

## Immunisation recommendations for adults in Australia

Summary of vaccine recommendations for adults from [The Australian Immunisation Handbook](#),<sup>a</sup> including the circumstances that may indicate their use. Shaded cells represent adult vaccinations funded under the National Immunisation Program (NIP).<sup>a</sup> More detail is provided in the corresponding footnote(s).

This table does NOT include vaccinations used in the context of response to and control of a disease outbreak, or specifically for travel outside of Australia.

Disease/vaccine antigen	Abbrev.	All adults	Elderly	Indigenous	At-risk			Pregnancy	
					Medical	Behavioural	Occupational	During	Postpartum
Influenza (annual)	QIV/TIV	✓ <sup>b</sup>	✓ ≥65 years <sup>b</sup>	✓ <sup>b</sup>	✓ <sup>b</sup>	✓ <sup>b</sup>	✓ <sup>b</sup>	✓ <sup>b</sup>	
Pneumococcal	23vPPV		✓ 65 years <sup>c</sup>	✓ ≥50 years <sup>c</sup>	✓ <sup>c</sup>				
	13vPCV				✓ <sup>c</sup>				
Measles, mumps, rubella	MMR	✓ <sup>d</sup>				✓ <sup>d</sup>	✓ <sup>d</sup>		✓ <sup>d</sup>
Varicella (chickenpox)	VV	✓ <sup>e</sup>				✓ <sup>e</sup>	✓ <sup>e</sup>		✓ <sup>e</sup>
Herpes zoster	HZ		✓ 70 years <sup>f</sup>						
Diphtheria, tetanus	dT	✓ ≥50 years <sup>g</sup>			✓ <sup>g</sup>				
Diphtheria, tetanus, pertussis	dTpa	✓ <sup>h</sup>	✓ 65 years <sup>h</sup>				✓ <sup>h</sup>	✓ <sup>h</sup>	✓ <sup>h</sup>
Hepatitis A	HepA				✓ <sup>i</sup>	✓ <sup>i</sup>	✓ <sup>i</sup>		
Hepatitis B	HepB			✓ <sup>j</sup>	✓ <sup>j</sup>	✓ <sup>j</sup>	✓ <sup>j</sup>		
Human papillomavirus	HPV				✓ <sup>k</sup>	✓ <sup>k</sup>			
Meningococcal	MenB	✓ <sup>l</sup>		✓ <sup>l</sup>	✓ <sup>l</sup>	✓ <sup>l</sup>	✓ <sup>l</sup>		
	MenACWY	✓ <sup>m</sup>		✓ <sup>m</sup>	✓ <sup>m</sup>	✓ <sup>m</sup>	✓ <sup>m</sup>		
Japanese encephalitis	JE					✓ <sup>n</sup>	✓ <sup>n</sup>		
Q fever						✓ <sup>o</sup>	✓ <sup>o</sup>		
<i>Haemophilus influenzae</i> type b	Hib				✓ <sup>p</sup>				
Rabies/ABLV						✓ <sup>q</sup>	✓ <sup>q</sup>		

**Key:**

ABLV = Australian bat lyssavirus	HPV = Human papillomavirus vaccine	13vPCV = 13-valent pneumococcal conjugate vaccine
dT = Diphtheria-tetanus vaccine	HZ = Herpes zoster vaccine	23vPPV = 23-valent pneumococcal polysaccharide vaccine
dTpa = Diphtheria-tetanus-acellular pertussis vaccine (reduced antigen formulation)	JE = Japanese encephalitis vaccine	QIV = Quadrivalent seasonal influenza vaccine
HepA = Hepatitis A vaccine	MenB = Meningococcal B vaccine	TIV = Trivalent seasonal influenza vaccine
HepB = Hepatitis B vaccine	MenACWY = Meningococcal ACWY conjugate vaccine	VV = Varicella vaccine
Hib = <i>Haemophilus influenzae</i> type b vaccine	MMR = Measles-mumps-rubella vaccine	

