

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

An increasing number of vaccines are becoming available and are recommended for use in adults.

The aim of this guide is to assist immunisation providers to identify vaccines that can be co-administered (i.e. given at the same visit) for people aged 18 years and over.

While most vaccines can be co-administered with other vaccines at the same National Immunisation Program (NIP) schedule point, separate injection sites should be used where possible. If the same muscle is used to administer more than one vaccine, ensure a distance of 2.5 cm between injection sites.

This guide should be used in conjunction with the [Australian Immunisation Handbook](#) ('the Handbook'), which provides detailed advice on vaccine dosage, administration, contraindications and precautions.

In accordance with the Handbook, immunisation providers should:

- screen people before vaccination
- obtain valid consent
- ensure the correct equipment and procedures are in place.

Refer to the [NIP Schedule](#) and [NCIRS' immunisation schedules](#) for information about all funded and recommended vaccines for adults in Australia.

All vaccines administered should be reported to the [Australian Immunisation Register](#).

Vaccine	Co-administration with other vaccines	Exceptions to co-administration, any recommended interval between vaccines and further advice	Resources
Cholera	<ul style="list-style-type: none"> Yes, although not routinely recommended See 'Exceptions' column 	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 chapter
COVID-19	Yes	<ul style="list-style-type: none"> If the same muscle is used to administer more than one vaccine, ensure a distance of 2.5 cm between injection sites. 	<ul style="list-style-type: none"> ATAGI clinical advice for COVID-19 vaccine providers – Australian Government Department of Health and Aged Care COVID-19 vaccines: Frequently asked questions (FAQs) – NCIRS Handbook COVID-19 chapter

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Diphtheria-tetanus-pertussis (whooping cough)	Yes	N/A	<ul style="list-style-type: none"> Handbook diphtheria, tetanus and pertussis (whooping cough) disease chapters Pertussis vaccines for Australians – factsheet – NCIRS
Hepatitis A	Yes	N/A	<ul style="list-style-type: none"> Handbook hepatitis A chapter
Hepatitis B	Yes	N/A	<ul style="list-style-type: none"> Handbook hepatitis B chapter Hepatitis B vaccines for Australians – factsheet – NCIRS

Vaccine	Co-administration with other vaccines	Exceptions to co-administration, any recommended interval between vaccines and further advice	Resources
Human papillomavirus (HPV)	Yes	N/A	<ul style="list-style-type: none"> Handbook human papillomavirus (HPV) chapter HPV vaccines – FAQs – NCIRS
Influenza (flu)	<ul style="list-style-type: none"> Yes See 'Exceptions' column 	Influenza vaccines, including the adjuvanted vaccine Flud Quad, can be given at the same time as, or at any interval before or after, other vaccines, including pertussis, RSV and herpes zoster (i.e. Shingrix) vaccines.	<ul style="list-style-type: none"> ATAGI advice on seasonal influenza vaccines in 2025 – Australian Government Department of Health and Aged Care Handbook influenza (flu) chapter Influenza immunisation – NCIRS

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Japanese encephalitis	<ul style="list-style-type: none"> • Yes, for some vaccines • See 'Exceptions' column 	<ul style="list-style-type: none"> • Imojev vaccine can be administered at same time as yellow fever vaccine or MMR vaccine, using separate syringes and injecting in separate limbs. An interval of at least 4 weeks is needed between administration of Imojev vaccine and another live parenteral vaccine if these cannot be administered on the same day. No data on co-administration with other vaccines are available. • JEspect vaccine can be administered at the same time as hepatitis A vaccine, meningococcal ACWY vaccine and rabies vaccine, using separate syringes and injecting in separate limbs. Co-administration with some vaccines (including yellow fever vaccine) has not been assessed to date. 	<ul style="list-style-type: none"> • Japanese encephalitis virus (JEV) infection for health professionals – Australian Centre for Disease Control • Handbook Japanese encephalitis chapter • Japanese encephalitis – NCIRS • Japanese encephalitis – vaccination – Australian Government Department of Health and Aged Care

