

The following information outlines the recommendations for adult immunisation. It identifies what vaccines are funded in Victoria or recommended depending on a number of individual factors. These factors may relate to:

- Medical risk factors such as diseases associated with the heart, lung and kidneys or being pregnant
- Age related factors for example turning 50 years old or being over 65 years of age
- Lifestyle factors such as travelling, participating in contact sport, born overseas, sexual preference and drug use
- Workplace factors for example working closely with infants and children, health care workers, sewerage workers and emergency services
- Volunteering in the community. There are varying categories of risk within volunteering depending on the environment in which you volunteer and the activity involved.

Some medical risk factors may mean a person needs to be immunised differently or immunisations are withheld for a period of time or even repeated following some medical treatment. Other vaccines not listed may also need to be considered in some cases.

<p style="text-align: center;"><b>Tetanus &amp; diphtheria</b></p>	<p>Adults should have received a minimum of 3-recorded doses of a tetanus and diphtheria containing vaccine.</p> <p>Adults who have not been immunised against diphtheria are also likely to have missed out on tetanus immunisation as well. These individuals should receive 3 doses by injection. The first dose is given preferably as a combination of diphtheria, tetanus and pertussis (whooping cough) and 2 further doses of diphtheria and tetanus combination with a minimum interval of one month between doses followed by 2 booster doses at 10 yearly intervals.</p> <p>Maintenance of immunity with regular booster doses at 10 yearly intervals is <u>no longer recommended</u>. A booster dose of a diphtheria and tetanus containing vaccine by injection is required at 50 years of age.</p>
<p style="text-align: center;"><b>Polio</b></p>	<p>Adults should have received at least 3 doses of a polio vaccine.</p> <p>For non-immunised adults, 3 doses of a polio vaccine by injection with a minimum interval of 1 month between doses is recommended to be fully protected against poliomyelitis.</p> <p>No booster doses are required unless a person is travelling to areas where poliomyelitis is endemic or in a health care profession where there may be possible contact with poliomyelitis.</p>
<p style="text-align: center;"><b>Measles mumps &amp; rubella</b></p>	<p>Adults born <i>before</i> 1966 are considered to be protected against measles, mumps and rubella (MMR) as they are most likely to have contracted these diseases before vaccines were available.</p> <p>All adults born during or since 1966 should have received 2 doses of measles, mumps and rubella (MMR) containing vaccine(s). If there is no written record of a measles containing vaccine then adults should receive 2 doses of MMR vaccine by injection with a minimum of 1 month between the 2 doses.</p> <p>It is strongly recommended that women should make sure they have 2 recorded doses of MMR vaccine <u>before pregnancy</u>. Women should not be immunised with MMR vaccine when pregnant nor become pregnant for 1 month following administration of the MMR vaccine.</p>

<p style="text-align: center;"><b>Pertussis (whooping cough)</b></p>	<p>Pertussis (whooping cough) is not a childhood disease as commonly perceived, with over 60% of cases occurring in people over 10 years of age. As protection from both natural infection and immunisation wanes over time, a booster dose is required to maintain adequate protection against whooping cough.</p> <p>An adult booster vaccine by injection is available for protection against diphtheria, tetanus and pertussis.</p> <p>A single dose of vaccine is especially recommended for the following groups:</p> <ul style="list-style-type: none"> <li>• adults prior to pregnancy or with newborn infants</li> <li>• adults caring for or working with young children, especially for health-care workers and child-care workers in contact with infants</li> </ul> <p>A pertussis containing booster vaccine may be used at 50 years of age particularly for people who are in contact with young children. Only one boost of a pertussis containing vaccine is recommended at this time.</p>
<p style="text-align: center;"><b>Meningococcal C</b></p>	<p>Meningococcal C vaccine is used to provide long-term protection against meningococcal serogroup C disease.</p> <p>The meningococcal C immunisation is particularly recommended for:</p> <ul style="list-style-type: none"> <li>• Young adults 18 to mid 20s</li> <li>• People with asplenia (absence of or poorly functioning spleen)</li> <li>• Adults who have had previous meningococcal disease (including group C disease)</li> </ul> <p>Adults require a single dose of the vaccine by injection to be adequately protected.</p>
<p style="text-align: center;"><b>Hepatitis A</b></p>	<p>Hepatitis A immunisation is recommended for:</p> <ul style="list-style-type: none"> <li>• travellers to developing countries</li> <li>• people living or working in rural and remote Indigenous communities</li> <li>• those whose occupation may put them at risk of acquiring hepatitis A</li> <li>• intellectually disabled people and their carers</li> <li>• health care workers</li> <li>• sewerage workers</li> <li>• men who have sex with men</li> <li>• injecting drug users</li> <li>• patients with chronic hepatitis B or hepatitis C</li> <li>• people with chronic liver disease</li> </ul> <p>To avoid unnecessary immunisation, it is recommended that the following groups be screened by a blood test for pre-existing immunity to hepatitis A:</p> <ul style="list-style-type: none"> <li>• people born before 1950</li> <li>• people who spent their early childhood in endemic areas, including in Indigenous Australian communities</li> <li>• those with an unexplained previous episode of hepatitis or jaundice</li> </ul> <p>If screening detects hepatitis A antibodies, immunisation is not required.</p> <p>Hepatitis A vaccine is a 2 dose course of injections given 6 to 12 months apart.</p>

