

Table A2 Catch-up immunisation schedule for children and adults (NIAC)

Vaccine	4 months to <12 months	12 months to <4 years	4 to <10 years	10 to <18 years	18 years and older
BCG	1 dose	1 dose	1 dose	1 dose (up to 15 years of age if in low risk group or up to 35 years of age if in high risk group)	1 dose (up to 35 years of age if in high risk group)
6 in 1 (DTaP/IPV/Hib/Hep B)¹	3 doses 2 months apart	3 doses 2 months apart	3 doses 2 months apart		
Men C	1 dose	1 dose	1 dose	1 dose (if given after 10 years of age, adolescent Men C booster not required)	1 dose (up to 23 years of age)
PCV	2 doses 2 months apart	1 dose (omit if >2 years of age ²)			
MMR³		1 dose	2 doses 1 month apart	2 doses 1 month apart	2 doses 1 month apart ⁴
Tdap/IPV				3 doses 1 month apart	1 dose ⁵
Td/IPV					1 month after Tdap/IPV 2 doses at 1 month intervals
NOTE	<i>Continue with routine childhood immunisation schedule from 12 months.</i>	<i>Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course, MMR at least 1 month after previous dose]</i>	<i>Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course]</i>	<i>Boosters of Tdap/IPV 5 years after primary course and Tdap 10 years later</i>	

 Source: <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>
¹ One dose of single Hib vaccine may be given to children over 12 months of age and up to 10 years of age if this is the only vaccine they require

² Unless at increased risk

³ The second dose of MMR is recommended routinely at 4-5 years but may be administered earlier. Children vaccinated before their first birthday in the case of an outbreak should have a repeat MMR vaccination at 12 months of age, at least one month after the first vaccine with a further dose at 4-5 years of age. If a child aged <18 months receives a second MMR vaccine within 3 months of the first MMR a third MMR should be given at 4-5 years of age

⁴ For healthcare workers born outside of Ireland and for adults from low resource countries, without evidence of two doses of MMR vaccine

⁵ Only one dose of Tdap/IPV is required due to likely previous exposure to pertussis infection

Infants >4 months of age, children and adults

Infants >4 months of age, children and adults should follow the catch-up immunisation schedule as shown in Table A2.

If an immunisation course has been interrupted, it should be resumed as soon as possible. It is not necessary to repeat doses or restart the course regardless of the time interval from the previous incomplete course. The course should be completed with the same brand of vaccine if possible.

Immunisation of late entrants to Irish healthcare system

Children and adults who are not immunised or who are incompletely immunised and are older than the recommended age range should be immunised as soon as possible according to the schedules in Table A2.

Once a child is back on schedule, the optimal recommended ages and intervals should be followed for the remainder of the routine scheduled vaccines.

Immunisation records of children (adopted or immigrant) from some countries may not be accurate, and should be accepted with caution. Lack of protection against vaccine-preventable diseases may be due to improper storage or handling of vaccines or to immune defects such as those that can occur during severe malnutrition.

In the absence of reliable information/documentation to the contrary children should be assumed to be unimmunised and started on a catch-up programme.

Children resident in Ireland should be given vaccines according to the recommended Irish schedule.

Decisions regarding whether to give or withhold vaccines are based on a number of factors, including the slight risk of over-vaccinating children.

The following guidelines may help the decision making process:⁽¹⁾

BCG

BCG should be given to low risk children up to 15 years of age and specified high risk children and adults up to 35 years of age who:

- a. do not have documented evidence of BCG vaccination
- and
- b. do not have a characteristic BCG scar
- and
- c. are tuberculin or interferon-gamma negative.

Diphtheria, tetanus, pertussis

If a child is aged 10 years or more low-dose diphtheria and pertussis vaccines should be used.

Polio

Adverse reactions to IPV are extremely rare. It is recommended that 4 doses of IPV containing vaccine be given, preferably before the age of 6 years.

Hib

Hib vaccine should be given to unvaccinated children up to 10 years of age. A single dose of Hib vaccine can be given if this is the only vaccine required.

Hepatitis B

A 3-dose series may be given to unvaccinated children up to the age of 10 years and to at-risk persons aged 10 years and older at 0, 1 and 6 months.

Meningococcal C

A single dose of Men C vaccine should be given to unvaccinated persons aged 1 to 23 years.