



Australian Government
Department of Health and Ageing

The Australian Immunisation Handbook

10th Edition 2013



i m m u n i s a t i o n

CONTACT DETAILS FOR AUSTRALIAN, STATE AND TERRITORY GOVERNMENT HEALTH AUTHORITIES

Australian Government health authorities

Australian Government Department of Health and Ageing	02 6289 1555 Freecall: 1800 671 811 www.immunise.health.gov.au
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State and territory government health authorities

Australian Capital Territory	02 6205 2300 Immunisation Enquiry Line
New South Wales	1300 066 055 (to connect to your local Public Health Unit)
Northern Territory	08 8922 8044 Centre for Disease Control
Queensland	13 HEALTH (13 4325 84) Contact your local Public Health Unit, details at www.health.qld.gov.au/cdcg/contacts.asp
South Australia	1300 232 272 (8.30 am to 5.00 pm) Email: CDCB@health.sa.gov.au www.sahealth.sa.gov.au
Tasmania	03 6222 7666 or 1800 671 738
Victoria	1300 882 008 Email: immunisation@health.vic.gov.au www.health.vic.gov.au/immunisation
Western Australia	08 9388 4868 08 9328 0553 (after hours Infectious Diseases Emergency) Email: cdc@health.wa.gov.au

For changes introduced in the 10th edition of the *Handbook*, see 1.4 *What's new*

INFORMATION SHEET – ADVERSE EVENTS FOLLOWING IMMUNISATION

Side effects following immunisation for vaccines used in the National Immunisation Program (NIP) schedule

Common adverse events following immunisation are usually mild and temporary (occurring in the first few days after vaccination, unless otherwise stated). Specific treatment is not usually required (see below).

If the adverse event following immunisation is unexpected, persistent and/or severe, or if you are worried about your or your child's condition, see your doctor or immunisation nurse as soon as possible, or go directly to a hospital. Adverse events that occur following immunisation may be reported to the Therapeutic Goods Administration (TGA) (www.tga.gov.au) or to the Adverse Medicines Events line on 1300 134 237, or discuss with your immunisation provider as to how reports are submitted in your state or territory.

Diphtheria-tetanus-pertussis (acellular) DTaP-a containing vaccines and dTpa (reduced antigen) vaccines	<i>Haemophilus influenzae</i> type b vaccine (Hib)	Hepatitis A vaccine (HepA)	Hepatitis B vaccine (HepB)
- Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Low-grade temperature (fever) In children, the following may also occur: - Irritable, crying, unsettled and generally unhappy - Drowsiness or tiredness	- Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Low-grade temperature (fever)	- Localised pain, redness and swelling at injection site - Low-grade temperature (fever)	- Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Low-grade temperature (fever)
Human papillomavirus vaccine (HPV)	Influenza vaccine	Measles-mumps-rubella vaccine (MMRV, MMRV – see also varicella)	Meningococcal C conjugate vaccine (MenCCV)
- Localised pain, redness and swelling at injection site - Low-grade temperature (fever) - Mild headache - Mild nausea	- Drowsiness or tiredness - Muscle aches - Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Low-grade temperature (fever)	- Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Seen 7–10 days after vaccination: - Temperature (fever, can be >39.4°C), lasting 2–3 days, faint red rash (not infectious), head cold and/or runny nose, cough and/or puffy eyes - Drowsiness or tiredness - Swelling of salivary glands	- Irritable, crying, unsettled and generally unhappy - Loss of appetite - Headache (usually observed in adolescents/adults) - Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Low-grade temperature (fever)
Pneumococcal vaccines (conjugate 13vPCV and polysaccharide 23vPPV)	Inactivated poliomyelitis vaccine (IPV) and IPV-containing vaccines	Rotavirus vaccine	Varicella vaccine (VV)
- Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Low-grade temperature (fever)	- Muscle aches - Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Low-grade temperature (fever)	Vomiting and diarrhoea can occur up to 7 days following vaccination	- Localised pain, redness and swelling at injection site - Occasionally, an injection-site nodule; may last many weeks; no treatment needed - Temperature (fever, can be >39°C) - Seen 5–26 days after vaccination: - Pustular rash (2–5 lesions), usually at injection site, occasionally elsewhere
Key to table			
DTaP-a	diphtheria-tetanus-pertussis acellular (infant/child formulation)	MenCCV	meningococcal C conjugate vaccine
dTpa	diphtheria-tetanus-pertussis acellular (reduced antigen content formulation)	MMR	measles-mumps-rubella vaccine
HepA	hepatitis A vaccine	MMRV	measles-mumps-rubella-varicella vaccine
HepB	hepatitis B vaccine	13vPCV	pneumococcal conjugate vaccine (13 serotypes)
Hib	<i>Haemophilus influenzae</i> type b vaccine	23vPPV	pneumococcal polysaccharide vaccine (23 serotypes)
HPV	human papillomavirus vaccine	Rotavirus	rotavirus vaccine
Influenza	influenza or flu vaccine	VV	varicella vaccine
IPV	inactivated poliomyelitis vaccine		
How to manage injection site discomfort	Managing fever after immunisation	Concerns	
Many vaccine injections may result in soreness, redness, itching, swelling or burning at the injection site for 1 to 2 days. Paracetamol might be required to ease the discomfort. Sometimes a small, hard lump (nodule) at the injection site may persist for some weeks or months. This should not be of concern and requires no treatment.	Give extra fluids to drink. Do not overdress the baby if hot. Although routine use of paracetamol after vaccination is not recommended, if fever is present, paracetamol can be given. The dose of paracetamol for a child up to 12 years of age is 15 mg/kg dose, every 4 to 6 hours, up to four times a day. Adults and children aged ≥ 12 years can receive 500 to 1000 mg every 4 to 6 hours. Paracetamol should not be given for more than 48 hours without seeking medical advice.	If you are worried about yourself or your child's condition after a vaccination, see your doctor or immunisation nurse as soon as possible, or go directly to a hospital. It is also important to seek medical advice if you or your child are unwell, as this may be due to other illness rather than because of the vaccination.	



