



Table. Recommendations for vaccination in people who have received chemotherapy

These recommendations are based on the principle that, where possible, children and adults have completed an age-appropriate routine vaccination schedule prior to chemotherapy. Generally, people who have completed chemotherapy are recommended to receive additional doses of certain vaccines when the malignancy is in remission, and chemotherapy was completed at least 3 months previously.

These recommendations should be interpreted in conjunction with the guidance in Secondary (acquired) immunodeficiency due to medical conditions. The recommended vaccination schedule after chemotherapy may vary by person, depending on their age, vaccination history, the type of cancer, other immunosuppressive treatments received and other comorbidities. Consult the treating oncologist if uncertain.

Vaccine category	Vaccine	Recommendation	Comments
Non-live vaccines	<u>COVID-19</u>	<ul style="list-style-type: none"> • 2-dose primary schedule and can consider a 3rd dose • 1 additional dose or ongoing doses every 6–12 months, based on individual risk benefit assessment (see comments) 	Number of primary and additional doses are based on the person's age and presence of other risk factors for severe illness from COVID-19.

<u>Diphtheria-tetanus-pertussis</u> and <u>polio</u> -containing vaccines ^{a,b}	<ul style="list-style-type: none"> • Aged <10 years: 1 additional dose of <u>DTPa</u> and 1 dose of <u>polio vaccine</u> (eg <u>Infanrix-IPV</u>) • Aged ≥10 years: 1 dose of either <u>dT</u> or <u>reduced antigen content dTpa</u>, and a 1 dose of <u>polio vaccine</u> (eg <u>Boostrix-IPV</u> or <u>Adacel Polio</u>) 	–
<u>Haemophilus influenzae</u> type <u>b</u> ^{a,b}	Aged <5 years: 1 booster dose	–
<u>Hepatitis A</u>	Use if indicated	–
<u>Hepatitis B</u> ^{a,b}	1 booster dose for seronegative people with specific at risk conditions	Check serology 4–8 weeks after vaccination.
<u>Human papillomavirus</u> ^a	Aged ≥9 years: 3-dose primary schedule	<ul style="list-style-type: none"> • Gardasil 9 is registered for people aged 9–45 years. • Assess the need for, and potential benefits of, vaccination in older adults. Consult a specialist if required.
<u>Influenza</u> (non-live)	1 dose annually	<ul style="list-style-type: none"> • Use age-appropriate vaccine option • Children aged 6 months to 9 years should receive 2 doses (4 weeks apart) if receiving influenza vaccine for the first time, then 1 dose every year

		after that.
<u>Japanese encephalitis</u> (inactivated)	Use if indicated	See also <u>Vaccination for international travellers</u> .
<u>Meningococcal</u> (<u>MenACWY</u> and <u>MenB</u>) ^a	1 booster dose of both <u>MenACWY</u> and <u>MenB</u> vaccines	Priority should be given to children (aged <2 years) and adolescents (aged 15–19 years).
<u>Mpox</u> (live, non-replicating)	Use if indicated or seek specialist advice on individual risks and benefits of vaccination	–
<u>Pneumococcal</u> (conjugate and polysaccharide vaccines) ^a	<p>Aged <18 years: 1 dose of <u>20vPCV</u> at least 2 months after any previous dose of <u>PCV</u>.</p> <p>Aged ≥18 years:</p> <ul style="list-style-type: none"> • 1 additional dose of <u>PCV</u> at least 2 months after any previous doses of <u>PCV</u> • 1 additional dose of <u>PPV</u> 2–12 months after the last dose of <u>PCV</u>, and • a 2nd dose of <u>PPV</u> 5 years later 	<ul style="list-style-type: none"> • Children who have received either a routine course of 3 doses of any <u>PCV</u>, or 4 doses of <u>13vPCV</u> or <u>15vPCV</u>, or 4 doses of any <u>PCV</u> plus 1 dose of <u>PPV</u>, are recommended to receive 1 dose of <u>20vPCV</u> at least 8 weeks after any previous doses of <u>PCV</u>. • Children who received either a routine course of 4 doses of <u>20vPCV</u> or 4 doses of any <u>PCV</u> plus 2 doses of <u>PPV</u> (i.e. Aboriginal and Torres Strait Islander children) have already received the recommended number of doses of pneumococcal vaccine and do not require any additional doses. • If the person has previously received a dose of <u>PPV</u>, the <u>PCV</u> dose should be given at

