

Immunisation recommendations for people with risk factors for certain vaccine preventable diseases

This table is a summary of vaccine recommendations from the [Australian Immunisation Handbook](#) for people with a medical or other risk factors for certain vaccine preventable diseases.

For age-based recommendations for people without risk factors for vaccine preventable diseases, refer to the companion sheets:

- [Immunisation schedule for Aboriginal and Torres Strait Islander people without risk factors for vaccine-preventable diseases living in ACT, NSW, Tas, Vic](#)
- [Immunisation schedule for Aboriginal and Torres Strait Islander people without risk factors for vaccine-preventable diseases living in NT, Qld, SA, WA](#)
- [Immunisation schedule for non-Indigenous Australians without risk factors for vaccine-preventable diseases](#)

Important notes about this table

This table is intended to be a guide for providers in identifying people with risk factors, and is not intended to be comprehensive or exhaustive. Refer to the Australian Immunisation Handbook for more detailed specification of the risk conditions relevant for each of the vaccines listed in this table.

This table does **NOT** include vaccinations primarily for the protection of household contacts (e.g. immunocompromised household members), for post-exposure prophylaxis, in the context of response to and control of a disease outbreak, or specifically for travel outside of Australia.

The appropriate vaccination schedule, including the number of doses of relevant vaccines, the interval and sequence between them depend on the presence of at-risk medical conditions, the age of starting the vaccination, and vaccination history of the individual. Refer to the Australian Immunisation Handbook for detailed guidance.

Shaded cells represent vaccinations funded under the National Immunisation Program (NIP).^a Striped cells represent vaccinations that are NIP-funded for some patients with the risk condition. More detail is provided in the corresponding footnote(s). Refer to the Australian Government Department of Health website for more detailed current information regarding vaccines that are NIP-funded.

Disease/ vaccine antigens	Abbrev.	Medical risk conditions														Other risks ^b		
		Asplenia/ hypo-splenia	Complement deficiency/ eculizumab treatment	People living with HIV	Haematopoietic stem cell transplant recipients	Solid organ transplant recipients	Other immuno- compromised	Severe renal impairment/ dialysis	Chronic Liver Disease	Diabetes, chronic cardiac, respiratory	other Hepatitis B risk conditions	other pneumococcal risk conditions	Trisomy 21 (Down Syndrome)	Other influenza risk conditions	Developmental disability	Behavioural	Occupational	Environmental
Influenza (annual)	QIV/ aQIV	✓		✓	✓	✓ ^c	✓ ^c	✓	✓	✓ ^c			✓	✓ ^c	✓ ^c	✓ ^c	✓ ^c	
Pneumo- coccal	13vPCV	✓		✓	✓	✓ ^d	✓ ^d	✓ ^d	✓	✓ ^d		✓ ^d	✓ ^d		✓ ^d			
	23vPPV	✓		✓	✓	✓ ^d	✓ ^d	✓ ^d	✓	✓ ^d		✓ ^d	✓ ^d		✓ ^d			
Meningo- coccal	MenB	✓	✓	✓	✓										✓ ^e	✓ ^e	✓ ^e	
	MenACWY	✓	✓	✓	✓										✓ ^e	✓ ^e	✓ ^e	
<i>Haemophilus influenzae</i> type b	Hib	✓ ^f			✓													
Hepatitis A	HepA								✓					✓	✓ ^g	✓ ^g	✓ ^g	
Hepatitis B	HepB			✓	✓	✓		✓	✓			✓ ^h		✓	✓ ^h	✓ ^h	✓ ^h	
Human papilloma- virus	HPV			✓	✓	✓	✓ ⁱ								✓ ⁱ			
Measles, mumps, rubella	MMR															✓ ^j		
Varicella (chickenpox)	VV															✓ ^k		
Diphtheria, tetanus, pertussis	dTpa															✓ ^l		
Japanese encephalitis	JE															✓ ^m	✓ ^m	
Q fever															✓ ⁿ	✓ ⁿ	✓ ⁿ	
Rabies/ ABLV																✓ ^o		

Key:

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

- a The National Immunisation Program Schedule is updated periodically and is available on the [Department of Health immunisation website](#). Contact your state and territory health department for further information on any additional immunisation programs specific to your state or territory.
- b Behavioural risk factors include smokers, men who have sex with men or injecting drug users, who may be at an increased risk of being exposed to a vaccine preventable disease (VPD). Environmental risk factors include being in a household or living in an environment, such as close quarters, where there may be an increased risk of exposure to or transmission of a VPD. Unpaid volunteers who are engaged in activities may share a similar occupational risk to some VPDs as with those who are in paid positions. For descriptions of specific risk factors related to each VPD, refer to the [Australian Immunisation Handbook](#).
- c Influenza vaccine is recommended annually for everyone aged ≥ 6 months. People aged ≥ 6 months with medical conditions specified in this [List](#) are strongly recommended to receive annual influenza vaccine. Influenza vaccine is funded under the NIP for people with some of these medical conditions. 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). For further details, refer to the [2020 ATAGI advice on seasonal influenza vaccines](#).
- d Pneumococcal vaccines are funded for some risk conditions. For a [full list of conditions](#) and details regarding the doses required and the schedule, refer to the [Australian Immunisation Handbook](#). For renal impairment, pneumococcal vaccines are NIP-funded for eGFR < 15 mL/min only (including patients on dialysis). Trisomy 21 and some other conditions are funded under the NIP for children < 5 years only.
- e Both MenB and MenACWY vaccines are recommended for people aged ≥ 6 weeks who wish to reduce the likelihood of becoming ill with meningococcal disease. Bexsero (MenB) and Nimenrix (MenACWY) are NIP-funded for people of all ages with some specified medical conditions that increase their risk of invasive meningococcal disease. Both MenB and MenACWY vaccines are strongly recommended (but not NIP-funded) for people living with HIV and haemopoietic transplant recipients; young adults aged 20–24 years who live in close quarters or who are current smokers; and laboratory workers who frequently handle *Neisseria meningitidis*. For recommendations for children and adolescents, refer to NCIRS [immunisation schedule for non-Indigenous Australians without risk factors for vaccine-preventable diseases](#).
- f A single dose of the Hib vaccine is recommended and NIP-funded for people with asplenia and hyposplenia if the person was not vaccinated in infancy or was incompletely vaccinated. Booster doses of Hib vaccine are not required. People who have received allogeneic or autologous haematopoietic stem cell transplant are recommended to receive 3 doses of Hib vaccine after the transplant.
- g Hepatitis A vaccine is recommended for people with 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) 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).
- h 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); 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).
- i HPV vaccine is recommended for people who are immunocompromised and men who have sex with men. Note that Gardasil 9[®] is registered for use in males, but Cervarix[®] is not.
- j MMR vaccine is recommended for healthcare workers; childhood educators and carers; people who work in long-term care facilities; and people who work in correctional facilities.
- k Varicella vaccine is recommended for healthcare workers; childhood educators and carers; people who work in long-term care facilities.
- l 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.
- m JE vaccine is recommended for residents 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. The required doses, including the need for booster doses, depend on the vaccine formulation used.
- n Q fever vaccine is recommended for people aged ≥ 15 years 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.
- o Pre-exposure prophylaxis with rabies vaccine is recommended for: people who work with bats (including bat handlers, veterinarians and wildlife officers); and research laboratory workers who work with any live lyssaviruses. For advice on post-exposure prophylaxis, consult your local public health authority.