

# Recommended adolescent vaccines

(by 15-17 yrs of age)

## SCHOOL BASED VACCINE PROGRAMS

School based programs offer free vaccines to students.

### Current Year 7 program

Hepatitis B, Boostrix (whooping cough), Varicella (chicken pox)

#### *Hepatitis B vaccination*

This vaccine was introduced into the childhood immunisation schedule in 2000 for babies and adolescents. The adolescent dose is part of school based vaccination programs, which vary from state to state. In NSW, the vaccine has been offered annually to children in Year 7 since 2004.

Adolescents who miss out on vaccination at school can receive free vaccine from their GP. The school based program will continue until the babies born from 2000 onwards who receive hepatitis B as part of the childhood schedule (at birth, 2, 4 & 6 months) reach Year 7.

#### *Meningococcal C vaccination*

This vaccine became part of the childhood immunisation schedule at 12 months in 2003.

Children from kindergarten to year 12 were offered meningococcal C vaccination in 2003-2004. GPs can continue to provide catch-up free vaccine until 2007 to those aged 1 to 21 years. Those 21 years and older will have to pay for vaccine.

Even if your child has been vaccinated against the meningococcal C strain, it is important to remain alert for symptoms of other strains of meningococcal disease

#### *Boostrix (dTpa - diphtheria, tetanus & pertussis)*

This vaccine provides a booster dose for these three diseases.

State and school based programs vary. In NSW, children in Years 7-12 were offered Boostrix in 2004-2005 to provide protection to adolescents from pertussis (whooping cough). There will be an ongoing school based program as a booster for pertussis.

Adolescents who have missed the school based program are eligible for free vaccine at their GP.

Vaccine	Number of doses
Combined diphtheria, tetanus & pertussis (whooping cough)	4/5 as a child Booster as an adolescent
Polio	4 as a child
Hepatitis B (hep B)	3 from GP/immunisation provider as a child 2 from adolescent school based program
MMR (measles, mumps, rubella/ German measles)	2
Meningococcal C	1
Varicella (chicken pox)	(if no clinical history of disease) 1 for under 13 yrs 2 for 14 yrs & over

Please note that this is the recommended number of vaccine doses that each person should have received by the time they reach adolescence. If doses do not total the doses as per table, catch up doses should be recommended.

#### **Varilrix (chicken pox)**

This vaccine was introduced to the childhood immunisation schedule in November 2005. A school based vaccination program started in 2006 for children in Year 7 who have not contracted the disease or have not previously been vaccinated.

#### **NEW Vaccine – HPV vaccine**

The human papilloma virus (HPV) types 16 and 18 cause about 70% of cervical cancers. HPV types 6 and 11 cause about 90% of genital warts. Vaccines against these HPV types are now available with the potential to prevent the majority of these conditions. The vaccine is indicated in females aged 9 to 26 years. The current price is about \$130-\$150 a dose with three doses recommended.

The continuation of Pap screening is recommended.

#### **Measles**

During the Measles Campaign run in 1998, all school aged children were offered a second dose of MMR vaccine (this vaccine is now included in the childhood schedule at 4 years). Adults born during or since 1966 should have evidence of having received two doses of MMR. Those born between 1966 and 1980 are unlikely to have received two doses of measles containing vac-

cine and therefore may remain non-immune. The MMR vaccine is free for this age group.

For more information about adolescent vaccinations, see your GP, contact your local Public Health Unit, or visit [www.vaccination.org.au](http://www.vaccination.org.au).



SPIKE SAYS

**“Vax ’em.”**

[www.vaccination.org.au](http://www.vaccination.org.au)