

Appendix 4.

*Changes to the Australian Standard Vaccination Schedule (1992–2002)**

Table 28. Diphtheria, tetanus and pertussis (DTP) vaccination practice in Australia, 1992 to 2002

Date	Intervention
1994	5th dose of DTP at 4–5 years added to the recommended vaccination schedule (replacing CDT vaccine) Active ADT school vaccination programs commenced in some States for 15–19 year olds
1996	Diphtheria-tetanus-acellular pertussis vaccine (DTPa) licensed in Australia
1997	DTPa recommended for 4th and 5th doses of DTP vaccination (due at 18 months and 4–5 years)
1999	DTPa recommended for all 5 childhood DTP doses Combined DTPa-hepatitis B vaccine approved
2000	Second booster dose of DTPa recommended at 4 years instead of 4–5yrs NHMRC recommended 10-yearly booster doses of ADT be replaced with a routine booster dose at 50 yrs of age unless a booster dose has been documented within last 10 years DTPa-hepB vaccine included on childhood schedule (used in Qld, NSW, ACT, SA, and NT) Adult/adolescent formulation (dTpa) available for boosting adolescents and adults against pertussis

Table 29. *Haemophilus influenzae* type b vaccination practice in Australia, 1992 to 2002

Date	Intervention
1992	1st Hib vaccines (PRP-D, ProHIBit) licensed in Australia for vaccinating infants aged at least 18 months
1993	Hib vaccine recommended as part of the childhood vaccination schedule Hib vaccines: HBOC (HibTITER), PRP-T (Act-HIB), and PRP-OMP (PedvaxHIB) licensed for infants aged <18 months PRP-OMP recommended at 2, 4 and 12 months, HBOC and PRP-T at 2, 4, 6 and 18 months
2000	Combined Hib(PRP-OMP)-hepatitis B vaccine approved PRP-OMP recommended for all infants (administered separately or in combination with hepatitis B vaccine)

* See also Gidding HF, Burgess MA, Kempe AE. A brief history of vaccination and childhood vaccination practices in Australia. *Medical Journal of Australia* 2001;174:37–40.
Detailed historical tables are available at: <http://www.ncirs.usyd.edu.au/publ/publ-79-tbls.html>

Table 30. Hepatitis B vaccination practice in Australia, 1992 to 2002

Date	Intervention
1997	Vaccination recommended for adolescents aged 10–16 years
1997	Interim recommendation for universal vaccination of infants at birth
1998	School-based programs commenced for 10–16 year olds in Victoria. A 'catch up' campaign was conducted in the NT for children 6–16 years of age
1999	SA commenced year 8 immunisation program provided by councils Combined DTPa-hepatitis B vaccine approved
2000	Thiomersal-free paediatric hepatitis B vaccine approved Combined PRP-OMP-hepB vaccine approved May: Universal infant vaccination included in childhood schedule with a birth dose of monovalent paediatric hepatitis B vaccine, followed by 3 doses as part of a combination vaccine schedule DTPa-hepB vaccine included on childhood schedule (used in Qld, NSW, ACT, SA, and NT) PRP-OMP-hepB vaccine included in childhood schedule (used in Tas, Vic, WA) Preadolescent vaccination recommended at 10–13 years rather than 10–16 years of age Booster doses no longer recommended by NHMRC

Table 31. Influenza vaccination practice in Australia, 1992 to 2002

Date	Intervention
1997	In Victoria, influenza vaccine funded for all adults aged 65 years and over
1999	Funding provided for both the national Older Australian Flu program and the National Indigenous Pneumococcal and Influenza Immunisation (NIPII) program

Table 32. Measles, mumps and rubella vaccination practice in Australia, 1992 to 2002

Date	Intervention
1992 (Nov)	NHMRC recommended 2nd dose of MMR vaccine for both sexes to replace schoolgirl rubella vaccination program
1993 (Nov)	Childhood vaccination schedule updated to include second dose of MMR vaccine for 10–16 year olds (replacing schoolgirl rubella vaccination)
1998	Recommended age for 1st dose of MMR vaccine for Aboriginal children in the Northern Territory increased to 12 months of age (in line with non-Aboriginal infants) July: Recommended age for 2nd MMR vaccine dose lowered to 4–5 years July–December: Implementation of Measles Control Campaign (involving mass vaccination of primary school aged children with MMR vaccine)
2000	Recommended age for second MMR dose lowered to 4 years not 4–5 years MMR rather than rubella vaccine recommended for non-immune women of child-bearing age

Table 33. Meningococcal C vaccination practice in Australia, 1992 to 2002

Date	Intervention
2001	Meningococcal C conjugate vaccine (Meningitec) available for purchase in private market
2002	Meningococcal C conjugate vaccines (NeisVac-C, Menjugate) available for purchase in private market
2002	Funding announced for National Meningococcal C Vaccination Program commencing 2003

Table 34. Pneumococcal vaccination practice in Australia, 1992 to 2002

Date	Intervention
1994	Vaccination recommended for Aboriginal and Torres Strait Islanders living in high risk communities aged over 50 years
1997	Vaccination recommended for all persons aged over 65 years Vaccination recommended for all Aboriginal and Torres Strait Islanders aged over 50 years
1998	In Victoria, pneumococcal vaccine funded for all adults aged 65 years and over and all Aboriginal and Torres Strait Islanders aged 50 years and over
1999	Vaccination recommended for Aboriginal and Torres Strait Islanders aged 15–50 years with any of the high risk underlying conditions 23-valent polysaccharide vaccine funded by the Commonwealth (under the National Indigenous Pneumococcal and Influenza Immunisation program–NIPII) for all Aboriginal and Torres Strait Islanders aged at least 50 years and those aged 15–50 years with any of the high risk underlying conditions
2000	Vaccination recommendation for Aboriginal and Torres Strait Islanders changed from >50 to ≥50 years Vaccination recommendation for all persons changed from >65 to ≥65 years NT recommended 23-valent vaccine for all Aboriginal and Torres Strait Islander people aged 15 years and over 7-valent conjugate pneumococcal vaccine approved
2001	Funding made available for the at-risk conjugate pneumococcal vaccination program (all Aboriginal and Torres Strait Islander infants; all Australian children with underlying predisposing medical conditions; non-Indigenous children residing in central Australia up to the second birthday, as ‘catch-up’ vaccination)

Table 35. Polio vaccination practice in Australia, 1992 to 2002

Date	Intervention
1994	Recommendation for reinforcing dose of OPV to 15 year old adolescents
2002	Fifth dose of OPV at 15–17 years of age no longer recommended