CA IMMUNISATION RECOMMENDATIONS

VACCINATION	CA RECOMMENDATIONS			
	Vaccine Specific Information	Immunisation Schedule	Minimum Standard (CA)	Optional Standard (CA)
Measles, Mumps, Rubella (MMR)	All adults born prior to 1966 are considered exposed and immune to measles and do not require either serology or vaccination to measles, however, as the only available vaccine is a combined MMR vaccine it is best to consider all 3 infections at the same time.	Childhood as per NIPs or Catch Up Schedule as per NIPs.	Either: (1) proven serology of conversion to all 3 (see vaccine specific information), OR (2) documented 2x MMR lifetime doses.	Consider adult booster dose. Some evidence that Mumps serology may not be indicative of immune protection.
Tetanus, Diphtheria, Pertussis	Diphtheria adult booster dose only required if travelling to high-risk area, however, as the only available pertussis vaccine is a combined vaccine it is best to consider all 3 infections at the same time.	Childhood as per NIPs or Catch Up Schedule as per NIPs. Adolescent booster, then every 10 years as adult.	Documentation of prior childhood or catch-up vaccination (AIR or other records) AND documented booster as adult within previous 10 years.	Consider adult booster dose when exposure to infants.
Haemophilus influenza type B (Hib)	Adult booster doses or adult vaccination course only in adults with specific medical conditions (asplenic or specific immunological dysfunction)	Childhood as per NIPs or Catch Up Schedule as per NIPs.	Documentation of prior childhood or Catch Up vaccination (AIR or other records).	
Rotavirus	Vaccination NOT recommended after infancy due to vaccine complications	Infancy as per NIPs.		
Hepatitis B	A single seroconversion result > 10 (at any timepoint) confers lifelong protection against HBV	Childhood as per NIPs or Catch Up Schedule as per NIPs.	Either: (1) Documentation of prior childhood or catch-up vaccination (AIR or other records) OR (2) seroconversion at any stage of life.	

HPV (Gardasil)	Although generally considered to be a vaccine decreasing cervical cancer there is increasing evidence that vaccination may also decrease cancer rates from other HPV related cancers.	Year 7-9.	Adolescent as per NIPs or Catch Up Schedule as per NIPs.	To any adult who requests catch up vaccination.
Polio	Increasing epidemic outbreaks of polio occurring in countries previously considered polio free eg PNG.	Childhood as per NIPs or Catch Up Schedule as per NIPs. Adult booster every 10 years if high risk or travelling to epidemic/endemic polio areas.	Documentation of prior childhood or Catch Up vaccination (AIR or other records) AND Adult booster every 10 years if high risk or travelling to epidemic/ endemic polio areas.	
Varicella (Zoster)- Chicken Pox	Vaccination of children recommended by Australian Immunisation Handbook (Australian Department of Health) but not funded through NIPs.	Childhood or Catch Up Schedule as per AIR. Not funded through NIPs.	Documentation of prior childhood or Catch Up vaccination (AIR or other records) OR Definite history of chicken pox/ shingles OR Two injections as adolescent/adult.	-
Varicella (Zoster)- Shingles	Vaccination of adults over 50 and those under 50 with some risk factors recommended by Australian Immunisation Handbook (Australian Department of Health) but not funded through NIPs.	NIPs funding for vaccination aged 70 and above only.	Vaccination of adults over 50 and those under 50 with some risk factors who request vaccination.	To any adult who requests vaccination.
Meningococcal B	Funded by NIPS only for indigenous children or adults with specific medical risks. Additionally recommended by AIH for adolescents/young adults living in close quarters; AND adolescents/young adults who smoke.	Childhood as per NIPs or Catch Up Schedule as per NIPs. Adults with specific risks as per NIPs.	Documentation of prior childhood or Catch Up vaccination (AIR or other records). Vaccination of adolescents/young adults with some risk factors who request vaccination.	To any adult who requests vaccination.

Meningococcal ACWY	Childhood as per NIPs or Catch Up Schedule as per NIPs.	Childhood and adolescence as per NIPs or Catch Up Schedule as per NIPs. Adults with specific risks as per NIPs.	Documentation of prior childhood or Catch Up vaccination (AIR or other records). Vaccination of adolescents/young adults with some risk factors who request vaccination.	To any adult who requests vaccination.
Pneumococcal (Pneumovax 23 and Pneumovax 13)	Complicated immunisation schedule according to risk factors, indigenous background and state-based differences.	Infancy plus additional doses in, childhood with specific risks or indigenous children AND adults (state specific). Additional dosing aged 70 and adults with specific risks.	Documentation of prior childhood or Catch Up vaccination (AIR or other records).	Consider in adulthood for severe asthmatics, those with chronic URTI infections.
Hepatitis A	Funded by NIPS only for indigenous children/adults (state specific) or adults with specific risks (MSM).	Childhood and adolescence as per NIPs or Catch Up Schedule as per NIPs. Adults with specific risks as per NIPs.	.Vaccination recommended for children and adults for non-domestic travel to risk areas	
Influenza	Funded by NIPS only for children 6 months to 5years; adults 65 years and older; indigenous children > 5 years, indigenous adults; all children /adults with specific medical risks. Additionally recommended by AIH for all > 5 years but not funded through NIPs. Some state-based funding	Specific eligibility as per NIPs.	Made available annually to all players/staff.	Highly recommended for touring.
COVID-19		As currently recommended by relevant Australian Government Health Authorities.	Recommend the current government vaccination schedule for all eligible players and staff.	