

# RECOMMENDED SITES for MULTIPLE INJECTIONS

## Essential checks before you start

- ✓ An **anaphylaxis response kit** readily available

✓ Cold chain

✓ Obtained informed consent (risk & benefits explained)
- ✓ Any **contraindications** to the scheduled vaccines

✓ Correct child, correct vaccines

✓ Temperature is less than 38.5°C

✓ **Administer all scheduled vaccines at the same visit**

✓ **Administer Bexsero® alone into a separate limb**
- ✓ Date last vaccines were administered (avoid duplication)
- ✓ Any catch up required

### 6 WEEKS and 4 MONTHS

#### Infanrix® hexa or Vaxelis®

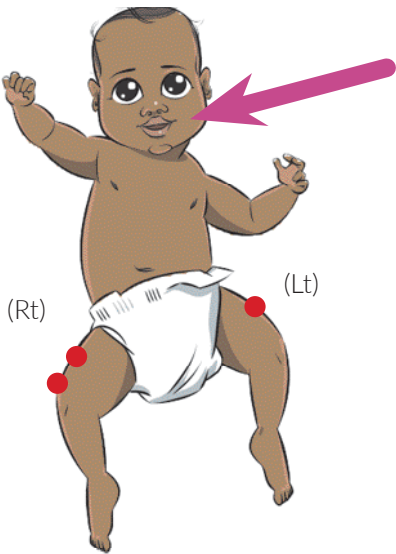
- Diphtheria
- Tetanus
- Pertussis
- Polio
- Haemophilus influenzae type b (HIB)
- Hepatitis B

#### Prevenar 13®

- Pneumococcal

#### Bexsero®

- Meningococcal B (Aboriginal & some medically at risk children)



#### Rotarix®

Oral Rotavirus

If most of the oral vaccine is spat out or vomited within minutes of administration, repeat oral dose.

#### Give:

##### Dose 1:

Between 6 and 14 weeks of age (i.e. prior to turning 15 weeks old).

##### Dose 2:

By 24 weeks of age (i.e prior to turning 25 weeks old)

**NO catch up required**

### 6 MONTHS

#### Infanrix® hexa or Vaxelis®

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Haemophilus influenzae type b (HIB)
- Hepatitis B

#### Prevenar 13®

- Pneumococcal (Aboriginal & some medically at risk children)

#### Influenza

- (Annually)
- (All children)



**REMEMBER 2.5 cm SPACING  
BETWEEN INJECTIONS**

### 12 MONTHS

#### Priorix® or M-M-R® II

- Measles
- Mumps
- Rubella

#### Prevenar 13®

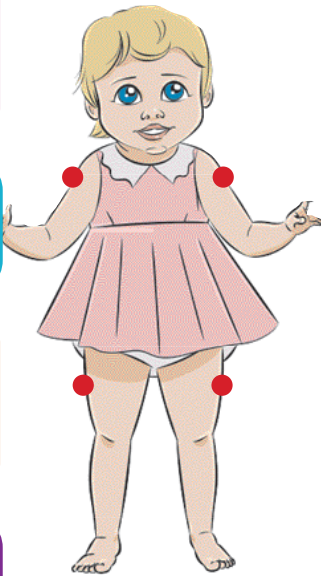
- Pneumococcal (All children)

#### Nimenrix®

- Meningococcal ACWY

#### Bexsero®

- Meningococcal B (Aboriginal & some medically at risk children)



### 18 MONTHS

#### Infanrix® or Tripacel®

- Diphtheria
- Tetanus
- Pertussis

#### Act-HIB®

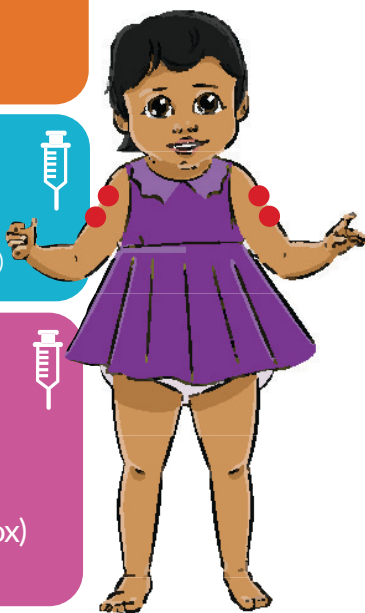
- Haemophilus influenzae tybe b (HIB)

#### Priorix-Tetra® or ProQuad®

- Measles
- Mumps
- Rubella
- Varicella (Chickenpox)

#### VAQTA®

- Hepatitis A (Aboriginal only)



### 4 YEARS

#### Infanrix® IPV or Quadracel®

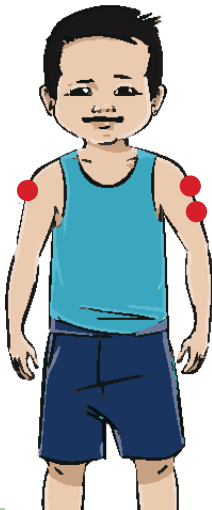
- Diphtheria
- Tetanus
- Pertussis
- Polio

#### Pneumovax® 23

- Pneumococcal (Aboriginal & some medically at risk children)

#### VAQTA®

- Hepatitis A (Aboriginal only)



### Post Vaccination

- The child is to remain in the clinic for at least 15 minutes after vaccination for monitoring
- Provide parent/carer with advice on possible vaccination side effects
- Inform parent/carer of the next due date
- Add recall reminder to client electronic record

**At 12 & 18 months - if the deltoid muscle mass is small:  
Give further injections into either anterolateral thigh (2.5 cm apart)**

#### Intramuscular (IM) Anterolateral Thigh

##### Angle of needle

90° angle to the skin

##### Standard needle

23 G - 25 mm in length in most cases (16 mm needle in length, may be used for very small infants)

#### IM Deltoid

##### Angle of needle

90° angle to the skin

##### Standard needle

23 G - 25 mm in length in most cases (16 mm needle in length, may be used for very small infants)

#### Subcutaneous (SC)

##### Angle of needle

45° angle to the skin

##### Standard needle

25 G or 26 G - 16 mm in length

For more information refer to the online version of the Australian Immunisation Handbook or call the NT Immunisation Register Information Line on 8922 8315

www.health.nt.gov.au

Produced by Central and Eastern Sydney PHN (CESPHN) with assistance from south Eastern Sydney Local Health District, adapted from General Practice NSW in partnership with the Albury Wodonga Regional GP Network; adapted from an origina; pictorial resource by Central West Gipsland Division. Further changes adapted from Hunter New England Local Health District resource.

