

Northern Territory of Australia

*Medicines, Poisons and Therapeutic Goods Act 2012*

**NT Centre for Disease Control Additional Vaccines SSTP  
Approval**

I, Christopher Paul Burgess, Chief Health Officer:

- (a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;
- (b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated 01 April 2026

EDOC2026/69988

Chief Health Officer

## Schedule A

Title	Publication Date	Author
BCG (Bacillus Calmette-Guérin) vaccine for prevention of tuberculosis (TB) SSTP	10 March 2026	Centre for Disease Control, Northern Territory Government, Department of Health.
Rabipur® and Verorab® vaccines for prevention of Rabies SSTP	10 March 2026	Centre for Disease Control, Northern Territory Government, Department of Health.

# BCG (Bacillus Calmette-Guérin) vaccine for prevention of tuberculosis (TB) SSTP

<b>Areas Applicable</b>	Services recognised as Vaccine Service Providers by NT Centre for Disease Control
<b>Health Professionals authorised by this SSTP</b>	Registered nurses Midwives Aboriginal and Torres Strait Islander Health Practitioners
<b>Scheduled Substance(s)</b>	Bacillus Calmette-Guérin (BCG - live attenuated strain of <i>Mycobacterium bovis</i> ) 1.5 mg freeze-dried powder for intradermal injection; multidose vial with diluent vial.
<b>Indication</b>	<p>BCG vaccination is recommended for:</p> <ul style="list-style-type: none"> <li>• Children younger than 5 years who are traveling to or going to live in countries with high Tuberculosis (TB) incidence, based on individual risk assessment</li> <li>• Newborn babies whose parents have leprosy, or who have an immediate family history of leprosy</li> <li>• Children under 5 years of age who have been considered by the CDC-TB Unit to be at ongoing high risk of TB exposure in Australia*</li> </ul> <p>*Seek expert input from NT TB/Leprosy Unit or a Paediatric Infectious Diseases specialist for additional information on risk assessment.</p>
<b>Contraindications, and/or Exclusions (including relevant drug interactions)*</b>	<p>This vaccine should NOT be given to a child who:</p> <ul style="list-style-type: none"> <li>• Had TB before</li> <li>• Had a positive Mantoux (skin) test</li> <li>• Past history of BCG vaccination</li> <li>• HIV positive</li> <li>• Condition or take medicines that weaken their immune system</li> </ul>
<b>Dose and Route*</b>	<p>Single dose given as an intradermal injection into the dermis, just below the epidermis of the upper arm (usually left)-</p> <p>Less than 12 months of age: 0.05 ml</p> <p>12 months to under 5-years of age: 0.1 ml</p> <p><b><u>This vaccine cannot be given by IM or SC route.</u></b></p>

<b>Dose Frequency*</b>	Single dose
<b>Monitoring requirements*</b>	<p>Post vaccination procedures should be followed as per the current Australian Immunisation Handbook.</p> <p>All patients must be monitored post vaccination for 15 minutes unless they withdraw consent to be monitored.</p> <p>Ensure withdrawn consent is documented in the person's clinical record.</p> <p>Report any adverse event during or post vaccination to the NT Centre for Disease Control using the 'Adverse event following vaccination' form available online at <a href="#">Immunisation Program NT Health</a></p>
<b>Health Professional Accreditation Requirements</b>	<p>Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:</p> <p><b>Nurses and Midwives:</b></p> <ul style="list-style-type: none"> <li>• Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients</li> </ul> <p><b>Aboriginal Health Practitioners:</b></p> <ul style="list-style-type: none"> <li>• Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients</li> </ul> <p><b>All health professionals following this protocol must:</b></p> <ul style="list-style-type: none"> <li>• Maintain continuing professional development related to skills and competencies required for the delivery of medicines and vaccines including the use of multi-dose vials, intradermal injection technique and management of anaphylaxis</li> <li>• Hold a current Cardiopulmonary Resuscitation (CPR) certificate</li> </ul> <p><b>All health professionals administering vaccines from this protocol must have completed and hold a current qualification in:</b></p> <ul style="list-style-type: none"> <li>• A program of study accredited by Health Education Services Australia (HESA) or;</li> <li>• A program of study approved by the Chief Health Officer or;</li> <li>• Completed the assessment of an immuniser program of study that meets the curriculum content requirements of the National Immunisation Education Framework for Health Professionals</li> </ul>
<b>Documentation</b> <i>(including necessary information to the patient)</i>	<p>Carer consent (written or verbal) for vaccination must be recorded. Records of this should be maintained by the clinical service.</p> <p>The health professional must:</p>