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Australian Government

National Health and Medical Research Council

These guidelines were approved by the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) on 25/01/2013, under Section 14A of the *National Health and Medical Research Council Act 1992*. In approving these guidelines the NHMRC considers that they meet the NHMRC standard for clinical practice guidelines. This approval is valid for a period of five years.

NHMRC is satisfied that they are based on the systematic identification and synthesis of the best available scientific evidence and make clear recommendations for health professionals practising in an Australian health care setting. The NHMRC expects that all guidelines will be reviewed no less than once every five years.

This publication reflects the views of the authors and not necessarily the views of the Australian Government.

FOREWORD

Since 1932, when Government vaccination began for Australian children, illness and death from vaccine-preventable diseases have fallen greatly. Australia still has one of the world's most comprehensive publicly funded immunisation programs. As a result, tetanus, diphtheria, *Haemophilus influenzae* type b, poliomyelitis, congenital rubella and newly acquired hepatitis B are no longer seen or are extremely rare.

Immunisation is still the safest and most effective way to protect Australians from vaccine-preventable disease. The Government is working towards increasing child immunisation rates over time by giving parents stronger incentives to have their children fully immunised.

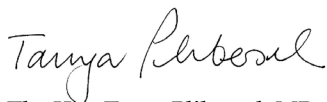
The Australian Immunisation Handbook, approved by the National Health and Medical Research Council (NHMRC), includes clinical information for Australian immunisation providers on the safest and most effective use of vaccines, new vaccines and vaccine-preventable diseases in Australia. It is also a valuable tool to help immunisation providers explain the benefits of immunisation to their patients.

I'm confident that with your ongoing commitment, immunisation coverage rates will keep on improving. We need immunisation providers to take every available opportunity to appropriately vaccinate children and adults. We also need herd immunity to keep on growing, so that the risk of exposure to vaccine-preventable diseases such as pertussis and measles is minimised as far as possible.

This *Handbook* includes information on changes to the National Immunisation Program. This includes, for example, the recent extension of the Human Papillomavirus (HPV) Vaccination Program to include males aged 12–13 years. Already the HPV vaccine has had an impact, significantly reducing the number of lesions that lead to cervical cancer amongst women in the vaccinated age group. Providing the HPV vaccine to boys will protect them and increase the effectiveness of the vaccination program for girls.

By building on Australia's world-class immunisation program, we are stopping vaccine-preventable diseases and that makes a difference to the quality of life for Australian families.

Finally, I would like to thank the Chair, Professor Terry Nolan, and members of the Australian Technical Advisory Group on Immunisation, its working parties, technical writers and advisors for their work in producing this excellent resource. It will be a great help to everyone involved in supporting and delivering immunisation services in Australia.



The Hon Tanya Plibersek MP
Minister for Health

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PREFACE

The 10th edition of *The Australian Immunisation Handbook* was prepared by the Australian Technical Advisory Group on Immunisation of the Australian Government Department of Health and Ageing.

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