

Table 3.2.1: Dose and routes of administration of commonly used vaccines in adult travellers (the lower age limit for the adult dosage varies with individual vaccines – please refer to the product information)

Vaccine (adults)	Brand name	Dose (adults)	Route	Dosing intervals	Duration of immunity and/or booster recommendations
Routinely recommended vaccines (not specifically related to travelling overseas)					
Diphtheria-tetanus (dT)	ADT Booster	0.5 mL	IM	A primary course is 3 doses of dT-containing vaccine, given a minimum of 4 weeks apart; followed by booster doses 10 and 20 years after.	Prior to travel, adults should receive a booster dose of dT (or dTpa if not given previously), if more than 10 years have elapsed since their last dose of dT-containing vaccine. For persons undertaking high-risk travel, consider giving a booster dose of either dTpa or dT (as appropriate) if more than 5 years have elapsed since their last dose of dT-containing vaccine.
Diphtheria-tetanus-pertussis (dTpa)	Boostrix or Adacel	0.5 mL	IM		
Diphtheria-tetanus-pertussis-inactivated poliomyelitis (dTpa-IPV)	Boostrix-IPV or Adacel Polio	0.5 mL	IM		
Hepatitis B	Engerix-B	1.0 mL	IM	0, 1, 6 months or 0, 1, 2, 12 months or 0, 7, 21 days and 12 months*	A completed series probably gives life-long immunity.
	H-B-Vax II	1.0 mL	IM	0, 1, 6 months	
Influenza (seasonal)	Various	0.5 mL	IM	Single dose	As different strains circulate from year to year, annual vaccination with the current formulation is necessary.
Measles-mumps-rubella	Priorix	0.5 mL	SC/IM	Australians born during or since 1966 who do not have documented evidence of having received 2 doses of measles-, mumps- and rubella-containing vaccine should receive at least 1 dose of MMR vaccine before travel	A 2-dose schedule provides long-lasting immunity.
	M-M-R II	0.5 mL	SC		
Pneumococcal	Prevenar 13 or Pneumovax 23	0.5 mL	IM	Single dose, for older adults, and younger adults with predisposing medical conditions – refer to 4.13 <i>Pneumococcal disease</i>	Recommendations vary according to age, Indigenous status and predisposing conditions – refer to 4.13 <i>Pneumococcal disease</i> .
Poliomyelitis	IPOL	0.5 mL	SC	For unvaccinated adults, 3 doses with minimum interval of 1 to 2 months between doses	A booster dose 10-yearly is only necessary if travelling to a poliomyelitis endemic country.
	Combination vaccines (dTpa-IPV)	Refer to Diphtheria-tetanus-pertussis-inactivated poliomyelitis (dTpa-IPV) above and 4.14 <i>Poliomyelitis</i> .			
Varicella (chickenpox)	Varilrix or Varivax Refrigerated	0.5 mL	SC	If there is a lack of reliable history of chickenpox or the person is non-immune, and has not been vaccinated in childhood 0, 4 weeks if aged ≥ 14 years	A 2-dose schedule provides long-lasting immunity.

Table 3.2.1 (continued)

Vaccine (adults)	Brand name	Dose (adults)	Route	Dosing intervals	Duration of immunity and/or booster recommendations
Selected vaccines based on travel itinerary, activities and likely risk of disease exposure					
Hepatitis A	Avaxim	0.5 mL	IM	0, 6–12 months	A completed series probably gives life-long immunity.
	Havrix 1440	1.0 mL	IM	0, 6–12 months	
	Vaqa Adult formulation	1.0 mL	IM	0, 6–18 months	
Hepatitis A/B combined	Twinrix (720/20)	1.0 mL	IM	0, 1, 6 months or 0, 7, 21 days and 12 months*	A completed series probably gives life-long immunity to both hepatitis A and B.
Hepatitis A/typhoid combined	Vivaxim [†] <i>Note: Only for use in persons ≥16 years of age</i>	1.0 mL (mixed vaccine)	IM	Single dose	A dose of monovalent hepatitis A vaccine given 6–36 months later probably gives life-long immunity. The duration of protection against typhoid is probably 3 years.
Japanese encephalitis	The vaccine brand and doses required, including booster doses, depend on the age at which the vaccine course is commenced and other factors (refer to 4.8 <i>Japanese encephalitis</i>).				
Meningococcal ACW ₁₃₅ Y (quadrivalent conjugate 4vMenCV) [‡]	The vaccine brand and doses required, including booster doses, depends on the age at which the vaccine course is commenced and other factors (refer to 4.10 <i>Meningococcal disease</i>).				
Rabies (pre-exposure prophylaxis)	Mérieux Inactivated Rabies Vaccine	1.0 mL	IM/SC	0, 7, 21–28 days	Boosters are not recommended for frequent travellers unless they are at ongoing, high occupational risk of exposure – then either measure rabies antibody titres (and boost if titres are reported as inadequate) or give a single booster dose 2-yearly.
	Rabipur Inactivated Rabies Virus Vaccine	1.0 mL	IM	0, 7, 21–28 days	
Typhoid	Vivotif Oral	A single oral capsule per dose	Oral	One capsule each on days 1, 3, 5 (3-dose course), and preferably also day 7 [§] (4-dose course)	If the person is at ongoing risk, repeat the course after 3 years if a 3-dose course was given initially; repeat the course after 5 years if a 4-dose course was given initially.
	Typherix or Typhim Vi	0.5 mL	IM	Single dose	Give 3-yearly boosters if the person is at ongoing risk.

Table 3.2.1 (continued)

Vaccine (adults)	Brand name	Dose (adults)	Route	Dosing intervals	Duration of immunity and/or booster recommendations
Selected vaccines based on travel itinerary, activities and likely risk of disease exposure (cont'd)					
Yellow fever	Stamaril	0.5 mL	IM/SC	Single dose	A 10-yearly booster dose is only recommended for: – certain persons (i.e. those who received their initial dose while pregnant or when infected with HIV, and those at high risk of infection due to travel or occupation) if they are at ongoing risk of yellow fever virus infection – travellers who need to meet country-specific vaccination entry requirements. Refer to 4.23 <i>Yellow fever</i> .

* This 'rapid' schedule should be used only if there is very limited time before departure to endemic regions.

† Vivaxim is registered for use in persons aged ≥ 16 years.

‡ 4vMenCV is preferred. However, 4vMenPV is a suitable alternative for travellers aged ≥ 7 years when the need for repeat doses is not anticipated (refer to 4.10 *Meningococcal disease*).

§ A 4th capsule of oral typhoid vaccine on day 7 is preferred (refer to 4.21 *Typhoid*).