

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Meningococcal C conjugate vaccine

INITIATION – Children under 12 months of age

Prerequisites (tick boxes where appropriate)

- ☐ Up to three doses for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant
- or
- ☐ Two doses for close contacts of meningococcal cases of any group
- or
- ☐ Two doses for child who has previously had meningococcal disease of any group
- or
- ☐ A maximum of two doses for bone marrow transplant patients
- or
- ☐ A maximum of two doses for child pre- and post-immunosuppression*

Note: children under 12 months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for recommended booster schedules with meningococcal ACWY vaccine.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

I confirm that the above details are correct:

Signed: Date: