

The timing of events on the Immunisation Schedule and minimum intervals between the administration of catch-up vaccine doses is balanced by the ability of the vaccinee's immune system to respond robustly to the vaccine antigens and develop protection against the disease(s) as soon as possible before risk of disease exposure.

Before vaccine doses are administered early, the potential effect on the immune response and level of protection the vaccinee develops after completing their course of vaccines must be considered.

The Immunisation Advisory Centre (IMAC) does not recommend vaccines being given earlier than their due dates. However, to allow for opportunistic immunisation rather than ask a parent to come back another time, there is a small amount of flexibility with the Immunisation Schedule (*see tables below).

We recommend that immunisation pre-call letters and texts include the date the immunisation event is due to reduce the possibility of parents making an appointment or visiting the practice too early.

IMAC acknowledges the increasing complexity of both the Immunisation Schedule and also catch-up immunisations. We strongly recommend that if you have any vaccine timing concerns or questions you discuss these with either your local immunisation coordinator or the IMAC clinical advice line 0800 466 863.

If a vaccinator notices an error in timing of vaccine administration e.g. earlier than generally accepted, advice should be sought from either their local immunisation coordinator, the IMAC clinical advice line 0800 466 863, practice management system referral or by emailing the details to 0800IMMUNE@auckland.ac.nz. This occurs frequently with overseas immunisation schedules.

Table 1. Rules for early administration of Schedule vaccines 6 weeks to 4 years

Immunisation event		When due	Timing flexibility
6 weeks	Infanrix®-hexa Prevenar13® Rotarix®	Six weeks from the date of birth	<ul style="list-style-type: none"> Can be administered up to 4 days before 6 weeks of age.
3 months	Infanrix®-hexa Rotarix® Bexsero®	Three calendar months from the date of birth	<ul style="list-style-type: none"> Dose one of Bexsero® can be administered from 8 weeks of age, as a alternative schedule or from 6 weeks of age with a prescription. Infanrix®-hexa & Rotarix® can be administered from 12 weeks of age.
5 months	Infanrix®-hexa Prevenar13® Bexsero®	Five calendar months from the date of birth	<ul style="list-style-type: none"> Infanrix®-hexa & Prevenar13® can be administered a maximum of 4 days before 5 months of age. Bexsero® can be administered up to 4 days prior to 8 weeks after first dose.
12 months	Prevenar13® Priorix® (MMR1) Bexsero®	12 calendar months from the date of birth	<ul style="list-style-type: none"> Priorix® (MMR1) & Prevenar13® can be administered up to 4 days before 12 months of age. Priorix® (MMR1) can be administered from 11 months of age with a prescription. Bexsero can be administered up to 4 days before 12 months of age, or a minimum of 6 months from dose 2, whichever is later.
15 months	Hiberix® Varivax® Priorix® (MMR2)	15 calendar months from the date of birth	<ul style="list-style-type: none"> Hiberix® and Varivax® can be administered up to 4 days before 12 months of age. The Priorix® (MMR2) vaccine dose is recommended to be given on-time at 15 months of age unless there is a high risk of exposure to these diseases, such as during an outbreak. When there is a high risk of exposure to measles, mumps or rubella, MMR2 can be administered as early as 4 weeks after the MMR1 dose.
4 years	Infanrix®-IPV	From the 4th birthday	<ul style="list-style-type: none"> Can be administered up to 4 weeks before 4 years of age.

Table 2. Rules for early administration of Schedule vaccines 11/12 years to 65 years

Immunisation event		When due	Timing flexibility
11-12 years	Boostrix® Gardasil®9	School-based immunisation: year 7/8 at school, or primary care: from the 11th birthday	<ul style="list-style-type: none"> Boostrix® can be administered to a child aged 9–10 years when the child has a tetanus-prone wound and it is 5 or more years since their last tetanus-containing immunisation. Gardasil®9 can be given from 9 years of age.
Pregnancy	Boostrix® Influenza COVID-19	Boostrix® is recommended from 16 weeks Influenza vaccine is due anytime during pregnancy	<ul style="list-style-type: none"> Boostrix® is funded from the beginning of the 2nd trimester (13 weeks) If the seasonal influenza vaccine is given before pregnancy, it does not need to be repeated if a person becomes pregnant in that year. An individual who is pregnant across two influenza seasons is recommended to have an influenza vaccine in both seasons. Both vaccines are funded. Vaccination against COVID-19 is recommended for pregnant people at any stage of pregnancy. See IMAC Fact sheet COVID-19 and COVID-19 vaccination in pregnancy.
45 years	Boostrix®	From 45th birthday	<ul style="list-style-type: none"> Given from 45 years of age, if eligible. Tdap vaccines are available for private purchase outside of the funded requirements e.g. for grandparents or household contacts of infants who are requesting pertussis protection, a prescription or standing order is required for this.
65 years	Boostrix® Shingrix®	From 65th birthday	<ul style="list-style-type: none"> Boostrix® given from 65 years age. Shingrix® only funded when person is 65 years of age. If first dose is given when 65 years of age, second dose is funded even if they turn 66 years when it is due.

Table 3. Catch up immunisations

Catch-up immunisation	<ul style="list-style-type: none"> When infants and children are more than one month overdue for their schedule immunisations, then catch up immunisation principles apply. The minimum interval between administration of the same vaccine in a primary series is 28 days. Some vaccines require a longer interval to allow a booster effect, for example: <ul style="list-style-type: none"> 8 weeks between the last two Prevenar13® doses, 6 months between the third Infanrix®-hexa and the Infanrix®-IPV booster dose, 6 months between the third Boostrix® and the Boostrix® booster dose. Bexsero®: for children aged 24 to 59 months having their first dose, the second dose can be given a minimum of 4 weeks after the first, but is recommended at an 8-week gap. For details on age appropriate catch-up see Appendix 2 of the Immunisation Handbook.
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