

Table 2.2.1: Dose and routes of administration of commonly used vaccines in adult travellers (≥15 years of age)

Vaccine (adults)	Brand name	Main constituents	Dose (adults)	Route	Primary schedule	Duration of immunity/booster recommendations
Hepatitis A	Avaxim	160 EIA U inactivated HAV antigen	0.5 mL	IM	0, 6 to 12 months	All probably 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)	720 EIA U inactivated HAV antigen and 20 µg recombinant hepatitis B virus surface antigen	1 mL	IM	0, 1, 6 months, or *0, 7, 21 days, and 12 months	A completed series probably gives life-long immunity to both hepatitis A and B.
Hepatitis A/ typhoid combined	Vivaxim* NB. Only for use in people ≥16 years of age	25 µg <i>S. typhi</i> polysaccharide and 160 EIA U inactivated HAV antigen	1 mL combined vaccine	IM	Single dose	A dose of monovalent hepatitis A vaccine given 6–36 months later probably gives life-long immunity. The duration of protection against typhoid is probably 3 years.
Hepatitis B	Engerix-B	20 µg hepatitis B surface antigen protein	1 mL	IM	0, 1, 6 months, or 0, 1, 2, 12 months, or *0, 7, 21 days, and 12 months	A completed series probably gives life-long immunity.
	H-B-VAX II	10 µg hepatitis B surface antigen protein	1 mL	IM	0, 1, 6 months	
Influenza	Various	15 µg haemagglutinin of 2 current influenza A and 1 influenza B strains	0.5 mL	IM	Single dose	As different strains circulate from year to year, annual vaccination with the current formulation is necessary.
Japanese encephalitis	JE-VAX	Inactivated Japanese encephalitis virus	1 mL	SC	0, 7, 28 days	Boosters at 3-yearly intervals.
Measles-mumps-rubella	Priorix	Live attenuated measles-mumps-rubella viruses	0.5 mL	IM/SC	Australians born during or since 1966 who do not have documented evidence of having received 2 doses of a measles-containing vaccine should receive at least 1 dose of MMR before travel.	

Vaccine (adults)	Brand name	Main constituents	Dose (adults)	Route	Primary schedule	Duration of immunity/booster recommendations
Meningococcal (tetraivalent polysaccharide)	Mencevax ACWY or Menomune	50 µg capsular polysaccharides from <i>N. meningitidis</i> serogroups A, C, W ₁₃₅ & 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	0, 7, 28 days	If at continued high risk of exposure, either measure rabies antibody titres (and boost if titres reported as inadequate) or give single booster dose 2-yearly.
	Rabipur Inactivated Rabies Vaccine	2.5 IU inactivated rabies virus antigens	1 mL	IM	0, 7, 28 days	
Tetanus, diphtheria (dT) + pertussis (dTpa)	ADT Booster	≥20 IU tetanus toxoid, ≥2 IU diphtheria toxoid	0.5 mL	IM		Provides protection for 10 years.
	Boostrix or Adacel	≥20 IU tetanus toxoid, ≥2 IU diphtheria toxoid, purified antigens of <i>B. pertussis</i>	0.5 mL	IM		Providing pertussis (as well as tetanus and diphtheria) immunity is preferred.
Typhoid	Vivotif Oral	Live attenuated typhoid bacteria	A single capsule	Oral	Days 1, 3 and 5 (+/- day 7) [†]	Repeat 3-dose course after 3 years if 3 doses given initially; 4-dose course after 5 years if 4 doses given initially.
	Typherix or Typhim Vi	25 µg purified Vi capsular polysaccharide	0.5 mL	IM	Single dose	Booster doses at 3-yearly intervals
	Yellow fever	Stamaril	Live attenuated yellow fever virus	0.5 mL	IM/SC	Single dose

* Vivaxim is registered for use in people aged ≥16 years.

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

‡ A fourth capsule of oral typhoid vaccine can be given on day 7 (see Chapter 3.23, *Typhoid*).