

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

The potential effect that administering vaccine doses before the date they are due could have on the vaccinee's immune response and level of protection they develop after completing their course of vaccines must be considered before vaccine doses are administered early.

The Immunisation Advisory Centre recommend that immunisation precall letters and texts include the date the immunisation event is due to reduce the possibility of parents making an appointment or visiting the practice before the immunisations are due. We do 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. This flexibility is described in Table 1.

Table 1. Rules for early administration of Schedule vaccines

Immunisation event		When due	Timing flexibility
6 weeks	Infanrix [®] -hexa Synflorix [®] Rotarix [®]	Six weeks from the date of birth	<ul style="list-style-type: none"> Can be administered a maximum of 4 days before 6 weeks of age.
3 months	Infanrix-hexa Rotarix	Three calendar months from the date of birth	<ul style="list-style-type: none"> Can be administered from 12 weeks of age.
5 months	Infanrix-hexa Synflorix	Five calendar months from the date of birth	<ul style="list-style-type: none"> Can be administered a maximum of 4 days before 5 months of age
12 months	Synflorix Priorix [®] (MMR1)	12 calendar months from the date of birth	<ul style="list-style-type: none"> Can be administered a maximum of 4 days before 12 months of age
15 months	Hiberix [®] Varivax [®] Priorix [®] (MMR2)	15 calendar months from the date of birth	<ul style="list-style-type: none"> Hiberix and Varilrix/Varivax can be administered a maximum of 4 days before 12 months of age. The 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 a maximum of 4 weeks before 4 years of age.
11 years	Boostrix [®]	School-based immunisation: year 7 at school, or Primary care: from the 11th birthday	<ul style="list-style-type: none"> 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.
12 years	Gardasil [®] 9	School-based immunisation: year 8 at school, or Primary care: from the 9th birthday	<ul style="list-style-type: none"> Given from 9 years of age.
45 years	Boostrix	From the 45th birthday	<ul style="list-style-type: none"> Given from 45 years of age.
65 years	Boostrix	From the 65th birthday	<ul style="list-style-type: none"> Given from 65 years age.
Catch-up immunisation		<ul style="list-style-type: none"> 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 Synflorix 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. 	