

RECOMMENDED VACCINES FOR ADULTS OVER THE AGE OF 19 YEARS - 2018

| DISEASE | VACCINE | RECOMMENDATION | NOTES |
|---|--|---|---|
| INFLUENZA | VAXIGRIP® / Influvac® | 1 dose annually | No benefit of 2 doses in 1 season ^f Recommended for pregnant women, irrespective of trimester ^h |
| TETANUS, DIPHTHERIA, PERTUSSIS, POLIO | Td and TdaP-IPV DIFTAVAX®/ ADACEL QUADRA® / Boostrix Tetra® | 1 TdaP-IPV and then Td every 10 years ^d | If vaccine status is not known but it has not been given within the last 5 years, then a dose can safely be given. Recommended for pregnant women, ideally between weeks 16 and 32 ⁱ |
| MEASLES, MUMPS, RUBELLA | MMR Priorix® | 1 or 2 doses ^d | Depends on prior vaccination. If previous vaccination status is unknown, the vaccine should be given, as it is not a problem to give extra doses. ^{a,g} If only measles is required, then Measbio can be given. |
| CHICKEN POX | Varicella Varilix®, Onvara® | 2 doses at least 6 weeks apart ^d | Depends on prior vaccination. Onvara is currently licenced as a single dose. If previous vaccination status is unknown, the vaccine should be given, as it is not a problem to give extra doses. ^{a,g} |
| SHINGLES (Herpes zoster) | ZOSTER Zostavax® | 1 dose >50 years | Preferably >60 years. Currently only one dose is recommended. Can be given to someone who has already had an attack of shingles, but cannot be used as treatment. |
| HUMAN PAPILLOMA VIRUS | HPV Cervarix®, Gardasil® | 3 doses (0, 1-2, 6 months) | See notes ¹ |
| PNEUMOCOCCAL | PCV13 Prevenar®, PPSV23 Pneumovax® | 1 dose PCV13 > 50 years of age ^b , If >65 years, 1 dose of PCV13 followed one year later by 1 dose of PPSV23 ^b | Additional information for high risk adults. ² |
| HEPATITIS A | AVAXIM®, Havrix® | 2 doses at least six months apart ^e | For those who are not immune. (May be advisable to test antibody levels) Having additional doses is not a problem. ^{a,g} |
| HEPATITIS B | HEBERBIO HBV®, Engerix B®, Euvax B®, | 3 doses, schedule depends on product | For those who are not immune. (May be advisable to test antibody levels) Having additional doses is not a problem. ^{a,g} |
| HEPATITIS A and B | Twinrix® | 3 doses (0,1 and 6 months) | This vaccine is an option if protection against both hepatitis A and B is required. Each dose has a paediatric dose of hepatitis A. there is an accelerated schedule. (day 0, 7 and 21, with a booster a year later) |
| MENINGOCOCCAL | MENACTRA® | 1 dose | For high risk patients and see notes for additional recommendations ^{3 c} |
| <i>HAEMOPHILUS INFLUENZAE</i> type B | Hiberix® | 1 dose | For high risk patients only ⁴ |



Recommended for all who meet age requirements and have no contraindications, and are not already immune.



Recommended for those with additional medical conditions or other indications

Notes:

1. Both products licenced for use in males and females. HPV2 from 9 years and older. HPV4 from 9 – 26 years in males and 9-45 years in females.
2. Adults over the age of 65 years who have never had a pneumococcal vaccine should have a PCV13 followed by a PPSV23 a year later. Seek assistance for dosing in high risk patients aged less than 65 years. A second dose of PPSV23 is only indicated in high risk patients – see assistance regarding these.^b
3. Patients at high risk of contracting meningococcal infections:
 - Laboratory personal from reference labs who work with *Neisseria meningitidis* need a single dose with boosters every 5 years^c,
 - Travellers and Hajj pilgrims to Saudi Arabia should receive 2 doses at least 2 months apart and a booster every 5 years. (If they go again after 5 years),^c
 - Travellers at risk may only need 1 dose,^c
 - a two-dose primary schedule (12 weeks apart) with a booster every 5 years is recommended for those with asplenia, complement deficiency and HIV,^c
 - It is recommended that clinicians should consider vaccination of first-year students attending college/university/military academies; miners; and those infected with HIV,
4. High risk patients should receive 1-3 doses depending on indication.

References:

- a. General Recommendations on Immunization. Morbidity and Mortality Weekly Report. Recommendations and Reports / Vol. 60 / No. 2 January 28, 2011. Extra doses of vaccine antigens Page 8. Available from: <https://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf> Page 8
- b. Boyles TH , Brink A , Calligaro GL *et al.* South African guideline for the management of community-acquired pneumonia in adults. Vaccination for prevention of pneumonia Page 5. *JTD* June 2017; 9(6):
- c. Meiring S, Hussey G, Jeenac P, Parker S & von Gottberg A. Recommendations for the use of meningococcal vaccines in South Africa. Table 1 page 84. *Southern African Journal of Infectious Diseases* 2017; 32(3):82–86.
- d. [Adult Immunization Schedule by Vaccine and Age Group | CDC](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html). Available from www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
- e. Guidelines for the control of hepatitis A in South Africa. NICD. January 2007 7.2.2. Hepatitis A vaccines. Page 8. Available from <http://www.nicd.ac.za/index.php/hepatitis-a/>
- f. Ask the experts re additional doses in one season. Available from http://www.immunize.org/askexperts/experts_inf.asp
Is it acceptable to administer a dose of the quadrivalent influenza vaccine to a patient who has already received the trivalent vaccine? We've had a few patients request this.

No. ACIP does not recommend more than one dose of influenza vaccine in a season, except for certain children age 6 months through 8 years for whom two doses are recommended.
Revaccination later in the season of people who have already been fully vaccinated is not recommended.
- g. Ask the experts re additional doses of vaccines. Available from <http://www.immunize.org/askexperts/vaccine-safety.asp> **Is there any harm in giving an extra dose of MMR to a child of age seven years whose record is lost and the mother is not sure about the last dose of MMR?** In general, although it is not ideal, receiving extra doses of vaccine poses no medical problem. Receiving excessive doses of tetanus toxoid (e.g., DTP, DTaP, DT, Tdap, or Td) can increase the risk of a local adverse reaction, however. For details, consult the ACIP's General Recommendations on Immunization at www.cdc.gov/mmwr/pdf/rr/rr6002.pdf, page 8
- h. 3.3.5 Recommendations for use of vaccines. Page 12. *Healthcare workers handbook on influenza* updated May 2016. Available from: www.nicd.ac.za
- i. [Vaccination against pertussis \(whooping cough\) for pregnant women: an update for healthcare professionals](https://www.gov.uk/government/publications/vaccination-against-pertussis-whooping-cough-for-pregnant-women) slide 46. Available from: <https://www.gov.uk/government/publications/vaccination-against-pertussis-whooping-cough-for-pregnant-women>

Compiled by Amayeza Info Services CC but based on: [Adult Immunization Schedule by Vaccine and Age Group | CDC](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
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