

Australian Immunisation Handbook, 8th Edition – September 2003

Table 2.2.1: Dose and routes of administration of commonly used travel vaccines in adults – pages 49 & 50

Vaccine (adults)	Brand name	Main constituents	Dose (adults)	Route	Primary schedule	Duration of immunity/booster recommendations
Hepatitis A	Avaxim	160EIAU inactivated HAV antigen	0.5 mL	IM	0, 6 to 12 months	Although still uncertain, a completed 2-dose series of any hepatitis A vaccine may give life-long immunity.
	Havrix 1440	1440 EIA U inactivated HAV antigen	1 mL	IM	0, 6 to 12 months	
	VAQTA Adult	50 U inactivated HAV antigen	1 mL	IM	0, 6 to 18 months	
Hepatitis A/B combined	Twinrix (720/20)	720EIAU inactivated HAV antigen and 20 µg recombinant hepatitis B virus surface antigen	1 mL	IM	0, 1, 6 months, or *0, 6 to 12 mths or **0, 7, 21 days, and 12 months	A completed series may give life-long immunity to both hepatitis A and B.
Hepatitis A/ typhoid combined	Vivaxim	<i>S. typhi</i> polysaccharide 0.25 mg and 160 EIA inactivated HAV antigen	1 mL combined vaccine	IM	Single dose	A dose of monovalent hepatitis A vaccine given 6-12 months later will provide long-term (possibly life-long) immunity. The duration of protection against typhoid is probably 3 years.
†Influenza	Various	15 µg haemagglutinin of 2 current influenza A and 1 influenza B strains	0.5 mL	SC/IM	Single dose	As different strains circulate from year to year, annual vaccination with appropriate formulation is recommended.
Japanese encephalitis	JE-VAX	Inactivated Japanese encephalitis virus	1 mL	SC	0, 7, 28 days	Single booster dose after 3 years.
Measles-mumps-rubella	MMR-II or Priorix	Live attenuated measles-mumps-rubella vaccine	0.5 mL	IM/SC	Travellers born during or since 1966 who have not received a second dose of MMR vaccine or a 'catch-up' dose during the 1998 campaign should be vaccinated before travelling.	
††Meningococcal (tetravalent polysaccharide)	Mencevax ACWY	50 µg capsular polysaccharides from <i>N. meningitidis</i> serogroups A, C, W135 & Y	0.5 mL	SC	Single dose	Revaccinate 3-5 yearly if at continuing risk.
	Menomune	50 µg capsular polysaccharides from <i>N. meningitidis</i> serogroups A, C, W135 & Y	0.5 mL	SC	Single dose	Revaccinate 3-5 yearly if at continuing risk.
Rabies (pre-exposure prophylaxis)	Mérieux Inactivated Rabies Vaccine	2.5 IU inactivated rabies virus antigens	1 mL	IM/SC	3 doses on days 0, 7 and 28	If at continued high risk of exposure, measure rabies antibody titres 2-yearly. If reported as inadequate, give booster.
Typhoid	Typh-vax oral	Live attenuated Typhoid bacteria	A single capsule	Oral	days 1, 3 and 5 (+/- day 7)‡	Single booster dose after 3 years if 3-dose series given; after 5 years if a 4-dose series given.
	Typherix	25 µg purified Vi capsular polysaccharide	0.5 mL	IM	Single dose	3 yearly
	Typhim Vi	25 µg purified Vi capsular polysaccharide	0.5 mL	IM	Single dose	3 yearly
Yellow fever	Stamaril	Live attenuated yellow fever virus	0.5 mL	IM/SC	Single dose	10-yearly boosters if at ongoing risk

* This schedule is not recommended if prompt protection against hepatitis B is required.

** This 'rapid' schedule should only be used if there is very limited time until departure to endemic regions.

† Elderly people and those with at-risk medical conditions planning to travel to areas where influenza may be active should be vaccinated with the appropriate vaccine strain for that season.

†† Young adult travellers who intend staying more than a month in either Europe or North America should be vaccinated against meningococcal group C disease, using either the conjugate or polysaccharide vaccine.

‡ A fourth capsule of oral typhoid vaccine on day 7 is recommended for those planning to reside in endemic areas for an extended period, as it confers more prolonged immunity than the 3 capsule regimen.

NB: Routine use of cholera vaccine is not recommended, as the risk to travellers is very low.

IM = intramuscular injection.

SC = subcutaneous injection.