

RECOMMENDED VACCINES FOR ADULTS OVER THE AGE OF 19 YEARS

Disease	Vaccine	Recommendation	Notes
INFLUENZA	Vaxigrip Tetra® / Influvac Tetra®	1 dose annually	No benefit of 2 doses in the same flu season Recommended for pregnant women, irrespective of trimester
TETANUS, DIPHTHERIA, PERTUSSIS +/- POLIO	Tdap (Adacel®/Boostrix®) or Tdap-IPV (Adacel Quadra®/ Boostrix Tetra®)	1 Tdap-IPV and then Tdap or Tdap-IPV every 10 years	Registered as a booster dose every 5-10 years. Pregnancy: Booster during each pregnancy (Adacel®, Boostrix® or Adacel Quadra®), (Adacel quadra® and Adacel® are registered for use in 2nd and 3rd trimester; Boostrix® only registered for use in 3rd trimester) Travellers requiring a polio booster vaccine can receive Adacel Quadra or Boostrix Tetra (Tdap/IPV)
MEASLES, MUMPS, RUBELLA	MMR (Omzyta®/Priorix®)	2 doses at least 4 weeks apart	If only measles is required, Measles vaccine Cipla® can be given. Contraindicated in pregnancy.
CHICKENPOX Varicella	Onvara®/Varilix®	2 doses at least 4 weeks apart	Contraindicated in pregnancy.
SHINGLES (Herpes zoster)	Shingrix® (Section 21)	2 doses as per product information	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. Cervarix® (HPV2) from 9 years and older. Gardasil®(HPV4) from 9 – 26 years in males and 9-45 years in females. Gardasil 9® (HPV9) from 9 years and upwards in both females and males
PNEUMOCOCCAL	Prevenar13® (PCV13), Pneumovax 23® (PPSV23)	If ≥ 65 years (with no history of previous pneumococcal vaccines), 1 dose of PCV13 followed one year later by 1 dose of PPSV23	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	For those who are not immune.
HEPATITIS B	Engerix B®/ Euvax B®	3 doses, schedule depends on product	For those who are not immune.
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: <ul style="list-style-type: none"> · 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/diseases-a-z-index/rabies/
TYPHOID	Typhim Vi®	1 dose	Typhoid fever prevention becomes effective approximately 2 to 3 weeks after injection. Revaccinate every 3 years only if continued to be at risk of infection with typhoid bacteria
YELLOW FEVER	Stamaril®	1 dose	Please refer to WHO for people living, traveling, or transiting through yellow fever endemic areas: https://cdn.who.int/media/docs/default-source/travel-and-health/countries-with-risk-of-yellow-fever-transmission.pdf Document on the official International certificate of vaccination or prophylaxis . Certificate valid 10 days after administration of the vaccine

Recommended for those with additional medical conditions or other indications

Please see **Know your products - Registered vaccines in South Africa 2025** for age indications: <https://www.amayeza-info.co.za/vaccine-info/>