

RECOMMENDED VACCINES FOR ADULTS OVER THE AGE OF 19 YEARS – 2023

DISEASE	VACCINE	RECOMMENDATION	NOTES
COVID-19	Comirnaty® (Pfizer Biontech)	2 doses 21 days apart	Boosters recommended. Wait 30 days after having COVID-19 disease Pfizer and J&J can be used interchangeably for boosters Immunocompromised patients qualify for 1 additional dose 28 days to 3 months after the primary series
	Johnson & Johnson	1 dose	
INFLUENZA	Vaxigrip Tetra® / Influvac Tetra® Fluarix Tetra®	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 (Diftavax®) Tdap (Adacel®/Boostrix®) or Tdap-IPV (Adacel Quadra®/ Boostrix Tetra®)	1 Tdap-IPV and then Td or Tdap every 10 years ^d	If not been given within the last 5 years, then a dose can safely be given. All pregnant people should receive a dose of Tdap during each pregnancy, preferably between 27 and 36 weeks' gestation. ⁱ
MEASLES, MUMPS, RUBELLA	MMR (Omzyta®/Priorix®)	1 or 2 doses ^d	Depends on prior vaccination. If previous vaccination status is unknown, the vaccine may be given- additional doses are not a problem. ^{a,g} If only measles is required, then Measbio® or Measles vaccine Cipla® can be given.
CHICKENPOX Varicella	Onvara®/Varilix®	2 doses preferably 6 weeks apart ^d	Depends on prior vaccination. If previous vaccination status is unknown, the vaccine may be given, as it is not a problem to give extra doses. ^{a,g}
SHINGLES (Herpes zoster)	Zostavax®	1 dose ≥ 50 years	Preferably > 60 years. Currently only one dose is recommended. Can be given 6-12 months after an attack of shingles but cannot be used as treatment.
HUMAN PAPILLOMA VIRUS - HPV	Cervarix®/Gardasil®/Gardasil9®	3 doses (0, 1-2, 6 months)	3-dose schedule from 14/15 years of age (depends on product) 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. HPV9 from 9 years and older.
PNEUMOCOCCAL	PCV13 Prevenar®, PPSV23 Pneumovax®	If ≥ 65 years, 1 dose of PCV13 followed one year later by 1 dose of PPSV23 ^b	Additional information for high-risk adults. 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 – seek assistance regarding these. ^b
HEPATITIS A	Avaxim 160®	2 doses at least six months apart ^e	For those who are not immune. (May be advisable to test antibody levels first) Having additional doses is not a problem. ^{a,g}
HEPATITIS B	Engerix B®/ Euvax B®/ Heberbio HBV®	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 and an adult hepatitis B. There is an accelerated schedule: Day 0, 7 and 21, with a booster a year later
MENINGOCOCCAL	Menactra®	1 dose	For high-risk patients. ^c Patients at high risk of contracting meningococcal infections: <ul style="list-style-type: none"> Laboratory personnel from reference labs who work with <i>Neisseria meningitidis</i> need a single dose with boosters every 5 years Travellers and Hajj pilgrims to Saudi Arabia should receive one dose and a booster if they go again after 5 years A two-dose primary schedule (12 weeks apart) with a booster every 5 years is recommended for those with asplenia, complement deficiency and HIV It is recommended that clinicians should consider vaccination of first-year students attending college/university/military academies; miners; and those infected with HIV
HAEMOPHILUS INFLUENZAE type B	Hiberix®	1 dose	For high-risk patients only (seek assistance for dosing in high-risk adults)
RABIES	Verorab®	Pre-exposure: Immunocompetent: <ul style="list-style-type: none"> Day 0, and 7 Immunocompromised: <ul style="list-style-type: none"> Day 0,7,21-28 	For at risk patients: Individuals may be predisposed for exposure to the rabies virus i) due to their occupation (such as veterinarians, other veterinary health professionals, animal welfare workers and laboratory workers), or ii) due to their hobbies such as bat enthusiasts or spelunkers, or iii) due to travel to canine rabies endemic areas. Pre-exposure prophylaxis does not negate the need for postexposure prophylaxis

◆ Recommended for all who meet age requirements and have no contraindications

◆ Recommended for those with additional medical conditions or other indications

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. 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. Available from: https://www.immunize.org/askexperts/experts_per.asp

Compiled by Amayeza Info Services CC but based on: Adult Immunization Schedule by Vaccine and Age Group | CDC

www.cdc.gov/vaccines/schedules/hcp/imz/adult.html