



Recommended catch-up immunisation schedule (2024) for children who have not started or have missed doses



**MEDICINES
INFORMATION
CENTRE**
0861 100 531 / 021 406 6829

How to use this table: First check if child has received any vaccines documented in the Road to Health Booklet or similar document. If not documented, assume that vaccine has not been given. Always continue from the last dose the child has received. Child may be too old to receive some vaccines. Use the standard intervals and ages recommended in the National Immunisation Programme schedule once the child is up to date. If a zero-dose patient presents between age 5-6 years, discuss with an expert. The Tdap catch-up for zero-dose patients are different from the boosters included in this poster.

If child presents after 6 months of age but before 9 months, and has not received measles-rubella vaccination, it is recommended to prioritise catch-up of measles-rubella first. Do not administer the measles-rubella vaccine at the same time as other vaccines if the child is between 6 and less than 9 months of age. Measles-rubella can be administered with other vaccines once the child is ≥ 9 months.

Vaccine	Standard recommended age for dose(s)	Age at presentation for catch-up immunisation	Dose 1 (unless already received as per normal schedule)	Timing of catch-up doses		
				Dose 2	Dose 3	Dose 4
BCG Bacille Calmette-Guérin	Birth	<10 years ^α	Give now ^α	-	-	-
OPV Oral polio vaccine	Dose 1: birth Dose 2: 6 weeks	<6 months	Give now	A minimum of 4 weeks after dose 1 (if still <6 months of age)	-	-
		≥6 months	Do not give	-	-	-
HBV Hepatitis B vaccine	Birth (only to infants whose mothers tested HBsAg positive during pregnancy)	<2 weeks	Give now	-	-	-
		≥2 weeks	Do not give	-	-	-
DTaP-IPV-Hib-HBV Diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, <i>haemophilus influenzae</i> type b, hepatitis B vaccine	Dose 1: 6 weeks Dose 2: 10 weeks Dose 3: 14 weeks Dose 4: 18 months	<5 years	Give now	A minimum of 4 weeks after dose 1 (if still <5 years of age)	A minimum of 4 weeks after dose 2 (if still <5 years of age)	At or after 18 months of age (12 months after dose 3; if still <5 years of age)
RV Rotavirus vaccine	Dose 1: 6 weeks Dose 2: 14 weeks	<20 weeks	Give now	A minimum of 4 weeks after dose 1	-	-
		20 - <24 weeks	Give now	-	-	-
		≥24 weeks	Do not give	-	-	-
PCV Pneumococcal conjugate vaccine	Dose 1: 6 weeks Dose 2: 14 weeks Dose 3: 9 months	<6 months	Give now	A minimum of 4 weeks after dose 1	At 9 months of age (8 weeks after dose 2)	-
		6 - <24months	Give now	A minimum of 4 weeks after dose 1	8 weeks after dose 2	-
		2 - <6 years	Give now	No further doses required unless a specific long-term health condition [#] is present, in which case give dose 2 (at least 8 weeks after dose 1)		
MR* Measles, rubella vaccine	Dose 1: 6 months Dose 2: 12 months	<11 months	Give now (if < 9 months of age, don't co-administer with other vaccines)*	At 12 months of age*	If 1st dose is monovalent measles vaccine, 2nd dose is MR—no catch up for rubella required	
		≥11 months	Give now*	A minimum of 4 weeks after dose 1*		
Tdap Tetanus, diphtheria, acellular pertussis vaccine	Dose 1: 6 years Dose 2: 12 years	≥6 years	Give now	At 12 years of age (4 years after the previous dose*)	If 1st dose is Td vaccine, 2nd dose is Tdap—no catch up for pertussis required	

^α Any child who did not receive BCG at birth should get it as soon as possible if <10 years of age unless specific contraindications including suspected or confirmed inborn errors of immunity, acquired immunodeficiency conditions (refer to HIV below), or immunosuppressive therapy. If child received tuberculosis preventive treatment (TPT) or anti-tuberculosis (TB) treatment starting within the first 6 weeks of life, administer BCG after completion of TPT or TB treatment even if BCG was administered at birth. If child received isoniazid, or rifampicin & isoniazid as TPT, or standard drug-susceptible TB treatment, administer BCG at least 1 day after the last dose of treatment; if child received rifapentine, administer BCG 5 days after the last dose; if child received bedaquiline or clofazimine, administer BCG 2 months after the last dose. Children living with HIV that are receiving ART, clinically well and have CD4 >25% (if <5 years) or CD4 >200 cells (if >5 years of age) may receive BCG; [#] Specific long-term health conditions include chronic lung disease, chronic heart disease, diabetes mellitus, cerebrospinal fluid leak, cochlear implant, haemoglobinopathy, asplenia, congenital or acquired immunodeficiency, chronic renal failure, nephrotic syndrome, chronic liver disease. Obtain expert advice for specific recommendations for different conditions; [‡] In a campaign setting the interval between doses can be decreased as per campaign recommendations; HBsAg = Hepatitis B surface antigen.