

Immunisation recommendations for Non-Indigenous Australians without risk factors for vaccine-preventable diseases

This table is a summary of vaccine recommendations from the [Australian Immunisation Handbook](#) for non-Indigenous Australians based on age and pregnancy status.

Shaded cells represent vaccinations funded under the National Immunisation Program (NIP).^a Brackets indicate that these vaccines are only recommended for a population sub-group. More detail is provided in the corresponding footnote(s).

| Disease/vaccine antigen | Abbrev. | Age | | | | | | | | | Pregnancy status | |
|--------------------------------------|-----------|----------|-----------------------|----------|-----------------------------------|------------------|-------------------|-----------------------------------|--------------------------------------------------------------------|--------------------------|------------------|------------------|
| | | At birth | 2 months ^b | 4 months | 6 months | 12 months | 18 months | 4 years | Adolescents | Adults | During pregnancy | Post-partum |
| Hepatitis B | HepB | ✓ | ✓* | ✓* | ✓* | (✓) ^c | | | | | | |
| Diphtheria, tetanus, pertussis | DTPa/dTpa | | ✓* | ✓* | ✓* | | ✓ | ✓ [†] | ✓ 12–13 years ^d | ✓ 65 years ^d | ✓ ^e | (✓) ^e |
| Poliomyelitis | IPV | | ✓* | ✓* | ✓* | | | ✓ [†] | | | | |
| <i>Haemophilus influenzae</i> type b | Hib | | ✓* | ✓* | ✓* | | ✓ | | | | | |
| Pneumococcal | 13vPCV | | ✓ | ✓ | check for medical risk conditions | ✓ | | | | ✓ ≥70 years | | |
| | 23vPPV | | | | | | | Check for medical risk conditions | | | | |
| Rotavirus | | | ✓ | ✓ | | | | | | | | |
| Measles, mumps, rubella | MMR | | | | | ✓ | ✓ ^{‡, f} | | | (✓) ^g | | (✓) ^h |
| Varicella | VV | | | | | | ✓ [‡] | ✓ ^h | | (✓) ^h | | |
| Meningococcal serogroup B | MenB | | ✓ ⁱ | | | | | (Refer to footnote i) | ✓ 15–19 years ⁱ | (Refer to footnote i) | | |
| Meningococcal serogroup ACWY | MenACWY | | ✓ ^j | | | ✓ ^j | | (Refer to footnote j) | ✓ 15–19 years; NIP school program dose at 14–16 years ^j | (Refer to footnote j) | | |
| Influenza (annual) | QIV | | | | ✓ ^k | | | | (Refer to footnote k) | ✓ ≥65 years ^k | ✓ | |
| Human papillomavirus | HPV | | | | | | | | ✓ 12–13 years ^l | | | |
| Herpes zoster | HZ | | | | | | | | | ✓ ≥70 years ^m | | |

Key:

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| DTPa = Diphtheria-tetanus-acellular pertussis vaccine (paediatric formulation) | IPV = Inactivated poliomyelitis vaccine | 13vPCV = 13-valent pneumococcal conjugate vaccine |
| dTpa = Diphtheria-tetanus-acellular pertussis vaccine (reduced antigen formulation) | MenB = Meningococcal serogroup B vaccine | 23vPPV = 23-valent pneumococcal polysaccharide vaccine |
| HepB = Hepatitis B vaccine | MenACWY = Meningococcal serogroup ACWY conjugate vaccine | QIV = Quadrivalent seasonal influenza vaccine |
| Hib = <i>Haemophilus influenzae</i> type b vaccine | MMR = Measles-mumps-rubella vaccine | VV = Varicella vaccine |
| HPV = Human papillomavirus vaccine | MMRV = Measles-mumps-rubella-varicella vaccine | |
| * HepB, DTPa, IPV and Hib are administered at 2, 4 and 6 months of age using a combination vaccine. The 1st dose can be given as early as 6 weeks of age, refer to footnote (b). | | |
| † DTPa and IPV are administered at 4 years of age using a combination vaccine. | | |
| ‡ Measles, mumps, rubella and varicella are administered at 18 months of age using a combination vaccine. | | |

