

Co-administration of vaccines for adults: a guide for immunisation providers

Vaccines are recommended throughout an individual's life to protect against vaccine-preventable diseases severity and complications. Increasingly more vaccines are becoming available and are recommended for use in adults. Refer to the [National Immunisation Program \(NIP\) schedule](#) and [NCIRS Immunisation schedules](#) for all funded and recommended vaccines for adults.

This guide aims to assist immunisation providers identify vaccines that can be co-administered in people aged 18 years and older. While most vaccines can be co-administered with other vaccines at the same schedule point, separate injection sites should be used to ensure adequate immune response and reduce adverse events. This guide should be used in conjunction with the [Australian Immunisation Handbook](#) (Handbook) which provides detailed advice on vaccine dosage, administration, contraindications and precautions.

Immunisation providers should screen people before vaccination, obtain valid consent and ensure that the correct equipment and procedures are in place as per the [Handbook](#). All vaccines administered should be reported to the [Australian Immunisation Register](#).

Vaccine	Co-administration with other vaccines	Exception to co-administration and any recommended interval between vaccines	Further clinical considerations/ advice	Resources
COVID-19	Yes		<ul style="list-style-type: none"> Co-administration of COVID-19 vaccine and another vaccine should occur in different limbs. 	<ul style="list-style-type: none"> COVID-19 clinical guidance
Influenza (flu)	Yes See Exceptions column	<ul style="list-style-type: none"> It is acceptable to co-administer Shingrix with FludQuad on the same day if necessary. However it is preferred to separate their administration by 5–7 days. 		<ul style="list-style-type: none"> Handbook Influenza disease chapter ATAGI advice on seasonal influenza vaccines in 2022 NCIRS resources: Influenza vaccines for Australians NCIRS Influenza resources
Pneumococcal	Yes			<ul style="list-style-type: none"> Handbook Pneumococcal disease chapter ATAGI clinical advice on changes to recommendations for pneumococcal vaccines from 1 July 2020 ATAGI clinical advice on changes to recommendations for the use and funding of pneumococcal vaccines from 1 July 2020 NCIRS fact sheet: Pneumococcal vaccines for Australians Immunisation Coalition PneumoSmart Vaccination Tool

Vaccine	Co-administration with other vaccines	Exception to co-administration and any recommended interval between vaccines	Further clinical considerations/ advice	Resources
Zoster (Herpes Zoster)	Yes See Exceptions column	<ul style="list-style-type: none"> It is acceptable to co-administer Shingrix with FluadQuad on the same day if necessary. However it is preferred to separate their administration by 5–7 days. An interval of at least 4 weeks is needed between Zostavax and another live parenteral vaccine if unable to be administered on the same day. 		<ul style="list-style-type: none"> Handbook Zoster (Herpes Zoster) disease chapter ATAGI statement on the clinical use of zoster vaccine in older adults in Australia ATAGI advice on seasonal influenza vaccines in 2022 Handbook table: Live shingles vaccine (Zostavax) screening for contraindications NCIRS fact sheet: Zoster vaccines for Australian adults NCIRS Zoster vaccines – Frequently Asked Questions
Diphtheria-Tetanus-Pertussis (whooping cough)	Yes			<ul style="list-style-type: none"> Handbook Diphtheria, Tetanus, Pertussis (whooping cough) disease chapters NCIRS fact sheet: Pertussis vaccines for Australians
Measles-Mumps-Rubella (MMR)	Yes See Exceptions column	<ul style="list-style-type: none"> An interval of at least 4 weeks is needed between MMR vaccine and another live parenteral vaccine (e.g. monovalent varicella vaccine) if unable to be administered on the same day. 		<ul style="list-style-type: none"> Handbook Measles-Mumps-Rubella disease chapters NCIRS fact sheet: Measles vaccines for Australians NCIRS Measles vaccination catch-up guide Free catch-up vaccines for refugees and humanitarian entrants aged 20 years and over fact sheet Free catch-up vaccines for 10 to 19 year olds fact sheet
Varicella (Chicken pox)	Yes See Exceptions column	<ul style="list-style-type: none"> An interval of at least 4 weeks is needed between monovalent varicella vaccine or MMRV vaccine and another live parenteral vaccine (e.g. yellow fever vaccine) if unable to be administered on the same day. 		<ul style="list-style-type: none"> Handbook Varicella disease chapter
Hepatitis A	Yes			<ul style="list-style-type: none"> Handbook Hepatitis A disease chapter
Hepatitis B	Yes			<ul style="list-style-type: none"> Handbook Hepatitis B disease chapter NCIRS fact sheet - Hepatitis B vaccines for Australians

