



Table. Recommendations for vaccination before and after solid organ transplant

These recommendations are based on the principle that, where possible, children and adults should complete an age-appropriate routine vaccination schedule before transplant. An accelerated schedule or catch-up schedule may also be considered before transplant when needed. Immunogenicity is likely to be improved when candidates receive the vaccine before transplant. If this has not occurred, the person should receive additional vaccine doses after transplant.

Vaccine category	Vaccine	Before solid organ transplant: if never previously vaccinated OR partly vaccinated	After solid organ transplant: if never vaccinated OR partly vaccinated before transplant	After solid organ transplant: if fully vaccinated before transplant
Non-live vaccines	<u>COVID-19</u>	Use if indicated following age-appropriate primary schedule (see comments)	Complete 2-dose primary schedule and can consider a 3rd dose	<ul style="list-style-type: none"> Aged <5 years: further doses not indicated Aged ≥5 years: 1 additional dose or ongoing doses

			every 6–12 months, based on individual risk benefit assessment (see comments)
<u>Diphtheria-tetanus-pertussis</u> -containing vaccine ^{a,b}	Complete routine primary schedule or catch-up for missed doses	<ul style="list-style-type: none"> • Aged <10 years: at least 3 primary doses of <u>DTPa</u>, and then follow the routine schedule for their age • Aged ≥10 years: complete a 3-dose schedule of <u>dTpa</u>-containing vaccine if unvaccinated, or catch-up for missed doses 	1 additional dose of <u>dTpa</u> if previous doses were >10 years ago
<u>Haemophilus influenzae</u> type b ^b	Complete routine primary schedule or catch-up for missed doses	<ul style="list-style-type: none"> • Aged <18 years: 1 additional dose (in addition to routine schedule) • Aged ≥18 years: complete routine schedule or catch-up for missed doses 	Further doses not indicated
<u>Hepatitis A</u> ^{b,c}			Further doses

	<p>Recommended for seronegative people who have:</p> <ul style="list-style-type: none"> • chronic liver disease • <u>chronic infection</u> with either hepatitis B or hepatitis C 	<p>2 doses are recommended for people who have:</p> <ul style="list-style-type: none"> • had a liver transplant • chronic liver disease • <u>chronic infection</u> with either hepatitis B or hepatitis C 	<p>not indicated if seropositive</p>
<u>Hepatitis B</u> ^{b,c}	<p>Recommended for all seronegative people, and an accelerated schedule may be followed (<u>Table. Accelerated hepatitis B vaccination schedules for people with imminent risk of exposure</u>)</p>	<p>3 doses are recommended for all seronegative people</p>	<p>Further doses not indicated if seropositive</p>

<u>Human papillomavirus</u>	Aged ≥ 9 years if immunocompromised before transplant: a 3-dose schedule	Aged ≥ 9 years: complete a 3-dose primary schedule (at 0, 2 and 6 months) if unvaccinated, or catch up for missed doses	Further doses not indicated
<u>Influenza (non-live)</u>	Aged 6 months to 9 years if immunocompromised and never received influenza vaccine: a 2-dose schedule	Aged ≥ 6 months: 2 doses in the 1st year after transplant, then 1 dose every year	2 doses in the 1st year after transplant, then 1 dose every year
<u>Japanese encephalitis (inactivated)</u>	Use if indicated	Use if indicated	Follow booster recommendation if indicated
<u>Meningococcal (MenACWY and MenB)^C</u>	Complete age-appropriate routine primary schedule	Complete age-appropriate routine primary schedule or catch-up for missed doses	Follow booster recommendation for certain conditions that increase the risk of meningococcal disease

<u>Mpox</u> (live, non-replicating)	Use if indicated	Use if indicated	A 10-yearly booster is recommended if there is an ongoing occupational exposure
<u>Pneumococcal</u> (conjugate and polysaccharide vaccines)	Complete routine or catch-up for missed doses	<p>Aged <18 years: 1 dose of 20vPCV at least 2 months after any previous dose of PCV</p> <p>Aged ≥18 years:</p> <ul style="list-style-type: none"> • 1 additional dose of PCV • 1 dose of PPV 2–12 months after PCV, and • a 2nd dose of PPV 5 years later 	<p>Aged <18 years: 1 dose of 20vPCV at least 2 months after any previous dose of PCV</p> <p>Aged ≥18 years:</p> <ul style="list-style-type: none"> • 1 additional dose of PCV • 1 dose of PPV 2–12 months after PCV, and