- a** The National Immunisation Program Schedule is available on the Australian Government [Department of Health immunisation website](#). Contact your state/territory health department for further information on any additional immunisation programs specific to your state or territory.
- b** The vaccines scheduled at 2 months of age can be given as early as 6 weeks of age. The next scheduled dose should still be given at 4 months of age.
- c** A booster dose of hepatitis B vaccine is recommended at 12 months of age for infants who were born preterm at <32 weeks gestation or whose birth weight was <2,000 g, unless a blood test 1 month after the final dose of the primary course showed an anti-HBs antibody titre of ≥ 10 mIU/mL.
- d** Diphtheria-tetanus-acellular pertussis vaccine is given in adolescence as dTpa (reduced antigen formulation). School years at which the school-based programs are delivered vary among states and territories. Contact your state or territory health department for more details. dTpa vaccine is recommended for any adult who wishes to reduce their likelihood of becoming ill with pertussis. Adults aged ≥ 65 years are recommended to receive a dose of dTpa if they have not had one in the past 10 years. Adults aged ≥ 50 years are recommended to receive a booster dose of tetanus-containing vaccine if their last dose was more than 10 years ago. Adults aged ≥ 65 years are recommended to receive a dose of dTpa if they have not had one in the past 10 years. 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.
- e** dTpa vaccine is recommended and funded during 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.
- f** MMRV should not be given as the 1st dose of measles-containing vaccine in children <4 years of age.
- g** 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 women of child-bearing age who are seronegative for rubella. Vaccinated women should avoid pregnancy for 28 days after vaccination.
- h** A 2nd dose of varicella vaccine is recommended to provide increased protection and minimise the chance of breakthrough varicella in children and adolescents <14 years of age. This could potentially be given at 4 years of age, or at any time up to 14 years of age (at least 4 weeks after the 1st dose). 2 doses of varicella vaccine are recommended for all adults who are non-immune to varicella. Non-immune women are recommended to receive varicella vaccine before they become pregnant.
- i** MenB vaccine is recommended for all people ≥ 6 weeks of age who wish to reduce the likelihood of becoming ill with meningococcal disease, and is strongly recommended for infants and children aged <2 years and adolescents aged 15–19 years. Bexsero is the only MenB vaccine that can be used in infants and children aged <10 years. The doses required and the schedule depend on the age at which the vaccine course is started and the presence of at-risk medical conditions. For further details, refer to the [Australian Immunisation Handbook](#).
- j** MenACWY vaccine is recommended for all people ≥ 6 weeks of age who wish to reduce the likelihood of becoming ill with meningococcal disease, and is strongly recommended for infants and children aged <2 years and adolescents aged 15–19 years. The doses required and the schedule depend on the age at which the vaccine course is started, the brand used, and the presence of at-risk medical conditions. A single NIP-funded dose of MenACWY vaccine (Nimenrix) is scheduled at 12 months of age. A single dose of MenACWY vaccine (Nimenrix) is also provided for adolescents through a school-based program (14–16-year-olds); those aged 15–19 years who did not receive the vaccine at school can receive it from their GP. For further details, refer to the [Australian Immunisation Handbook](#).
- k** Influenza vaccine is recommended annually for all people ≥ 6 months of age who wish to reduce the likelihood of becoming ill with influenza. Influenza vaccine is funded under the NIP for all children ≥ 6 months to 59 months (<5 years) of age, people ≥ 5 years of age with certain medical conditions predisposing them to severe influenza. For older people aged ≥ 65 years, the adjuvanted quadrivalent influenza vaccine (aQIV, Flud Quad®) is funded under the NIP and is preferentially recommended over standard QIV. The QIV is funded under the NIP for adults with a medical condition that predisposes them to severe influenza; pregnant women; non-Indigenous adults aged ≥ 65 years. For further details, refer to the [ATAGI advice on seasonal influenza vaccines](#).
- l** HPV vaccine is recommended and NIP-funded for adolescent girls and boys (aged ~12–13 years) in a 2-dose course. A 3rd dose of HPV vaccine is recommended (but not NIP-funded) for adolescent girls and boys who commence vaccination after turning 15 years of age. A 3rd dose of HPV vaccine is recommended and NIP-funded for immunocompromised adolescent girls and boys at any age. School years at which the school-based programs are delivered vary among states and territories. Contact your state or territory health department for more details.
- m** A single dose of herpes zoster vaccine is recommended and funded under the NIP for adults aged 70 years (with a NIP-funded catch-up dose available for adults aged 71–79 until 31 October 2021). A single dose of herpes zoster vaccine is recommended (but not NIP-funded) for adults aged 60–69 years and ≥ 80 years.

Note: This table does NOT include recommendations on use of vaccines in the context of response to and control of a disease outbreak, or specifically for travel outside Australia.

Refer also to [immunisation recommendations for Aboriginal and Torres Strait Islander people without risk factors for vaccine-preventable diseases living in the ACT, NSW, Tas, Vic](#) and [immunisation recommendations for Aboriginal and Torres Strait Islander people without risk factors for vaccine-preventable diseases living in the NT, Qld, SA, WA](#)