



## ATAGI CLINICAL ADVICE ON CHANGES TO VACCINE RECOMMENDATIONS AND FUNDING FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE FROM 1 JULY 2020

*It is important to read this statement in conjunction with The Australian Immunisation Handbook available at [immunisationhandbook.health.gov.au](http://immunisationhandbook.health.gov.au) and other related ATAGI statements on NIP schedule changes from 1 July 2020*

### Overview of key changes to vaccine recommendations for Aboriginal and Torres Strait Islander people

- From 1 July 2020, there are changes to the recommendations and vaccine doses funded by the National Immunisation Program (NIP) for Aboriginal and Torres Strait Islander people. These changes are designed to
  - Further improve protection against meningococcal and pneumococcal disease;
  - Make these vaccines more readily available to those who are at increased risk of these diseases, and;
  - Facilitate timely administration of all recommended vaccine doses
- The vaccines that these changes apply to are,
  - Meningococcal B (MenB) vaccine (Bexsero®)
  - Meningococcal ACWY (MenACWY) vaccine (Nimenrix®)
  - 13-valent pneumococcal conjugate vaccine (13vPCV, Prevenar 13®)
  - 23-valent pneumococcal polysaccharide vaccine (23vPPV, Pneumovax 23®)
  - Haemophilus influenzae type b (Hib) vaccines (ActHIB®)
  - Hepatitis A vaccine
- Among Aboriginal and Torres Strait Islander population these changes are relevant for,
  - All healthy children
  - Children and adults with risk conditions for meningococcal, pneumococcal or Hib disease
  - All adults ≥50 years of age

### Meningococcal B (Bexsero®) and Meningococcal ACWY (Nimenrix®) vaccines

- Recommendations for the use of MenB and MenACWY vaccines, including scheduling and dose requirements, remain unchanged. The number of doses of MenB and MenACWY vaccines required will depend on the age at which vaccination commences and the presence of conditions that increase the risk of invasive meningococcal disease. However, some of the recommended doses will now be funded under the NIP.
- The MenB vaccine, Bexsero®, is now funded under the NIP for Aboriginal and Torres Strait Islander infants from **2 months of age**, with catch-up available until June 2023 for Aboriginal and Torres Strait Islander children < 2 years (i.e. up to 23 months) of age.
- Aboriginal and Torres Strait Islander individuals from 2 to 19 years without risk factors are still recommended to receive MenB vaccine, but **are not** eligible to receive funded MenACWY and MenB vaccines under the NIP. Refer to the [Meningococcal disease chapter](#) in Australian Immunisation Handbook for dosing schedule.
- The MenACWY vaccine, Nimenrix®, will continue to be freely available through the NIP for all Aboriginal and Torres Strait Islander children at 12 months and adolescents at 14 to 19 years of age.
- Aboriginal and Torres Strait Islander children and adults of all ages with asplenia, hyposplenia, complement deficiency; or receiving treatment with eculizumab are now eligible to receive all recommended Nimenrix and Bexsero doses under the NIP. (Refer to [ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020](#)).
- Aboriginal and Torres Strait Islander children (as with non-Indigenous children) are eligible to receiving a dose of NIP-funded MenACWY vaccine at age 12 months. For other older Aboriginal and Torres Strait Islander children up to age

14 years who are without risk factors MenACWY vaccine is recommended but not funded under the NIP. Refer to the [Australian Immunisation Handbook](#) for dosing schedule.

- Aboriginal and Torres Strait Islander children aged <2 years can receive Bexsero at the same time as the other vaccines currently included in the NIP schedule.
- Children <2 years of age are recommended to receive prophylactic paracetamol with every dose of Bexsero®. This is because of the increased risk of fever associated with receiving Bexsero®.
  - Give first dose (15 mg/kg/dose) of paracetamol within 30 minutes before, or as soon as practicable after, receiving the vaccine, regardless of whether the child has a fever.
  - This can be followed by 2 more doses of paracetamol given 6 hours apart.

