Principles for Vaccine Administration at 12 Month Schedule Point

If other vaccines are required at the 12 month schedule point:

1. All vaccines recommended should be given in one visit, if possible
2. If all vaccines recommended cannot be given in one visit, prioritise administration of NIP* recommended vaccines
3. If all NIP vaccines recommended cannot be given, prioritise administration of antigens not previously given
4. If vaccine doses need to be deferred, all outstanding vaccines can be given a minimum of 3 days later
5. Contact the Immunisation Section 1300 232 272 for further advice where the above principles do not apply or do not meet the child’s particular situation

*National Immunisation Program (NIP) Vaccines

- Nimenrix® (IM)
- Prevenar 13® (IM)
- MMR II® or Priorix® (Subcut/IM)
- Vaqta® paediatric (IM) (Aboriginal children)
- Influenza paediatric (IM) (MAR) (Aboriginal children)
- Engerix B® paediatric (IM) OR HB Vax II® paediatric (IM) (MAR)

**Non NIP (State) Vaccines**

- Bexsero® (IM)
- Influenza paediatric (IM)

**Administration of vaccines**

- Administer Bexsero® **alone** in the left arm
- Administer Prevenar 13® **alone** in the right arm
- MMR II® or Priorix® and Nimenrix® in either leg
- Other vaccines if required (if administering 2 vaccines at the same site, separate by 2.5 cm)

**Administration of paracetamol** with every dose of Bexsero is recommended for children aged less than 2 years.

**Never mix vaccines together in the same syringe.**

For more information:
Immunisation Section,
Communicable Disease Control Branch,
SA Health

**Government of South Australia**

SA Health


The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people.