

Australian recommendations for pneumococcal vaccination in adults and availability under the NIP¹⁻³

Pneumovax[®]23 is the only pneumococcal vaccine funded on the NIP and subsidised on the PBS for eligible adults

Risk of invasive disease	Indigenous status	Age	I3-valent conjugate vaccine*	NIP	Pneumovax23**	NIP
Healthy	Non-indigenous	≥65 years	–	–	1 dose	Yes
	Indigenous	≥50 years	–	–	2 doses [#]	Yes
Increased risk category (B): • Diabetes mellitus • Chronic lung disease • Chronic cardiac disease • Chronic liver disease • Down Syndrome • Alcoholism • Tobacco smoking	Non-indigenous	18–64 years	–	–	3 doses ^{##}	No [‡] (PBS)
		≥65 years	–	–	2 doses ^{#†}	Yes
	Indigenous	15–49 years	–	–	3 doses ^{##}	Yes
		≥50 years	–	–	2 doses [#]	Yes
Highest risk category (A): • Functional or anatomical asplenia • Immunocompromised persons (e.g. chronic renal failure) • Cerebrospinal fluid leaks • Cochlear implants • Intracranial shunts	Non-indigenous	18–64 years	1 dose	No	3 doses ^{##}	No [‡] (PBS)
		≥65 years	1 dose	No	3 doses [#]	Yes
	Indigenous	15–49 years	1 dose	No	3 doses ^{##}	Yes
		≥50 years	1 dose	No	3 doses ^{##††}	Yes

The minimum interval between any 2 doses of Pneumovax23 is 5 years with a maximum of 3 lifetime adult doses.¹

Please refer to the 10th Edition Australian Immunisation Handbook¹ for comprehensive listing of at risk conditions and recommendations.

* Recommended for those with risk factors for invasive disease who have never received the I3-valent conjugate vaccine. This dose should precede the first dose of Pneumovax23 by 2 months. For those who have had Pneumovax23, the I3-valent vaccine dose should be given at least 12 months later.

** The minimum interval between any 2 doses of Pneumovax23 is 5 years with a maximum of 3 lifetime adult doses.

The second dose should be given 5 years after the first dose.

The second dose should be given 5–10 years after the first. The third dose should be given at 65 years for non-indigenous people and 50 years for indigenous people, or 5 years after the second dose, whichever is later.

† Those diagnosed as being at increased risk after receiving Pneumovax23 at age 65 should receive a second dose at time of diagnosis or 5 years after the previous dose, whichever is later.

†† The third dose should be given at 65 years or 5 years after the second dose, whichever is later.

‡ The 3rd dose, if given at 65 years or later for non-indigenous people and 50 years or later for indigenous people is funded on the NIP. Refer to NIP Schedule.