#### 13-valent pneumococcal conjugate vaccine (13vPCV; Prevenar 13®) and 23-valent pneumococcal polysaccharide vaccine (23vPPV; Pneumovax 23®)

- The recommendations for pneumococcal vaccinations are changing for Aboriginal and Torres Strait Islander children in Northern Territory (NT), Queensland (Qld), South Australia (SA) and Western Australia (WA) to add two NIP funded doses of 23vPPV following the existing 4 dose schedule of 13vPCV (Table 1).
- All Aboriginal and Torres Strait Islander individuals aged >12 months with risk conditions are recommended to receive 1 additional dose of 13vPCV unless they have previously received a total of 4 doses of 13vPCV (in infancy and second year of life, according to the routine schedule for Aboriginal and Torres Strait Islander infants in NT, Qld, SA and WA) followed by two doses of 23vPPV. These doses are funded for some but not all risk conditions (Refer to [ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020](#)).
- All Aboriginal and Torres Strait Islander adults ≥50 years of age will be eligible for 1 dose of 13vPCV and two doses of 23vPPV. The total number of 23vPPV doses received for the lifetime should not exceed two including doses already received.
- Pneumococcal vaccine recommendations for healthy Aboriginal and Torres Strait Islander children living in Australian Capital Territory (ACT), New South Wales (NSW), Tasmania (Tas) or Victoria (Vic) remain unchanged.

#### Haemophilus influenzae type b vaccines (Hib) – ActHIB®

- Aboriginal and Torres Strait Islander children and adults of all ages with functional or anatomical asplenia who were not fully vaccinated in early childhood according to the recommendations for infants and children are now eligible to receive Hib vaccine under the NIP. (Refer to [ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020](#)).

#### Hepatitis A vaccine

- From 1 July 2020, there is a change to the hepatitis A vaccination schedule under the NIP for Aboriginal and Torres Strait Islander children in NT, Qld, SA and WA:
  - The schedule point for the first dose of hepatitis A vaccine will be at age 18 months (instead of 12 months)
  - The schedule point for the second dose of hepatitis A vaccine will be at age 4 years (instead of 18 months)
- This change to the hepatitis A vaccination schedule will facilitate the implementation of the new NIP-funded MenB vaccination program for Aboriginal and Torres Strait Islander children aged <2 years from 1 July 2020. Moving the first dose of hepatitis A vaccine to age 18 months will reduce the number of vaccines administration at age 12 months in Aboriginal and Torres Strait Islander children in NT, SA, Qld and WA. (Refer to [ATAGI clinical advice on transitioning to the new hepatitis A vaccination schedule on the National Immunisation Program from 1 July 2020](#))

#### Population specific recommendations:

##### Healthy Aboriginal and Torres Strait Islander infants and children in NT, Qld, SA and WA

- All Aboriginal and Torres Strait Islander infants will receive two primary doses of MenB vaccine (Bexsero) at 2 months (can be given as early as 6 weeks) and 4 months and a booster dose at 12 months of age under the NIP.
- MenB vaccine is now available for all Aboriginal and Torres Strait Islander children aged <2 years (i.e. up to 23 months) of age, at schedule commencement, under a 3 year catch-up vaccination program until June 2023.
  - For children requiring catch-up doses, the number and spacing of doses required depends on the starting age for vaccination (see the Meningococcal chapter in the [Australian Immunisation Handbook](#)).
- Currently, Aboriginal and Torres Strait Islander children living in NT, Qld, SA and WA receive 4 doses of 13vPCV at 2,4, 6 and 12 months of age. These children will now also receive 2 doses of 23vPPV. The first 23vPPV dose is recommended at 4 years of age and the second at least 5 years later. These doses are now funded under the NIP.
  - For children requiring catch-up doses, the number and spacing of doses required depends on the starting age for vaccination (see Catch-up chapter in the [Australian Immunisation Handbook](#)).

- The schedule for hepatitis A vaccine for Aboriginal and Torres Strait Islander children in NT, Qld, SA and WA is changing. Hepatitis A vaccine dose 1 will now be given at 18 months of age (instead of 12 months) and dose 2 will be given at 4 years of age (instead of 18 months).
  - *This change to the schedule will reduce the number of vaccines given at the 12 month schedule point and is expected to improve timely uptake of all NIP vaccines.*
  - *Australian data on hepatitis A disease and vaccine effectiveness indicate that moving of hepatitis A vaccine doses to 18 months and 4 years is unlikely to lead to an increased number of hepatitis A cases among Aboriginal and Torres Strait Islander children aged <5 years.*

#### Healthy Aboriginal and Torres Strait Islander infants, children and adolescents in ACT, NSW, Tas and Vic

- All Aboriginal and Torres Strait Islander infants will receive two primary doses of MenB vaccine (Bexsero) at 2 months (can be given as early as 6 weeks) and 4 months and a booster dose at 12 months of age under the NIP.
- MenB vaccine is also now available for all Aboriginal and Torres Strait Islander children aged <2 years (i.e. up to 23 months) of age under a 3 year catch-up vaccination program until June 2023.
  - *For children requiring catch-up doses, the number and spacing of doses required depends on the starting age for vaccination (see the Meningococcal chapter in the [Australian Immunisation Handbook](#)).*

#### Aboriginal and Torres Strait Islander children and adults with risk conditions

- Aboriginal and Torres Strait Islander children and adults with conditions that increase their risk of invasive meningococcal disease should receive MenB and MenACWY vaccines according to the recommendations for people with risk conditions (see Meningococcal chapter in the [Australian Immunisation Handbook](#)).
  - *For individuals with asplenia or hyposplenia, complement deficiency or those receiving treatment with eculizumab, recommended doses of MenB and MenACWY vaccines are funded under the NIP (refer to [ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020](#)).*
  - *For Aboriginal and Torres Strait Islander infants <12 months of age all recommended MenB vaccine doses are funded under the NIP also for those with inherited defects or deficiency of properdin or complement components, HIV infection and haematopoietic stem cell transplant.*
- Aboriginal and Torres Strait Islander children and adults with conditions that increase their risk of pneumococcal disease should receive pneumococcal vaccines according to the recommendations for people with risk conditions (Refer to [ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020](#)).
  - *For individuals with conditions specified in the immunisation handbook, the recommended doses of pneumococcal vaccines are funded under the NIP.*
- Aboriginal and Torres Strait Islander children and adults with conditions that increase their risk of Hib disease should receive Hib vaccines according to the recommendations for people with risk conditions (Refer to [ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020](#)).
  - *For adults and children >5 years of age with asplenia and hyposplenia, the recommended dose of Hib vaccine is funded under the NIP.*

#### Healthy Aboriginal and Torres Strait Islander adults ≥50 years

- Currently, Aboriginal and Torres Strait Islander adults are provided 2 doses of 23vPPV vaccine, with the first dose given at 50 years of age. These adults should now receive one dose of 13vPCV at 50 years of age followed by 2 doses of 23vPPV.
  - *The first dose of 23vPPV should be given 12 months after the 13vPCV dose (an interval of 2–12 months is acceptable)*
  - *The second dose of 23vPPV should be given at least 5 years after the first dose of 23vPPV.*
  - *If the individual has already received a dose of 13vPCV (according to previous recommendations for people with category A risk conditions for pneumococcal disease), another dose of 13vPCV is not required.*
- For people aged ≥50 years who have previously received 23vPPV,
  - *If no 13vPCV was previously received, give 13vPCV ≥12 months after the last 23vPPV.*
  - *If only one dose of 23vPPV was previously received, 1 dose of 23vPPV is recommended 12 months after the 13vPCV dose, or 5 years after the previous 23vPPV dose, whichever is later.*
  - *If the number of 23vPPV doses received is ≥2, no further 23vPPV doses are recommended.*

#### General recommendations:

- 13vPCV can be given at the same time as herpes zoster vaccine (Zostavax) for eligible individuals.