<u>Polio</u> ^b	Complete routine or catch-up for missed doses	<ul style="list-style-type: none"> • Aged <10 years: complete routine or catch-up schedule • Aged ≥10 years: complete a 3-dose schedule if unvaccinated, or catch-up for missed doses 	Aged ≥18 years: a 10-yearly booster is recommended if there is an ongoing risk of polio exposure
<u>Rabies</u>	Use if indicated	Use if indicated	Use if indicated
Immunisation against <u>respiratory syncytial virus (RSV)</u> ^c	<ul style="list-style-type: none"> • Aged ≥60 years: 1 primary dose of RSV vaccine • At-risk neonates and infants aged <24 months: 1 primary dose of RSV-specific 	<ul style="list-style-type: none"> • Aged ≥60 years: 1 primary dose of RSV vaccine if unvaccinated • At-risk neonates and infants aged <24 months if unvaccinated: 	Further doses not indicated

		monoclonal antibody	1 primary dose of RSV-specific monoclonal antibody	
	<u>Zoster</u> (herpes zoster, recombinant)	Aged ≥ 18 years if immunocompromised: a 2-dose schedule	Aged ≥ 18 years: a 2-dose schedule (1–2 months apart) if unvaccinated, or catch up for missed doses after antiviral prophylaxis has been completed.	Further doses not indicated
Live vaccines	<u>BCG</u>	Only use if benefit outweighs risk. Give ≥ 4 weeks before transplant.	Contraindicated when immunocompromised. Consult a specialist for timing of vaccination if indicated	Further doses not indicated
	<u>Cholera</u> (live)	Contraindicated	Choose non- <u>live vaccine</u> option if indicated	Further doses not indicated
	<u>Influenza</u> (live)	Give ≥ 4 weeks before transplant if not contraindicated	Choose non- <u>live vaccine</u> option if indicated	Choose non- <u>live vaccine</u> option if indicated
	<u>Japanese encephalitis</u> (live)	Contraindicated	Choose non- <u>live vaccine</u> option if indicated	Follow booster recommendation if indicated
	<u>Measles-mumps-rubella</u> ^d	Complete a 2-dose schedule ≥ 4 weeks before transplant if seronegative	Complete a 2-dose schedule at least 12 months after transplant if seronegative following an assessment of degree of	Further doses not indicated if seropositive

		immunocompromise	
<u>Q fever</u>	Use if indicated	Contraindicated	Further doses not indicated if seropositive
<u>Rotavirus</u>	Complete routine schedule (≥ 4 weeks before transplant, if possible)	Contraindicated when immunocompromised	Further doses not indicated
<u>Typhoid (live)</u>	Contraindicated	Choose non- <u>live vaccine</u> option if indicated	Further doses not indicated
<u>Varicella (monovalent)^d</u>	Complete a 2-dose schedule ≥ 4 weeks before transplant if seronegative	Complete a 2-dose schedule at least 12 months after transplant if seronegative following an assessment on degree of immunocompromise	Further doses not indicated if seropositive
<u>Yellow fever</u>	If benefit outweighs risk, give ≥ 4 weeks before transplant	Contraindicated when immunocompromised. Consult a specialist for timing of vaccination if indicated	Further doses not indicated

Acronyms used:

- – = none
- BCG = bacille Calmette–Guérin
- DTPa/dTpa = diphtheria-tetanus-pertussis
- MenACWY = meningococcal ACWY
- MenB = meningococcal B

- PCV = pneumococcal conjugate vaccine
- PPV = pneumococcal polysaccharide vaccine

Footnotes:

^a DTPa for children <10 years of age; dTpa for those ≥10 years of age

^b May be given as combined vaccines

^c Recommended but not funded under the National Immunisation Program

^d Measles-mumps-rubella-varicella combination vaccines are not recommended.

Source: Danziger-Isakov et al,⁷ Centers for Disease Control and Prevention et al.¹⁰

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

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