			<p>least 12 months after the last PPV dose.</p> <ul style="list-style-type: none"> For children who have not received a full routine infant course of pneumococcal vaccination, see Table. Catch-up schedule for 20vPCV for children aged <5 years who are either Aboriginal and Torres Strait Islander (including those living in ACT, NSW, Tas or Vic born on or after 1 March 2025), or have a risk condition(s) for pneumococcal disease.
	Rabies	Use if indicated	See also Travellers who are immunocompromised.
	Immunisation against respiratory syncytial virus ^a	<ol style="list-style-type: none"> Aged ≥ 60 years: 1 primary dose of RSV vaccine At-risk neonates and infants <24 months with significant immunosuppression: 1 primary dose of RSV-specific monoclonal antibody 	–
	Zoster (herpes zoster, recombinant)	Aged ≥ 18 years if immunocompromised: a 2-dose primary schedule	–
Live vaccines	BCG	If benefit outweighs risk, give ≥ 4 weeks before chemotherapy	See also Travellers who are immunocompromised.
	Cholera (live)	Choose non- live vaccine	See also Travellers who are

	option if indicated	<u>immunocompromised.</u>
<u>Influenza (live)</u>	Contraindicated, choose non- <u>live vaccine</u> option	-
<u>Measles-mumps-rubella (MMR)^a</u>	A single dose of MMR-containing vaccine, and a 2nd dose for those not seroconverted (MMRV vaccine can be used as the 2nd dose in children aged <14 years)	Check measles and rubella serology 6–8 weeks after vaccination.
<u>Q fever</u>	Contraindicated or consult a specialist	Serological and skin tests are needed before vaccination.
<u>Rotavirus</u>	Complete routine schedule (≥4 weeks before chemotherapy, if possible)	Only indicated in infants within age limit (1st dose <15 weeks of age, 2nd dose <25 weeks of age)
<u>Typhoid (live)</u>	Choose non- <u>live vaccine</u> option if indicated	-
<u>Varicella (monovalent)^a</u>	Complete a 2-dose schedule, give ≥4 weeks before chemotherapy if seronegative (MMRV vaccine can be used as the 2nd dose in children aged <14 years)	Check varicella serology before vaccination if unvaccinated or unsure.
<u>Yellow fever</u>	If benefit outweighs risk, give ≥4 weeks before chemotherapy	See also <u>Travellers who are immunocompromised.</u>

Acronyms used:

- – = none
- BCG = bacille Calmette–Guérin
- dT = diphtheria–tetanus
- DTP/dTpa = diphtheria–tetanus–pertussis

- [IPV](#) = inactivated poliovirus
- [MenACWY](#) = meningococcal ACWY
- MenB = meningococcal B
- [MMRV](#) = measles-mumps-rubella-varicella
- [PCV](#) = pneumococcal [conjugate vaccine](#)
- [PPV](#) = pneumococcal [polysaccharide vaccine](#)
- [RSV](#) = respiratory syncytial [virus](#)

Footnotes:

^a Recommended but not funded under the National Immunisation Program

^b May be given as combined vaccines

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Last updated: 13 March 2026

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Related diseases: [COVID-19](#) [Diphtheria](#) [Haemophilus influenzae type b \(Hib\)](#)

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[Hepatitis B](#)

[Human papillomavirus \(HPV\)](#)

[Influenza \(flu\)](#)

[Japanese encephalitis](#)

[Meningococcal disease](#)

[Mpox \(previously known as monkeypox\)](#)

[Pneumococcal disease](#)

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[Zoster \(herpes zoster\)](#)

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<https://immunisationhandbook.health.gov.au/resources/tables/table-recommendations-for-vaccination-in-people-who-have-received-chemotherapy>