



Crystal Barbedo

NIP schedule update & useful tools
for GPs

9:30 am

1 July 2023 NIP Schedule update

From 1 July 2023, the hexavalent (6-in-1) vaccine, Vaxelis® has been added to the National Immunisation Program (NIP) schedule

Vaxelis® (DTPa5 HB IPV Hib)

Indication: 0.5ml IM Primary and Booster, **hexavalent** vaccine for infants and toddlers from the age of 6 weeks for protection against;

- diphtheria
- tetanus
- pertussis
- hepatitis B
- poliomyelitis
- Haemophilus influenzae type b (Hib).

Vaxelis is suitable and funded for use in children under 10 years old who have not previously received DTPa-hepB-IPV-Hib vaccination (catch-up vaccination)¹.

Vaxelis is available as an **alternative** NIP funded vaccine to Infanrix hexa, and **not as a replacement vaccine**. There is no preferred vaccine to use between these two products² and it has the same 3 dose combination as Infanrix hexa.



1. <https://www.health.gov.au/news/national-immunisation-program-nip-changes-from-1-july-2023>
2. <https://ncirs.org.au/sites/default/files/2023-07/GRADE%20Vaxelis%20SoF%2C%20EP%20%26%20EtD.pdf>

National Immunisation Program Schedule

Age	Diseases	Vaccine Brand
Birth	<ul style="list-style-type: none"> Hepatitis B (usually offered in hospital) 	H-B-Vax® II Paediatric or Engerix B® Paediatric
2 months (can be given from 6 weeks of age)	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Rotavirus Pneumococcal Meningococcal B (Indigenous children) 	Infanrix® hexa or Vaxelis® Rotarix® Prevenar 13® Bexsero®
4 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Rotavirus Pneumococcal Meningococcal B (Indigenous children) 	Infanrix® hexa or Vaxelis® Rotarix® Prevenar 13® Bexsero®
6 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal (Children with specified medical risk conditions) Pneumococcal (Indigenous children in WA, NT, SA, Qld) Meningococcal B (Indigenous children with specified medical risk conditions) 	Infanrix® hexa or Vaxelis® Prevenar 13® Prevenar 13® Bexsero®

Note: The Australian Immunisation Handbook has been updated to include Vaxelis
<https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/pertussis-whooping-cough>

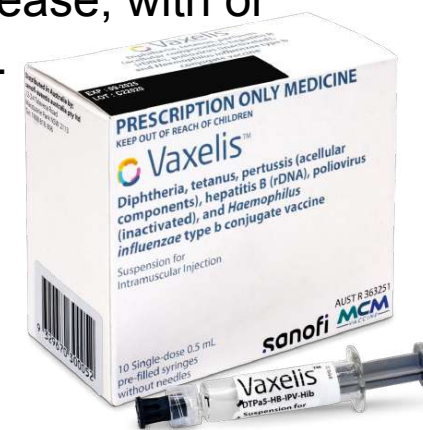
Vaxelis safety profile

Used internationally for over 5 years (US, UK, Switzerland, within the European Union)¹⁻⁴. Safety and immunogenicity as a primary vaccine has been studied in over 5,000 infants⁵

Postpone Administration of Vaxelis in children suffering from moderate to severe acute disease, with or without fever. Minor illness and /or low- grade fever **does not** constitute a contraindication¹.

Contraindications The only absolute contraindications to acellular pertussis–containing vaccines are⁶:

- anaphylaxis after a previous dose of any acellular pertussis–containing vaccine
- anaphylaxis after any component of an acellular pertussis–containing vaccine



Adverse events The most frequently reported adverse reactions after Vaxelis administration were:

- Irritability, crying, somnolence (drowsiness), injection site reactions (pain, erythema, swelling), pyrexia ($\geq 38^{\circ}\text{C}$), decreased appetite and vomiting⁷

1. European Medicines Agency (EMA). EPAR summary for the public. Vaxelis, 2016. Available at: http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_Summary_for_the_public/human/003982/WC500202438.pdf. Accessed May 2023.
 2. U.S. Food & Drug Administration (FDA). BLA Approval, Vaxelis, 2018. Available at: <https://www.fda.gov/media/119466/download>. Accessed May 2023.
 3. Swissmedic. Vaxelis®, Injektionssuspension in einer Fertigspritze, 2019. Available at: https://www.swissmedic.ch/swissmedic/en/home/humanarzneimittel/authorisations/new-medicines/vaxelis_injektionssuspension_fertigspritze.html. Accessed May 2023.
 4. UK Health Security Agency NHS. Diphtheria, tetanus, acellular pertussis, inactivated poliomyelitis, Haemophilus influenzae type b and hepatitis B vaccine (DTaP/IPV/Hib/HepB) PGD. Available at: <https://www.england.nhs.uk/north-east-yorkshire/wp-content/uploads/sites/49/2022/08/Infanrix-hexa-Vaxelis-.pdf>. Accessed May 2023.
 5. Vaxelis Approved Product Information, 21 February 2023.
 6. AUSTRALIAN PRODUCT INFORMATION – VAXELIS
 7. <https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/pertussis-whooping-cough#recommendations>

