### Table 12.2: Quick guide to catch-up immunisations

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>Minimum dosing intervals have been used</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>DT (P) containing IM</td>
<td>Can be given at 2m instead if hepatitis B not required</td>
<td>See note</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Age &lt; 4 years – 3 doses then 4th dose at 18 months or 6 months after primary course and 5th dose at 4 years. If the 4th dose is given after the child is 3.5 years the 5th dose is not required. Usually given as combination vaccine, if using hexavalent vaccine with hepatitis B, dosing interval = 2 months between dose 2 and 3, and 4 months between dose 1 and 3. Age 4-7 years – 3 doses for primary series then 4th dose 6 months after primary course, usually given as combination vaccine as above. Age 10 years and older – dTpa then dT, dT, then booster dTpa after 10 years.</td>
</tr>
<tr>
<td>All</td>
<td>IPV IM or SC</td>
<td>As above</td>
<td>4th dose required at 4 years if aged &lt;4 years for primary course. SC if given as IPV only. IM in combination vaccines. Hexavalent dosing as above.</td>
</tr>
<tr>
<td>All</td>
<td>Hepatitis B IM</td>
<td></td>
<td>Age 11–15 years – can be given as alternate 2-dose schedule (adult dose), with 4-month interval. Paediatric dose 0.5ml (0 – 19 years), adult dose 1ml (20 years and older).</td>
</tr>
<tr>
<td>Born &gt;1966</td>
<td>MMR IM MMR-V SC</td>
<td>Now available as MMR-V for age &lt;14 years, see below.</td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>Varicella SC</td>
<td></td>
<td>&lt;14 years one dose, now available as MMR-V, see below.</td>
</tr>
<tr>
<td>Born &gt;1987</td>
<td>MenC IM</td>
<td>If using MenC</td>
<td>Age 14 years and older, born after 1992 – 2 doses (check serology first if no history infection).</td>
</tr>
<tr>
<td>&lt;5 years</td>
<td>Hib IM</td>
<td></td>
<td>Only &lt;5 years, dosing varies, 2–11 months: 2 or 3 doses then booster, 1–5 years: 1 dose then booster, interval varies. Hexavalent dosing as above. Children &lt;10 years get extra doses due to combination vaccines (see below).</td>
</tr>
<tr>
<td>&lt;5 years</td>
<td>13vPCV IM</td>
<td></td>
<td>Only &lt;5 years unless medical risk factors. Dosing varies, &lt;7 months 3 doses, 7–11 months 2 doses, 1–5 years 1 dose.</td>
</tr>
<tr>
<td>Born &gt;1981F</td>
<td>HPV IM</td>
<td>+ 4 months after dose 2</td>
<td>Age 12–15 years, born after 1981 (females) and after 1999 (males), complete dosing within 12 months.</td>
</tr>
<tr>
<td>&gt;1999M</td>
<td>Combination vaccines* – use where possible.</td>
<td>Hexavalent vaccine – DTP-IPV-Hib-Hep B – age &lt;10 years (IM). DTPa-IPV (IM) – age &lt;10 years, also dTpa-IPV (IM) age 10 years and older. MMR-V – age &lt;14 years, not used as first dose MMN age &lt;4 years (SC). MenC-Hib – age &lt;10 years, if possible, not with hexavalent vaccines, OK with DTP-IPV, HBV instead (IM). MenC instead is likely to be more convenient and reduce catch-up visits.</td>
<td>Other notes</td>
</tr>
</tbody>
</table>

**Legend for table 12.2**
- **= Give**
- **= Give depending on age and numbers of doses required**
- **= Dose not required**

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**Other notes**

Offshore entrants may have MMR, +/- OPV & YF, Syrian cohorts may have had additional DT containing vaccines – wait 1 month before other vaccines. Do not give TST within 4 weeks of LVV (including DHC vaccines). Rotavirus not usually catch-up – has to be given before 13-15 weeks. Consider BCG in age <16 years if not given previously – needs negative TST first. All 0.5ml dose except adult HBV vaccine, also used for adolescent catch-up.