

Fourth Dose Eligibility

The Australian Technical Advisory Group on Immunisation (ATAGI) has updated its recommendations for an additional booster dose (also known as a fourth dose) for selected population groups (below) who are at greatest risk of severe illness from COVID-19 and who have received their primary vaccination course and first booster dose.

Prevention of severe illness from COVID-19 is now the primary goal of the ongoing COVID-19 vaccination program, with the secondary aim of the COVID-19 vaccination program being the prevention of infection and transmission of the virus.



When to administer the fourth dose:

3 months after 1st COVID-19 vaccine booster dose

or

3 months after confirmed COVID-19 infection if this has occurred since the 1st booster dose



Which vaccine can I administer as a fourth dose¹:

Choice of vaccine for the fourth dose aligns with current recommendations for COVID-19 vaccine boosters.

Comirnaty (Pfizer) 12+

- Pfizer 12+ is approved as a booster dose for individuals aged 16 and over

Spikevax (Moderna) Booster²

- Moderna is approved as a booster dose for individuals aged 18 and over

Population Group	Recommended for Fourth Dose
Individuals aged 30-49 years	Yes, optional.
Individuals aged 50 years and over	Yes, encouraged.
Residents of aged care or disability care facilities (This includes individuals who may be aged 16 years and above in a group disability care facility)	Yes, strongly encouraged.
People aged 16 years and older with severe immunocompromise ³	Yes, strongly encouraged (this will be their 5 th dose).
Aboriginal and Torres Strait Islander people aged 50 years and over	Yes, strongly encouraged.
Individuals with medical conditions that may increase risk of severe COVID-19 aged 16-64 years	Yes, strongly encouraged for those listed in Table A.
People with disability who have significant or complex health needs or multiple comorbidities which increase risk of severe COVID-19 aged 16-64 years	Yes, strongly encouraged.
Healthcare, aged care and disability care workers (not otherwise listed)	Not currently recommended. Vaccine protection against severe disease (rather than all infection) is relatively well maintained, especially in young healthy populations.
All other individuals aged 16-29 years (not otherwise listed)	Not currently recommended. Vaccine protection against severe disease (rather than all infection) is relatively well maintained, especially in young healthy populations.
All others 5-15 years	Not currently recommended. Vaccine protection against severe disease (rather than all infection) is relatively well maintained, especially in young healthy populations.

1. Please note, Vaxzevria (AstraZeneca) and Nuvaxovid (Novavax) can be used in individuals aged 18 years and over when an mRNA vaccine is contraindicated, or a person declines vaccination with an mRNA vaccine.
2. Moderna booster doses are half the full adult primary course dose or 0.25ml (50µg per dose).
3. As defined in the **ATAGI statement** on use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised.

Please find up to date advice and the full ATAGI statement on the Department of Health and Aged Care website: <https://www.health.gov.au/>

This advice is correct as at 7 July 2022, please ensure you check the up to date advice on the Department of Health and Aged Care website.

Please check the [latest advice](#) from ATAGI on booster doses before administering any COVID-19 vaccines to patients.

COVID-19
VACCINATION

Complex, Chronic and/or severe conditions that are considered to increase the risk of severe illness from COVID-19:

People in these groups are likely to have an ongoing increased risk of severe COVID-19 even after primary vaccination. These examples are not exhaustive, and providers may include individuals with conditions similar to those listed below, based on clinical judgment

Table A (full advice available [here](#))

Category	Examples
Immunocompromising conditions	(full advice available here)
Cancer	Non-haematological cancer including those diagnosed within the past 5 years or on chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy (active treatment or recently completed) or with advanced disease regardless of treatment. Survivors of childhood cancer.
Chronic inflammatory conditions requiring medical treatment with disease modifying anti-rheumatic drugs (DMARDs) or immune-suppressive or immunomodulatory therapies.	Systemic lupus erythematosus, rheumatoid arthritis, Crohn's disease, ulcerative colitis, and similar who are being treated.
Chronic lung disease	Chronic obstructive pulmonary disease, cystic fibrosis, interstitial lung disease and severe asthma (defined as requiring frequent hospital visits or the use of multiple medications).
Chronic liver disease	Cirrhosis, autoimmune hepatitis, non-alcoholic fatty liver disease, alcoholic liver disease.
Severe chronic kidney disease (stage 4 or 5)	
Chronic neurological disease	Stroke, neurodegenerative disease (e.g dementia, motor neurone disease, Parkinson's disease), myasthenia gravis, multiple sclerosis, cerebral palsy, myopathies, paralytic syndromes, epilepsy.
Diabetes mellitus requiring medication	
Chronic cardiac disease	Ischaemic heart disease, valvular heart disease, congestive cardiac failure, cardiomyopathies, poorly controlled hypertension, pulmonary hypertension, complex congenital heart disease.
People with disability with significant or complex health needs or multiple comorbidities which increase risk of poor outcome from COVID-19	Particularly those with trisomy 21 (Down Syndrome) or complex multi-system disorders.
Severe obesity with BMI ≥ 40 kg/m ²	
Severe underweight with BMI < 16.5 kg/m ²	