- 13vPCV can be given at the same time as any of the available influenza vaccines for eligible individuals.

### Supplementary tables

- Following tables 1 and 2 summarise the recommendations and NIP funding for pneumococcal, meningococcal and hepatitis A vaccines for Aboriginal and Torres Strait Islander children and adolescents following the changes from 1 July 2020
- The additional pneumococcal and meningococcal vaccine doses for individuals in whom medical risk conditions are diagnosed after the age of 12 months are not covered in table 1 and 2.

**Table 1. Recommendations and funding under the NIP of pneumococcal, meningococcal and hepatitis A vaccines for Aboriginal and Torres Strait Islander children and adolescents living in NT, Qld, SA and WA, from 1 July 2020**

Vaccine	Age							
	2 months*	4 months	6 months	12 months	18 months	4 years	>4 years (Varying age points)	14-16 years
13-valent Pneumococcal	✓	✓	✓	✓				
23-valent Pneumococcal						✓	✓ <sup>§</sup>	
Meningococcal B	✓	✓	✓ <sup>**</sup>	✓				
Meningococcal ACWY		✓ <sup>††</sup>		✓		✓ <sup>‡‡</sup>		✓ <sup>#</sup>
Hepatitis A					✓	✓		

**Note:** Shaded boxes indicate NIP funding for all Aboriginal and Torres Strait Islander individuals in the specified jurisdictions

\* Can be given as early as 6 weeks of age

§ This second dose of 23vPPV should be given at least 5 years after the first dose

\*\* NIP-funded for individuals with medical conditions known to increase risk of invasive meningococcal disease as defined in the Australian Immunisation Handbook

† NIP-funded only for individuals with asplenia, hyposplenia, complement deficiency; or receiving treatment with eculizumab

†† Dosing schedule varies based on age at start of vaccination

‡ Booster doses for individuals with ongoing increased risk of invasive meningococcal disease who completed the primary series

# Offered through school-based program and eligible school grades would vary by state or territory and catch-up vaccination available up to 19 years of age

**Table 2. Recommendations and funding under the NIP of pneumococcal and meningococcal vaccines for Aboriginal and Torres Strait Islander children and adolescents living in NSW, Vic, Tas and ACT, from 1 July 2020**

Vaccine	Age							
	2 months*	4 months	6 months	12 months	18 months	4 years	>4 years (Varying age points)	14-16 years
13-valent Pneumococcal	✓	✓	✓ <sup>μ</sup>	✓				
23-valent Pneumococcal						✓ <sup>μ</sup>	✓ <sup>μ §</sup>	
Meningococcal B	✓	✓	✓ <sup>**</sup>	✓				
Meningococcal ACWY		✓ <sup>††</sup>		✓		✓ <sup>‡‡</sup>		✓ <sup>#</sup>

**Note:** Shaded boxes indicate NIP funding for all Aboriginal and Torres Strait Islander individuals in the specified jurisdictions

\* Can be given as early as 6 weeks of age

μ Only for individuals with increased risk of pneumococcal disease (see Australian Immunisation Handbook for recommendations and funding eligibility)

§ This second dose of 23vPPV should be given at least 5 years after the first dose

\*\* NIP-funded for individuals with medical conditions known to increase risk of IMD as defined in the Australian Immunisation Handbook

† NIP-funded only for individuals with asplenia, hyposplenia, complement deficiency; or receiving treatment with eculizumab

†† Dosing schedule varies based on age at start of vaccination

‡ Booster doses for people with ongoing increased risk of invasive meningococcal disease who completed the primary series

# Offered through school-based program and eligible school grades would vary by state or territory and catch-up vaccination available up to 19 years of age