaccination are funded to complete the course, even if they are aged 18 years or older when they complete it.
7. One dose of ZV (zoster vaccine) is funded for individuals who turn age 65 years on or after 1 April 2018. There is a catch-up programme for those age 66 to 80 years inclusive, this catch-up programme ends 31 December 2020.

8. Check whether the individual has any additional immunisation requirements, such as specific health conditions or occupational risk (see chapter 4 'Immunisation of special groups').

**Table A2.10: Primary immunisation requirements for adults**

Antigens and number of doses required
3 Tdap <sup>a</sup>
3 polio (IPV) <sup>b</sup>
2 MMR <sup>c</sup>
3 HPV <sup>d,e</sup> (aged 26 years and under)

- a. A primary course of 3 doses of Tdap vaccines (at a minimum of 4-weekly intervals) is recommended and funded for unimmunised or partially immunised adults. At age 45 years, the Tdap is recommended for those adults who have not previously received four tetanus containing vaccines in their lifetime, and for all adults at age 65 years.
- b. A primary course of 3 polio (IPV) doses (at a minimum of 4-weekly intervals) is recommended and funded for unimmunised or partially immunised adults.
- c. Two doses of MMR (given a minimum of 4 weeks apart) are recommended and funded for unimmunised adults who are susceptible to any one of the three diseases. Those born in New Zealand before 1969 are considered immune to measles and those born prior to 1980 are considered to be immune to mumps.
- d. HPV9 vaccine is recommended and funded for individuals aged up to 26 years inclusive. Give the 3-dose course at 0, 2 and 6 months. If a shortened schedule is required, the 3 doses can be given over a 5-month period, with a minimum of 4 weeks between any two doses.
- e. Those who were under age 27 years when they commenced HPV vaccination are currently funded to complete the 3-dose course, even if they are aged 27 years or older when they complete it. Non-residents who were under age 18 years when they commenced HPV vaccination are currently funded to complete the course, even if they are aged 18 years or older when they complete it.