Vaccine	Co-administration with other vaccines	Exceptions to co-administration, any recommended interval between vaccines and further advice	Resources
Measles-mumps-rubella (MMR)	<ul style="list-style-type: none"> Yes See 'Exceptions' column 	An interval of at least 4 weeks is needed between administration of MMR vaccine and another live parenteral vaccine (e.g. monovalent varicella vaccine) if these cannot be administered on the same day.	<ul style="list-style-type: none"> Handbook measles, mumps and rubella disease chapters Measles vaccines for Australians – factsheet – NCIRS Measles vaccination catch-up guide – NCIRS
Meningococcal ACWY and meningococcal B	Yes	N/A	<ul style="list-style-type: none"> Handbook meningococcal disease chapter Meningococcal – NCIRS
Pneumococcal (13vPCV, 15vPCV, 20vPCV, 23vPPV)	Yes	N/A	<ul style="list-style-type: none"> Handbook pneumococcal disease chapter Pneumococcal vaccines – frequently asked questions (FAQs) – NCIRS PneumoSmart Vaccination Tool – Immunisation Coalition

Vaccine	Co-administration with other vaccines	Exceptions to co-administration, any recommended interval between vaccines and further 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. 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 to receive Q fever vaccine should discuss this with an immunologist or allergist or be referred to a specialist immunisation service. 	<ul style="list-style-type: none"> Handbook Q fever chapter
Respiratory syncytial virus (RSV)	Yes, for pregnant women and older people	<ul style="list-style-type: none"> Pregnant women can receive Abrysvo vaccine at the same time as dTpa, influenza and COVID-19 vaccines (if COVID-19 vaccine is required). Older people can receive RSV vaccines at the same time as other vaccines. Refer to the Handbook for more detailed advice about co-administration. 	<ul style="list-style-type: none"> Handbook respiratory syncytial virus (RSV) chapter Respiratory syncytial virus (RSV) immunisation – NCIRS Respiratory syncytial virus (RSV) products – Program advice for health professionals – Australian Government Department of Health and Aged Care

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Smallpox (for protection against mpox virus infection)	<ul style="list-style-type: none"> • Yes • See 'Exceptions' 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 available evidence. • ACAM2000 may be administered in certain settings by those with specialised training. If administering this vaccine, refer to the Handbook for further advice. 	<ul style="list-style-type: none"> • Handbook mpox chapter • Mpox vaccines – frequently asked questions (FAQs) – NCIRS
Typhoid	<ul style="list-style-type: none"> • 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 fever chapter
Varicella (chickenpox)	<ul style="list-style-type: none"> • Yes • See 'Exceptions' column 	<ul style="list-style-type: none"> • An interval of at least 4 weeks is needed between administration of monovalent varicella vaccine or MMRV vaccine and another live parenteral vaccine (e.g. yellow fever vaccine) if these cannot be administered on the same day. 	<ul style="list-style-type: none"> • Handbook varicella (chickenpox) chapter

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Yellow fever	<ul style="list-style-type: none"> • Yes, although not routinely recommended • See 'Exceptions' column 	<ul style="list-style-type: none"> • An interval of at least 4 weeks is needed between administration of yellow fever vaccine and another live parenteral vaccine if these cannot be administered on the same day. In these situations, advice from a travel vaccination provider should be sought on a case-by-case basis. 	<ul style="list-style-type: none"> • Handbook yellow fever chapter
Zoster (herpes zoster)	<ul style="list-style-type: none"> • Yes • See 'Exceptions' column 	<p>Herpes zoster vaccine (i.e. Shingrix) can be administered at the same time as, or at any interval before or after receipt of, any inactivated vaccines, including adjuvanted vaccines.</p>	<ul style="list-style-type: none"> • Handbook zoster (herpes zoster) chapter • Zoster (shingles) vaccine – frequently asked questions (FAQs) – NCIRS

Further resources

- [Australian Immunisation Handbook](#) – Australian Government Department of Health and Aged Care
- [Fact sheets, FAQs and other resources](#) – NCIRS
- [Multiple vaccinations for children resource](#) – NCIRS
- [National Immunisation Catch-up Calculator](#) – Australian Government Department of Health and Aged Care
- [Recommended sites for childhood vaccination resource](#) – NCIRS
- [Specialist immunisation services](#) – NCIRS