- a** The National Immunisation Program Schedule is updated periodically and is available on the Department of Health immunisation website (<https://beta.health.gov.au/health-topics/immunisation>).
- b** Influenza vaccine is recommended annually for everyone aged  $\geq 6$  months. Influenza vaccine (QIV for people aged  $< 65$  years and adjuvanted TIV [Fluad] for people aged  $\geq 65$  years) is funded under the NIP for adults with a medical condition that predisposes them to severe influenza; women who will be pregnant during the influenza season; non-Indigenous adults aged  $\geq 65$  years; and all Aboriginal and Torres Strait Islander people aged  $\geq 6$  months. Vaccination is strongly recommended (but not NIP-funded) for adults in specific occupations (carers of people in high-risk groups; residents, staff and volunteers in aged care and long-term residential facilities; commercial poultry and pork workers; and essential service workers) and travellers during the influenza season. For further details, refer to the [2019 ATAGI advice on seasonal influenza vaccines](#).
- c** A single dose of 23vPPV is recommended and NIP-funded for all non-Indigenous people aged 65 years. A dose of 23vPPV is recommended and NIP-funded for Aboriginal and Torres Strait Islander adults aged 50 years, followed by a 2nd dose 5 years later. Doses are also NIP-funded for Aboriginal and Torres Strait Islander people with specified conditions which increase their risk of invasive pneumococcal disease (IPD) and subsidised under the PBS for non-Indigenous people with specified conditions which increase their risk of IPD. The 23vPPV is also recommended for younger adults with specified conditions which increase their risk of IPD. Those with highest risk of IPD also require a dose of 13vPCV; the 13vPCV dose should precede the 1st dose of 23vPPV by 2 months.
- d** 2 doses of MMR are recommended for adults born during or since 1966, unless the individual is documented to be immune. MMR vaccine is strongly recommended for adults in specific occupations (healthcare workers; childhood educators and carers; people who work in long-term care facilities; and people who work in correctional facilities) and travellers. MMR vaccine is strongly recommended for women of child-bearing age who are seronegative for rubella. Vaccinated women should avoid pregnancy for 28 days after vaccination.
- e** 2 doses of varicella vaccine are recommended for all adults who are non-immune to varicella. Varicella vaccine is strongly recommended for adults in specific occupations (healthcare workers; childhood educators and carers; people who work in long-term care facilities) and household contacts of people who are immunocompromised. Women who are planning pregnancy are recommended to receive screening for varicella immunity or a history of vaccination. Non-immune women are recommended to receive varicella vaccine before they become pregnant.
- f** A single dose of herpes zoster vaccine is recommended and funded under the NIP for adults aged 70 years (with a short-term catch-up program for adults aged 71–79). A single dose of herpes zoster vaccine is recommended (but not NIP-funded) for adults aged 60–69 years and  $\geq 80$  years.
- g** Adults aged  $\geq 50$  years are recommended to receive a booster dose of tetanus-containing vaccine if their last dose was more than 10 years ago. Adults with tetanus-prone wounds are recommended to receive a booster dose of dT or dTpa if their last dose was more than 5 years ago.
- h** dTpa vaccine is recommended for any adult who wishes to reduce their likelihood of becoming ill with pertussis. dTpa vaccine is recommended and funded during the mid-2nd trimester of each pregnancy. If a mother was not vaccinated during pregnancy, maternal vaccination is recommended as soon as possible after birth and preferably before hospital discharge. Adults aged  $\geq 65$  years are recommended to receive a dose of dTpa if they have not had one in the past 10 years. Adult household contact or carers of infants aged  $< 6$  months are recommended to receive a dose of dTpa at least 2 weeks before they have close contact with the infant if their last dose was more than 10 years ago. Healthcare workers and early childhood educators and carers are recommended to receive a dose of dTpa if their last dose was more than 10 years ago.
- i** 2 doses of hepatitis A vaccine are recommended for people with specified medical risk factors (chronic liver disease and developmental disabilities); people whose occupation increases their risk of acquiring hepatitis A (work in rural and remote Aboriginal and Torres Strait Islander communities in the Northern Territory, Queensland, South Australia and Western Australia; early childhood educators and carers; carers of people with developmental disabilities; plumbers and sewage workers); traveller to hepatitis A–endemic areas; and people whose lifestyle increases their risk of acquiring hepatitis A (men who have sex with men; sex industry workers; people who inject drugs; inmates of correctional facilities).
- j** Hepatitis B vaccine is recommended for the following non-immune people: people who are immunocompromised (HIV; severely impaired renal function or on dialysis; before solid organ transplant; after haematopoietic stem cell transplant); people with specified medical risk factors (chronic liver disease, hepatitis C, received blood products and developmental disabilities); people whose occupation increases their risk of acquiring hepatitis B (healthcare workers, police, members of the armed forces, emergency services staff, staff of correctional facilities, staff of