<p style="text-align: center;"><b>Hepatitis B</b></p>	<p>Hepatitis B vaccine is strongly recommended for:</p> <ul style="list-style-type: none"> <li>• intellectually disabled people and their carers</li> <li>• household contacts of hepatitis B carriers</li> <li>• sexual contacts of hepatitis B positive people and men who have sex with men</li> <li>• immunosuppressed patients</li> <li>• recipients of certain blood products</li> <li>• injecting drug users</li> <li>• individuals with chronic liver disease and/or hepatitis C</li> <li>• individuals adopting children from overseas</li> <li>• liver transplant recipients</li> <li>• inmates and staff of long-term correctional facilities</li> <li>• health care workers, dentists, embalmers, tattooists and body piercers.</li> </ul> <p>Other groups recommended to consider hepatitis B immunisation include staff of child day-care centres, funeral workers, travellers to endemic countries, contact sport players and sex industry workers.</p> <p>Hepatitis B vaccine is a 3-dose course of injections recommended at 0, 1 and 6 months.</p>
<p style="text-align: center;"><b>Human papillomavirus</b></p>	<p>Human papillomavirus (HPV) vaccine is recommended for:</p> <ul style="list-style-type: none"> <li>• females aged 10 to 26 years</li> </ul> <p>The National Human Papillomavirus (HPV) Immunisation Program commenced in April 2007 for all females aged 12 to 18 years and from July 2007 for females aged 18 to 26 years. The HPV vaccine is funded for females aged 18 to 26 years (inclusive) until June 2009. The program will be ongoing for females in Year 7 of secondary school.</p> <p>HPV vaccine is a 3-dose course of injections given at 0, 2 and 6 months.</p>
<p style="text-align: center;"><b>Herpes zoster (shingles)</b></p>	<p>Herpes Zoster vaccine is registered for use:</p> <ul style="list-style-type: none"> <li>• from 50 years of age</li> </ul> <p>The vaccine is a single dose injection and is recommended for the protection of shingles.</p>
<p style="text-align: center;"><b>Chickenpox (varicella)</b></p>	<p>Any person with a reliable history of chickenpox illness is considered immune and does not require the vaccine.</p> <p>Chickenpox vaccine is recommended for use in non-immune adults and is especially indicated for adults in the following categories:</p> <ul style="list-style-type: none"> <li>• health care workers, teachers and workers in child care centres</li> <li>• non-immune women prior to pregnancy</li> <li>• non-immune parents of young children</li> <li>• household contacts (parents, siblings) of immunosuppressed people.</li> </ul> <p>Adults with no history of chickenpox illness should have a blood test to check immunity, as many people who do not have a history of chickenpox are immune.</p> <p>Adults with no immunity to chickenpox require 2 doses of chickenpox vaccine by injection given 1-2 months apart.</p>

<p style="text-align: center;"><b>Pneumococcal (23vPPV)</b></p>	<p>23vPPV is recommended for:</p> <ul style="list-style-type: none"> <li>• All individuals aged 65 years and over</li> <li>• Aboriginal and Torres Strait Islander people aged 50 years and over</li> <li>• Immunocompromised persons aged over 5 years at increased risk of IPD (eg. patients with HIV infection before the development of AIDS, acute nephrotic syndrome, multiple myeloma, lymphoma, Hodgkin's disease and organ transplantation)</li> <li>• Immunocompetent persons aged over 5 years at increased risk of complications from IPD because of chronic illness (eg. chronic cardiac, renal or pulmonary disease, diabetes, alcohol-related problems)</li> <li>• Persons with CSF leaks (aged over 5 years)</li> <li>• Tobacco smokers</li> <li>• People with no spleen or a poorly functional spleen</li> </ul> <p>23vPPV is included in the Australian Standard Vaccination schedule for all Aboriginal and Torres Strait Islander adults aged 50 years and over, for those aged 15 to 49 years who have any of the high-risk underlying conditions and for non-indigenous adults 65 years of age and over. See your doctor for advice about the injection and doses required.</p>
<p style="text-align: center;"><b>Influenza</b></p>	<p>Influenza immunisation is free to all people aged 65 years and over. It is also free to all Aboriginal &amp; Torres Strait Islander persons aged 50 years and older.</p> <p>Adults may wish to consider annual influenza vaccination by injection in order to reduce the likelihood of becoming ill with influenza.</p> <p>Annual influenza vaccination is recommended for people with any of the medical conditions listed below:</p> <ul style="list-style-type: none"> <li>• Immune deficiency</li> <li>• Chronic lung disease (including asthma)</li> <li>• Diabetes</li> <li>• Chronic metabolic diseases</li> <li>• Chronic renal failure</li> <li>• Chronic cardiac conditions</li> <li>• Chronic neurological conditions.</li> </ul> <p>Residents of nursing homes/long-term care facilities and contacts (i.e. staff, family and friends) are recommended to be immunised against influenza to prevent potential transmission of influenza to elderly patients.</p> <p>People in the following situations should also discuss the benefits of influenza immunisation with their doctor:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Travellers</li> <li>• Workplace</li> <li>• Homeless people.</li> </ul>

The following websites offer resources and further information

[www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)

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