2023 NIP Schedule update *Zostavax*

Zostavax® continues to be available on the NIP for immunocompetent people aged 70 years, with a catch-up program from 71-79 years, until 31 October 2023

Shingrix will replace Zostavax® on the NIP (pending final approval)

National Immunisation Program Schedule

70–79 years

● Shingles (herpes zoster)

Zostavax®

For all immunocompetent people aged 70 years old with a five-year catch-up program for people aged 71–79 years old until 31 October 2023. Not to be used in people with compromised immune function. Refer to the [Immunisation Handbook](#).

1 November 2023 NIP Schedule update (DRAFT only)

Pending

From 1 November 2023, Shingrix® vaccine will replace Zostavax® vaccine on the NIP (pending final regulatory approvals).

Shingrix is preferred over Zostavax for people aged 50 years and over, for the prevention of herpes zoster and its complications due to its higher efficacy 97% in adults 50 years and older and about 91% in those aged 70 years and older.

Shingrix® (Recombinant Varicella Zoster Virus glycoprotein E antigen subunit (non-live)

Indication: Prevention of herpes zoster (HZ) and post-herpetic neuralgia in the following cohorts:

- 18 years and over: immunocompromised individuals at high risk of herpes
- 50 years and over: Aboriginal and Torres Strait Islander people
- 70 years: non-Indigenous people.

The general population aged younger than 70 years, or 71 years and older will not be eligible to receive Shingrix®.

Dosage: A complete course requires 2 doses of 0.5mL IM 2-6 months apart.



The PneumoSmart vaccination tool

What is it and where can I find it?

The Immunisation Coalition's PneumoSmart Vaccination Tool has been created using the pneumococcal disease vaccination recommendations in the online Australian Immunisation Handbook and ATAGI recommendations. As pneumococcal disease vaccination recommendations change, the tool will be updated by clinical experts at the Immunisation Coalition.

[PneumoSmart Vaccination Tool](#) has been developed to assist GPs, medical specialists and other immunisation providers determine (based on patient's age, indigenous status, specific medical conditions and vaccination history):

- appropriate pneumococcal vaccine recommendations
- if the vaccines will be NIP funded based on the current eligibility criteria
- appropriate intervals between doses

The tool is free and available on the Immunisation Coalition website:

<https://www.immunisationcoalition.org.au/>

NOTE: Providers should exercise their own independent clinical skill or judgment or seek professional clinical advice before relying on information contained in the tool when making a clinical decision.

Demonstration: PneumoSmart Vaccination Tool Child

PneumoSmart

The *PneumoSmart Vaccination Tool* (herein referred to as "the tool") has been created using the pneumococcal disease vaccination recommendations in the online Australian Immunisation Handbook, and has been developed to assist GPs, medical specialists and other immunisation providers to comply with them. As pneumococcal disease vaccination recommendations change, the tool will be updated by clinical experts at the Immunisation Coalition.

Catch-up pneumococcal immunisations for children less than 5 years of age are complex. Appropriate catch-up vaccines should be offered as recommended:

- in the online [Australian Immunisation Handbook](#)
- as per the [Immunisation Calculator](#)
- catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in New South Wales, Victoria, Tasmania or the ACT, and all children who do not have risk condition(s) for pneumococcal disease, aged less than 5 years.
- catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in Northern Territory, South Australia or Western Australia **only**, and all children with risk condition(s) for pneumococcal disease, aged less than 5 years

Important information:

If no written records are available to confirm pneumococcal disease vaccination status, or the type of vaccine (Conjugate or Polysaccharide) that may have been previously administered, the provider shall proceed as if the patient has not received previous vaccinations for pneumococcal disease.

I have read and agree to the [Terms and Conditions](#) of use for the PneumoSmart Vaccination Tool.