facilities caring for people with developmental disabilities, funeral worker and embalmers, tattooists and body-piercers); travellers to hepatitis B–endemic areas, people whose circumstances increases their risk of acquiring hepatitis B (infants born to mothers who are hepatitis B surface antigen–positive, household or other close contacts of people with hepatitis B, sexual contacts of people with hepatitis B men who have sex with men, migrants from hepatitis B–endemic countries, people who inject drugs, inmates of correctional facilities, sex industry workers). Aboriginal and Torres Strait Islander people are recommended to receive testing for hepatitis B and hepatitis B vaccine if non-immune.

- k** HPV vaccine is recommended for people who are immunocompromised and men who have sex with men. Only Gardasil 9<sup>®</sup> is registered for use in males.
- l** MenB vaccine is recommended for people aged  $\geq 6$  weeks who wish to reduce the likelihood of becoming ill with meningococcal disease. MenB is strongly recommended (but not NIP-funded) for: adolescents aged 15–19 years; adolescents and young adults aged 15–24 years who live in close quarters or who are current smokers; Aboriginal and Torres Strait Islander people aged 2 months to 19 years; people with medical conditions that increase their risk of meningococcal disease; laboratory workers who frequently handle *Neisseria meningitidis*.
- m** MenACWY vaccine is recommended for any individual aged  $\geq 6$  weeks who wishes to reduce the likelihood of becoming ill with meningococcal disease. As of 1 April 2019, a single dose of MenACWY vaccine (Nimenrix) is NIP-funded for adolescents aged 14–19 years (14–16 years through a school-based program; those aged up to age 19 years who did not receive the vaccine at school can receive it from their GP). MenACWY is strongly recommended (but not NIP-funded) for: young adults aged 20–24 years who live in close quarters or who are current smokers; Aboriginal and Torres Strait Islander people aged 2 months to 19 years; people with medical conditions that increase their risk of meningococcal disease (additional doses and boosters required); laboratory workers who frequently handle *Neisseria meningitidis*; and travellers to areas where meningococcal disease is more common. For further details, refer to the [Australian Immunisation Handbook](#).
- n** JE vaccine is recommended for adults who live in the outer islands in the Torres Strait; non-residents who will live or work on the outer islands for a cumulative total of 30 days or more during the wet season; and laboratory workers who might be exposed to JE virus. Contact state and territory health authorities for information on any local vaccination programs. The required doses, including the need for booster doses, depend on the vaccine formulation used.
- o** Q fever vaccine is recommended for adults who are at risk of infection with *Coxiella burnetii* and have not had previous Q fever infection or vaccination. This includes abattoir workers; farmers; stockyard workers; shearers; animal transporters; veterinarians and veterinary nurses and students; professional dog and cat breeders; agricultural college staff and students; wildlife and zoo workers who work with high-risk animals; animal refuge workers; laboratory workers who handle veterinary specimens or work with *C. burnetii*; and others exposed to high-risk animals, particularly cattle, camels, sheep, goats and kangaroos or their products.
- p** 1 dose of Hib vaccine is recommended for people with functional or anatomical asplenia who were not fully vaccinated against Hib in childhood. People who have received allogeneic or autologous haematopoietic stem cell transplant are recommended to receive 3 doses of Hib vaccine after the transplant.
- q** Pre-exposure prophylaxis with rabies vaccine is recommended for: people who work with bats (including bat handlers, veterinarians, wildlife officers and others who come into direct contact with bats in any country); and research laboratory workers who work with any live lyssaviruses. For advice on post-exposure prophylaxis, consult your local public health authority.