Vaccine	Co-administration with other vaccines	Exception to co-administration and any recommended interval between vaccines	Further clinical considerations/ advice	Resources
Meningococcal ACWY	Yes			<ul style="list-style-type: none"> • Handbook Meningococcal disease chapter • NCIRS fact sheets: Meningococcal vaccines for Australians
Human Papillomavirus (HPV)	Yes			<ul style="list-style-type: none"> • Handbook Human Papillomavirus disease chapter • NCIRS fact sheet: Human papillomavirus vaccine for Australians • NCIRS FAQs: HPV vaccines
Cholera	Yes, although not routinely recommended. See Exceptions column	<ul style="list-style-type: none"> • An interval of at least 8 hours is needed if receiving inactivated oral cholera vaccine and oral live attenuated typhoid vaccine on the same day. This is because the buffer in the cholera vaccine may affect how the capsules of oral typhoid vaccine move through the gastrointestinal tract. 		<ul style="list-style-type: none"> • Handbook Cholera disease chapter
Yellow fever	Yes, although not routinely recommended See Exceptions column	<ul style="list-style-type: none"> • An interval of at least 4 weeks is needed between yellow fever vaccine and another live parenteral vaccine if unable to be administered on the same day. 	<ul style="list-style-type: none"> • One Brazilian study¹ suggested that co-administration of yellow fever and MMR vaccines on the same day resulted in lower seroconversion rates to the vaccine antigens than when the vaccines were given at least 4 weeks apart. 	<ul style="list-style-type: none"> • Handbook Yellow fever disease chapter

Vaccine	Co-administration with other vaccines	Exception to co-administration and any recommended interval between vaccines	Further clinical considerations/ advice	Resources
Q fever	Not routinely recommended	<ul style="list-style-type: none"> Q fever vaccine is contraindicated for people who have a documented history of previous infection with Q fever or who have already received a Q fever vaccine. 	<ul style="list-style-type: none"> All people who are being considered for vaccination with Q fever vaccine must undergo serum antibody testing and skin testing before vaccination. People with a known allergy to eggs who want receive Q fever vaccine should discuss this with an immunologist or allergist, or be referred to a specialised immunisation adverse events clinic. 	<ul style="list-style-type: none"> Handbook Q fever disease chapter
Japanese encephalitis	Yes, for some vaccines. See Exceptions column	<ul style="list-style-type: none"> Imojev vaccine can be given at same time as yellow fever vaccine or MMR using separate syringes and injecting in separate limbs. An interval of at least 4 weeks is needed between Imojev vaccine and another live parenteral vaccine if unable to be administered on the same day. JEspect vaccine can be given at same time as hepatitis A vaccine, meningococcal ACWY and rabies vaccine using separate syringes and injecting in separate limbs. 	<ul style="list-style-type: none"> Imojev vaccine: No data on co-administration with other vaccines are available. JEspect vaccine: Co-administration with some vaccines (including yellow fever vaccine) has not been assessed. 	<ul style="list-style-type: none"> Handbook Japanese encephalitis disease chapter CDNA Advice regarding vaccination against Japanese encephalitis virus Japanese encephalitis virus (JEV) vaccines NCIRS Japanese encephalitis: frequently asked questions

Vaccine	Co-administration with other vaccines	Exception to co-administration and any recommended interval between vaccines	Further clinical considerations/ advice	Resources
Smallpox (for protection against mpox virus infection)	Yes, for some vaccines See further clinical considerations/ advice column		<ul style="list-style-type: none"> Co-administration of Jynneos vaccine and other live vaccines can be offered as an option, with appropriate counselling on the limitations of evidence available. ACAM2000 may be administered in some settings by those with specialised training. Refer to the ATAGI clinical guidance on vaccination against Monkeypox if administering this vaccine for further advice. 	<ul style="list-style-type: none"> ATAGI clinical guidance on vaccination against Monkeypox (mpox) NCIRS mpox vaccines: frequently asked questions
Typhoid	Yes, although not routinely recommended See Exceptions column	<ul style="list-style-type: none"> An interval of at least 8 hours is needed if receiving oral live attenuated typhoid vaccine and inactivated oral cholera vaccine on the same day. This is because the buffer in the cholera vaccine may affect how the capsules of oral typhoid vaccine move through the gastrointestinal tract. 		<ul style="list-style-type: none"> Handbook Typhoid disease chapter

ⁱ Nascimento Silva JR, Camacho LA, Siqueira MM, et al. Mutual interference on the immune response to yellow fever vaccine and a combined vaccine against measles, mumps and rubella. *Vaccine* 2011; 29:6327-34.

Further resources

- [Australian Immunisation Handbook](#)
- [National Immunisation Catch-up Calculator](#)
- [NCIRS fact sheets, FAQs and other resources](#)
- [Specialist Immunisation Services](#)