RECOMMENDED VACCINES FOR ADULTS OVER THE AGE OF 19 YEARS - 2024

DISEASE	VACCINE	RECOMMENDATION	NOTES
INFLUENZA	Vaxigrip Tetra® / Influvac Tetra® Fluarix Tetra®	1 dose annually	No benefit of 2 doses in the same flu season Recommended for pregnant women, irrespective of trimester
TETANUS, DIPTHERIA, PERTUSSIS, POLIO	Tdap (Adacel®/Boostrix®) or Tdap-IPV (Adacel Quadra®/ Boostrix Tetra®)	1 Tdap-IPV and then Tdap or Tdap-IPV every 10 years	If not been given within the last 5 years, then a dose can safely be given. All pregnant women should receive a pertussis containing vaccine during each pregnancy (Adacel®, Boostrix® or Adacel Quadra®), preferably between 27- and 36-weeks' gestation.
MEASLES, MUMPS, RUBELLA	MMR (Omzyta®/Priorix®)	1 or 2 doses	Depends on prior vaccination. If previous vaccination status is unknown, the vaccine may be given- additional doses are not harmful. If only measles is required, then Measbio® or Measles vaccine Cipla® can be given. Contraindicated in pregnancy.
CHICKENPOX Varicella	Onvara®/Varilix®	2 doses preferably 6 weeks apart	Depends on prior vaccination. If previous vaccination status is unknown, the vaccine may be given, as it is not harmful to give extra doses. Contraindicated in pregnancy.
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. Preventative vaccine, not therapeutic.
HUMAN PAPILLOMA VIRUS - HPV	Cervarix®/Gardasil®/Gardasil 9®	3 doses (0, 1-2, 6 months)	3-dose schedule from 14/15 years of age (depends on product) All 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 upwards in both females and males
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 19 years and older. Refer to guidelines for dosing in high-risk patients aged less than 65 years. A second dose of PPSV23 is only indicated in high-risk patients – refer to guidelines. Guidelines available from: https://jtd.amegroups.org/article/view/68210/pdf
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 harmful.
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 harmful.
HEPATITIS A + 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 contains a paediatric dose of hepatitis A and an adult dose of hepatitis B. There is an accelerated schedule: Day 0, 7 and 21, with a booster a year later for patients 18 years and older.
MENINGOCOCCAL	Menactra®	1 dose	For high-risk patients. Patients at high risk of contracting meningococcal infections: • Laboratory personnel from reference labs who work with *Neisseria meningitidis* 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 • Guidelines available from: https://www.nicd.ac.za/wp-content/uploads/2017/03/SAJID_Recommendations-for-Meningococcal-Vaccine-in-SA-2017SMeiring.pdf
RABIES	Verorab® Chirorab®	Pre-exposure: Immunocompetent: • Day 0, and 7 Immunocompromised: • 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 (see guidelines) Rabies guidelines available from: https://www.nicd.ac.za/wp-content/uploads/2021/10/Human-Rabies-Prophylaxis-Guidelines_DRAFT_29-October-2021.pdf

⬠ Recommended for those with additional medical conditions or other indications