Australian Government

Department of Health

ATAGI recommendations for use of a first booster dose of COVID-19 vaccine in adolescents aged 12 to 15 years

Frequently Asked Questions

Why is it not recommended for all adolescents aged 12-15 years to get a booster dose if there are adequate doses available?

The primary goal of the Australian COVID-19 vaccine program is to minimise the risk of severe disease, including hospitalisation and death, from COVID-19, and the booster dose for adolescents aged 12-15 years has been introduced to provide additional protection to those with the highest risk factors for severe disease.

Early Australian and international data suggest that adolescents aged 12-15 years have a very low risk of severe disease or death from the Omicron variant, especially if they have completed a primary series of vaccination. Currently, there is insufficient evidence that a first booster dose provides additional protection against severe disease for most children and adolescents in this age group.

ATAGI have identified the following three groups of adolescents aged 12-15 years who may be at greater risk of severe disease from COVID-19 compared to their peers:

- those who are severely immunocompromised
- those who have a disability with significant or complex health needs
- those who have complex and/or multiple health conditions

A first booster dose of COVID-19 vaccine may offer additional protection against severe disease, noting the overall risk of admission to an intensive care unit and death in this age group remains very low.

Everyone in Australia is encouraged to be up-to-date with their COVID-19 vaccinations as recommended for their age and personal circumstances, this may require getting a booster or, for others, having a second booster – also known as a winter dose.

ATAGI is continuously reviewing data on the use of COVID-19 boosters and the epidemiology in Australia, and may recommend additional vaccination for other groups in the future. For example, if a new vaccine did demonstrate significant and lasting protection against transmission, this could result in a recommendation for a further population-wide dose.

Parents have been calling for their children to have access to booster doses, given the current transmission rate and school absences due to COVID-19

As outlined above, the booster dose for adolescents aged 12-15 years is targeted at preventing severe disease from COVID-19 and does not appear to have a significant or lasting effect on reducing virus transmission. Widespread administration would be unlikely to have a substantial impact on infection rates amongst adolescents in this age group.

Adolescents aged 12-15 years who are not severely immunocompromised should receive 2 doses of an approved COVID-19 vaccine, 8 weeks apart, as a primary series. There is currently insufficient evidence that a first booster dose of a COVID-19 vaccine provides additional protection against severe disease for the majority of adolescents aged 12-15 years.

Two doses of COVID-19 vaccine in children protects against severe disease, including admission to an intensive care unit and development of multisystem inflammatory syndrome, and this protection lasts for at least several months after a primary course of vaccination in adolescents aged 12-18 years.
This is supported by Australian data that shows unvaccinated adolescents aged 12-15 years are more likely to be admitted to an intensive care unit compared to those who have received a primary series of COVID-19 vaccination.

Winter is widely seen to pose some increased level of threat from the virus, would it not be sensible to take extra precautions and just get every adolescent vaccinated?

There is little evidence to suggest that COVID-19 demonstrates a specific seasonal threat in Australia. Early evidence suggests two doses of COVID-19 vaccine in this age group protects against severe disease, including admission to an intensive care unit and development of multisystem inflammatory syndrome, and this protection lasts for at least several months.

Australian data also demonstrates that unvaccinated adolescents aged 12-15 years are more likely to be admitted to an intensive care unit compared to those who have received a primary series of COVID-19 vaccination. The main benefit of a booster dose in adolescents aged 12-15 years is in reducing severe disease.

As such, it is recommended for those most at risk whereas the rest of the population – if they are up to date with their vaccinations – remain well protected against severe disease.

Winter also coincides with influenza season in Australia. ATAGI recommends everyone in Australia over the age of 6 months should receive an influenza vaccination. Influenza vaccinations can be given at the same time as COVID-19 vaccines and should not be delayed if someone is up to date with their COVID-19 vaccines.

If ATAGI made a further change to its advice would there be enough vaccines to vaccinate all adolescents 12- 15 years with a booster?

Yes, Australia has more than enough vaccine supply on hand and into the future to meet any additional recommendations made by ATAGI in respect of expanding eligibility for the adolescent booster program.

Is there a further decision point on when ATAGI might consider the need for new advice on boosters for all adolescents 12- 15 years ? If yes, what is that timeline?

There is no fixed timeframe for ATAGI to update their advice regarding boosters – their advice is constantly under review. Recommendations by ATAGI, as has been the case throughout the pandemic response, continue to be guided by the best available evidence and considered review by expert ATAGI members.

If boosters aren't likely to be rolled out generally, do adolescents just have to resign themselves to catching covid at some point?

No. Whether an individual acquires a COVID-19 infection will depend on many variables. Not all people exposed to the virus will develop infection. Vaccination (particularly the first three doses) will offer some protection against infection, but the most significant and lasting benefit of vaccination is providing protection against severe disease (and hospitalisation) from COVID-19. People can continue to practice COVID safe behaviours to reduce their risk of becoming infected with COVID-19.

What are the rates of booster uptake from the third dose, both generally in the population and also in these specific cohorts?

Booster coverage in Australia across the eligible population is high, with 70 per cent of the currently eligible population aged 16 years and over having taken up the option of a booster so far. This coverage is significantly higher among those most at risk from COVID-19, including high rates of coverage among older people. Hundreds of thousands of Australians who are eligible for a booster but have not yet had one may be delaying because they have had COVID-19 within the last 3 months (it is recommended to wait three months after having COVID-19 before having a booster).

The most important action in the vaccination program remains, however, to encourage booster uptake in those currently eligible, who have not yet had one.

Everyone in Australia who is eligible for a booster or a winter dose are recommended to come forward once they are eligible. People can book their COVID-19 vaccination using the Vaccine Clinic Finder.