BCG (Bacillus Calmette-Guérin) vaccine for prevention of tuberculosis (TB) SSTP

	<ul style="list-style-type: none"> <li>• Complete all clinical documentation requirements as outlined by the Health Service.</li> <li>• Enter the mandatory fields in the Australian Immunisation Register within 24 hours and no later than 10 days after administration. For many vaccine providers this involves entry into routine clinical information systems for automatic upload</li> </ul>		
<b>Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Immunisation program   NT Health</a></li> <li>• <a href="#">BCG (Bacille Calmette-Guerin) Tuberculosis Vaccination - NT Health</a></li> <li>• <a href="#">The Australian Immunisation Handbook (health.gov.au)</a></li> <li>• <a href="#">National vaccine storage guidelines - Strive for 5, 3rd edition (health.gov.au)</a></li> <li>• <a href="#">ASCIA HP Guidelines Acute Management Anaphylaxis 2024.pdf (allergy.org.au)</a></li> <li>• <a href="#">Department of Health and Aged Care   The BCG vaccine: information and recommendations for use in Australia</a></li> </ul>		
<b>Chief Health Officer</b>	<b>Signature</b>	<b>Name</b>	<b>Date</b>
	EDOC2026/69985	Adj Prof Paul Burgess	01/04/2026
<b>Period of effect</b>	This SSTP remains in effect until 01/04/2028 unless revoked earlier.		
<p><b>References:</b></p> <p>*The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</p>			

# Rabipur® and Verorab® vaccines for prevention of Rabies SSTP

<b>Areas Applicable</b>	Services recognised as Vaccine Service Providers by NT Centre for Disease Control
<b>Health Professionals authorised by this SSTP</b>	Nurses, Midwives and Aboriginal and Torres Strait Islander Health Practitioners
<b>Scheduled Substance(s)</b>	<p>Rabies vaccine:</p> <p>Rabipur® is a purified chick embryo cell vaccine containing greater than equal to 2.5 IU inactivated rabies virus as lyophilised powder in a monodose vial with 1 mL distilled water diluent</p> <p>Verorab® is a purified Vero cell rabies vaccine containing 3.25 IU inactivated rabies virus as lyophilised powder in a monodose vial with separate diluent</p>
<b>Indication</b>	People at risk of rabies from an animal infected with rabies virus or other lyssaviruses, including pre-exposure prophylaxis and post-exposure prophylaxis as outlined by Australian Immunisation Handbook, or as directed by NT Health.
<b>Contraindications, and/or Exclusions (including relevant drug interactions)*</b>	<p>There are no absolute contraindications to use of rabies vaccine as post exposure prophylaxis as rabies is almost always lethal.</p> <p>Precautions: People with history of an anaphylaxis or severe allergic reaction to eggs or egg proteins should not receive Rabipur® especially for pre-exposure and should be offered Verorab®</p>
<b>Dose and Route*</b>	<p>Pre- and post-exposure prophylaxis:</p> <p>Rabipur®</p> <ul style="list-style-type: none"> <li>Intramuscular - 1 mL .Injection into the deltoid muscle, or into the anterolateral region of the thigh in small children</li> </ul> <p>Verorab®</p> <ul style="list-style-type: none"> <li>Intramuscular 0.5 mL injection into the deltoid muscle, or into the anterolateral region of the thigh in small childrenIntradermal 0.1 mL for pre-exposure prophylaxispreferably on upper arm or forearm</li> </ul> <p>The dose remains the same for infants, children and adults.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li><i>Rabipur® is not licenced for intradermal injection and cannot be used for this route unless authorised by a medical officer</i></li> <li><i>Intradermal technique must only be used by trained and competent immunisers to minimise errors</i></li> </ul>

	<ul style="list-style-type: none"> <li>Do not inject Rabipur® or Verorab® into the buttock</li> </ul>
<b>Dose Frequency*</b>	Dose frequency varies depending on use in pre-exposure or post-exposure prophylaxis. Clinicians should be guided by current recommendations as outlined in the Australian Immunisation Handbook, or as directed by CDC.
<b>Monitoring requirements*</b>	<p>Post vaccination procedures should be followed as per the Australian Immunisation Handbook.</p> <p>All patients should be monitored post vaccination for 15 minutes unless they withdraw consent to be monitored.</p> <p>Ensure withdrawn consent is documented in the person's clinical record.</p> <p>Report any adverse events during or post vaccination to the NT CDC using the 'Adverse event following vaccination' form available online at <a href="#">Immunisation program   NT Health</a></p>
<b>Health Professional Accreditation Requirements</b>	<p>Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:</p> <p><b>Nurses and Midwives:</b></p> <ul style="list-style-type: none"> <li>Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients</li> </ul> <p><b>Aboriginal Health Practitioners:</b></p> <ul style="list-style-type: none"> <li>Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients</li> </ul> <p><b>All health professionals following this protocol must:</b></p> <ul style="list-style-type: none"> <li>Maintain continuing professional development related to skills and competencies required for the delivery of medicines and vaccines including the use of multi-dose vials and management of anaphylaxis</li> <li>Hold a current Cardiopulmonary Resuscitation (CPR) certificate</li> </ul> <p><b>All health professionals administering vaccines from this protocol must have completed and hold a current qualification in:</b></p> <ul style="list-style-type: none"> <li>A program of study accredited by Health Education Services Australia (HESA) or;</li> <li>A program of study approved by the Chief Health Officer or;</li> <li>Completed the assessment of an immuniser program of study that meets the curriculum content requirements of the National Immunisation Education Framework for Health Professionals</li> </ul>
<b>Documentation</b> <i>(including necessary</i>	Patient/carer consent (written or verbal) for vaccination must be recorded. Records of this should be maintained by the clinical service.

<i>information to the patient)</i>	<p>The health professional must:</p> <ul style="list-style-type: none"> <li>• Complete all clinical documentation requirements as outlined by the Health Service.</li> <li>• Enter the mandatory fields in the Australian Immunisation Register within 24 hours and no later than 10 days after administration. For many vaccine providers this involves entry into routine clinical information systems for automatic upload</li> </ul>		
<b>Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Immunisation program   NT Health</a></li> <li>• <a href="#">The Australian Immunisation Handbook (health.gov.au)</a></li> <li>• <a href="#">National vaccine storage guidelines - Strive for 5, 3rd edition (health.gov.au)</a></li> <li>• <a href="#">ASCIA HP Guidelines Acute Management Anaphylaxis 2024.pdf (allergy.org.au)</a></li> <li>• <a href="#">TGA Verorab Product and Consumer Medicine Information</a></li> <li>• <a href="#">TGA Rabipur Product and Consumer Medicine Information</a></li> </ul>		
<b>Chief Health Officer</b>	<b>Signature</b>	<b>Name</b>	<b>Date</b>
	EDOC2026/69986	Adj Prof Paul Burgess	01/04/2026
<b>Period of effect</b>	This SSTP remains in effect until dd/mm/yyyy unless revoked earlier.		
<p><b>References:</b></p> <p>* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</p>			