Proceed

Vaccination Summary

If the patient is older than 12 months but younger than 5 years of age:

- **does not** have risk conditions
- **has not** received all routine scheduled doses of 13vPCV

the patient should receive:

When Due	Give	Comment	Funding
Commence catch-up	13vPCV as per 13vPCV catch-up schedule	Observe minimum intervals	NIP (up to 5 years of age)


All children aged between 6 weeks of age to 4 years and 11 months of age who have not received the complete schedule of 13vPCV, should receive catch-up vaccines according to the catch-up table:

Catch-up schedule for 13vPCV for:

- Aboriginal and Torres Strait Islander children living in **New South Wales, Victoria, Tasmania** or the **Australian Capital Territory**, and
- All children **who do not have risk condition(s)** for pneumococcal disease, aged under 5 years

[Click Here](#)

Demonstration: PneumoSmart Vaccination Tool Adult



PneumoSmart

PneumoSmart

The *PneumoSmart Vaccination Tool* (herein referred to as "the tool") has been created using the pneumococcal disease vaccination recommendations in the online Australian Immunisation Handbook, and has been developed to assist GPs, medical specialists and other immunisation providers to comply with them. As pneumococcal disease vaccination recommendations change, the tool will be updated by clinical experts at the Immunisation Coalition.

Catch-up pneumococcal immunisations for children less than 5 years of age are complex. Appropriate catch-up vaccines should be offered as recommended:

- in the online [Australian Immunisation Handbook](#)
- as per the [Immunisation Calculator](#)
- catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in New South Wales, Victoria, Tasmania or the ACT, and all children who do not have risk condition(s) for pneumococcal disease, aged less than 5 years.
- catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in Northern Territory, South Australia or Western Australia **only**, and all children with risk condition(s) for pneumococcal disease, aged less than 5 years

Important information:

If no written records are available to confirm pneumococcal disease vaccination status, or the type of vaccine (Conjugate or Polysaccharide) that may have been previously administered, the provider shall proceed as if the patient has not received previous vaccinations for pneumococcal disease.

I have read and agree to the [Terms and Conditions](#) of use for the PneumoSmart Vaccination Tool.

Proceed

© 2023 Immunisation Coalition

Vaccination Summary

If the patient **has no record** of having received 13vPCV, 15vPCV, 20vPCV or 23vPPV previously, the patient should receive

When Due	Give	Comment	Funding
Now	13vPCV or 15vPCV* or 20vPCV*		13vPCV: NIP 15vPCV: Self-Funded 20vPCV: Self-Funded
12 months	23vPPV	2-month interval is acceptable since last 13vPCV, 25vPCV or 20vPCV dose	Self-funded
5 years	23vPPV	Minimum interval of 5 years since last 23vPPV dose	Self-funded

The number of lifetime doses of 23vPPV is now limited to 2 doses for all people.

Demonstration: PneumoSmart Vaccination Tool Adult

PneumoSmart

The *PneumoSmart Vaccination Tool* (herein referred to as "the tool") has been created using the pneumococcal disease vaccination recommendations in the online Australian Immunisation Handbook, and has been developed to assist GPs, medical specialists and other immunisation providers to comply with them. As pneumococcal disease vaccination recommendations change, the tool will be updated by clinical experts at the Immunisation Coalition.

Catch-up pneumococcal immunisations for children less than 5 years of age are complex. Appropriate catch-up vaccines should be offered as recommended:

- in the online [Australian Immunisation Handbook](#)
- as per the [Immunisation Calculator](#)
- catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in New South Wales, Victoria, Tasmania or the ACT, and all children who do not have risk condition(s) for pneumococcal disease, aged less than 5 years.
- catch-up schedule for 13vPCV for Aboriginal and Torres Strait Islander children living in Northern Territory, South Australia or Western Australia **only**, and all children with risk condition(s) for pneumococcal disease, aged less than 5 years

Important information:

If no written records are available to confirm pneumococcal disease vaccination status, or the type of vaccine (Conjugate or Polysaccharide) that may have been previously administered, the provider shall proceed as if the patient has not received previous vaccinations for pneumococcal disease.

I have read and agree to the [Terms and Conditions](#) of use for the PneumoSmart Vaccination Tool.

Proceed

Vaccination Summary

If the patient has previously received:

- **one** dose of 13vPCV or 15vPCV or 20vPCV and
- **one** dose of 23vPPV

the patient should receive

When Due	Give	Comment	Funding
12 months	23vPPV	Recommended interval of 12 months (2-month interval is acceptable) since last 13vPCV or 15vPCV or 20vPCV dose and minimum 5 years after last 23vPPV dose	Self-funded

If the patient has previously received:

- **one** dose of 13vPCV or 15vPCV or 20vPCV and
- **two** doses of 23vPPV

No further doses of 13vPCV, 15vPCV, 20vPCV or 23vPPV are recommended. The number of lifetime doses of 23vPPV is now limited to 2 doses for all people.