

Catch-up vaccinations funded for those with unknown or incomplete immunisation history

General principles:

- Every child in NZ <18 years of age is funded for NIS vaccines regardless of immigration status.
- Some NIS vaccines are funded for people eligible for NZ funded healthcare over 18 years of age.
- People immunised overseas are transferred to the current NZ NIS and, if required, an age appropriate catch-up programme is planned.
- Identify documented antigens previously received and at what age (Note: HepB birth doses do not count as part of primary course).
- Do not repeat prior doses or restart a vaccine course, even if significant time has elapsed.
- Plan a catch-up immunisation schedule to protect as soon as possible.
- Ensure a minimum 4-week (28 day) interval between vaccines of same antigen, except 8-week interval between first two doses of PCV and MenB and final two doses of HepB should be at least six months apart.
- When giving different live vaccines, give on same day or minimum 4-week (28 day) interval.
- DTaP-IPV-HepB/Hib (Infanrix®-hexa) and DTaP-IPV (Infanrix®-IPV) can be used up to 10 years of age.
- For at risk or special groups eg pneumococcal or BCG, refer to Immunisation Handbook.

3 months to under 12 months old

DTaP-IPV-HepB/Hib + PCV + MenB + RV*

4-week interval

DTaP-IPV-HepB/Hib + RV*

4-week interval unless under 5 months

DTaP-IPV-HepB/Hib + PCV + MenB

*RV: 1st dose before 15 weeks, 2nd dose before 25 weeks.

#At 4 year event give DTaP-IPV-HepB/Hib.

Minimum antigens to receive by 12 months

3 DTaP 3 IPV 3 HepB 3 Hib 2 PCV 2 MenB 2 RV

12 months to under 5 years

DTaP-IPV-HepB/Hib + PCV** + MenB + MMR

4-week interval

DTaP-IPV-HepB/Hib* + MMR + VV

4-week interval

DTaP-IPV-HepB/Hib* + PCV** + MenB***

6-month gap or at 4 years whichever is later

DTaP-IPV-HepB/Hib*

*Hib; one dose only required 12 months to under 5 years. There are no safety concerns re any extra doses of Hib or HepB. If parental concern, can use separate DTaP-IPV and HepB or Hib.

**If 2-3 doses of PCV given <12 months, a booster of PCV is needed ≥12 months. If one dose of PCV given <12 months or two doses not 8 weeks apart, two doses of PCV are needed 8 weeks apart.

***Give a booster dose if indicated; if 1st dose of MenB given <12 mths, booster dose is recommended at age ≥12 months or minimum of 6 months after 2nd dose, whichever is later. If 1st dose of MenB given between 12-23 months, a booster dose of MenB can be given 12-24 months after 2nd dose.

If a 4th dose of tetanus containing vaccine was given overseas under age 3 years, a 4-year dose is still recommended.

Minimum antigens to receive by 5 years

3 or 4 DTaP 3 or 4 IPV 3 or 4 HepB 1 Hib
2 PCV 2 MMR 2 or 3 MenB 1 VV

5 years to under 10 years

DTaP-IPV-HepB/Hib* + MMR + VV**

4-week interval

DTaP-IPV-HepB/Hib* + MMR

4-week interval

DTaP-IPV-HepB/Hib*

6-month interval

DTaP-IPV-HepB/Hib*

*Hib and PCV vaccinations are not required over age 5 years. No safety concerns re extra Hib, HepB or IPV doses when using DTaP-IPV-HepB/Hib or DTaP-IPV. If parental concern, can use Tdap as an alternative over age of 7 years plus separate HepB and IPV.

**VV for children born after 1 April 2016 who have not had chicken pox disease.

Minimum antigens to receive by 10 years

4 DTaP 3 IPV 3 or 4 HepB 2 MMR 1 VV

10 to <18 years

Tdap + IPV + MMR + HepB*

4-week interval

Tdap + IPV + MMR + HepB*

4-week interval

Tdap + IPV

6-month gap or at 11 years whichever is later

Tdap + HepB* + VV**

*HepB – 3 HepB at 0, 1 and 6 months, or alternative for 10-15 year olds – 2 dose HepB at 0 and 6 months.

**Varicella vaccine if eligible

If age appropriate: include HPV vaccine. Number of doses and spacing dependent on age – see notes

Antigen Requirements

4 Tdap 3 IPV 2 MMR 1 VV 2 or 3 HPV
2 or 3 HepB

Adult >18 years

Tdap + IPV + MMR

4-week interval

Tdap + IPV + MMR

4-week interval

Tdap + IPV

3 HPV (eligible if 1st dose given before 27 years standard schedule 0, 2, 6 months)

Antigen requirements

3 Tdap 3 IPV 2 MMR 3 HPV

Refer to notes below

Updated: AUGUST 2026

Tdap: Every pregnancy from 2nd trimester
Adult boosters offered from 45 & 65 years of age.

Influenza: Every pregnancy
(annually) Aged 65 years or over.

MMR: Funded from 6 months of age in defined risk groups.
Two documented doses over 12 months of age, with minimum 4-week interval required, for those born since 1 Jan 1969.

HPV: Aged 9 - 14 years, 2 doses given at least 6 months apart, even if 2nd dose given over 15 years
Aged 15 - 26 years, 3 doses given at 0, 2 and 6 months. If shortened schedule necessary, minimum 4 weeks between dose 1 and 2 and 12 weeks between dose 2 and 3.

MenB: For children under 5 years, the required number and timing of doses is based on the age at which the child received their first dose. Timing of boosters for children under 24 months will vary depending on timing of completed primary course, see appendix 2 in IHB. Children who receive dose 1 >24 months require just two doses, separated by 8 weeks.

Varicella eligibility: Born on or after 1 April 2016
Turned 11 years on or after 1 July 2017 (if non-immune).

Shingrix eligibility: 65 years, 2 doses given 0 and 2-6 months apart; Second dose funded at any age if first dose given at 65 years.

IPV: OPV given from 2016 onwards cannot be counted towards the IPV course and consumers should be caught up with IPV. Children and adolescents born prior to 2016 who began a course of OPV can switch to IPV to complete final doses. A further dose of IPV should be administered even if they have completed a full OPV course. Any fIPV administered can be counted towards an IPV course.

NOTES