

# NT Immunisation Schedule

## Adult and Special Risk Groups

Vaccines funded under the National Immunisation Program/NT Health

October 2026

Ph (08) 8922 8315

Immunisation program | NT Health

### KEY

All people

Aboriginal and Torres Strait Islander people

Specified medical risk conditions

| Age                                                                                                                                                                                              |                                               | Disease                             | Brand/Route                       | Important information                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| ANNUAL INFLUENZA VACCINE<br>For all pregnant women every pregnancy, all adults 65 years and over, Aboriginal and Torres Strait Islander adults and adults with specified medical risk conditions | All pregnant women                            | Influenza                           | Vaxigrip® (IM) or Flucelvax® (IM) | Every pregnancy, any trimester<br><b>See NT Influenza Schedule</b>                                                      |
|                                                                                                                                                                                                  |                                               | Diphtheria, tetanus, pertussis      | Boostrix® (IM) or Adacel® (IM)    | Every pregnancy from 20 weeks                                                                                           |
|                                                                                                                                                                                                  |                                               | Respiratory syncytial virus (RSV)   | Abrysvo® (IM)                     | Every pregnancy from 28 weeks                                                                                           |
|                                                                                                                                                                                                  | All Adults                                    |                                     |                                   |                                                                                                                         |
|                                                                                                                                                                                                  | Under 26 years                                | Human papillomavirus (HPV)          | Gardasil® 9 (IM)                  | Single dose<br>3 dose course <a href="#">People who are immunocompromised   HPV   AIH</a>                               |
|                                                                                                                                                                                                  | Born during or after 1966                     | Measles, mumps, rubella             | Priorix® (SC) (IM)                | If not received two MMR vaccines or are not immune, give 2 doses, 1 month apart                                         |
|                                                                                                                                                                                                  | 65 years and over                             | Influenza                           | Fluad® (IM)                       | Annually, <b>see NT Influenza Schedule</b>                                                                              |
|                                                                                                                                                                                                  |                                               | Herpes zoster (shingles)            | Shingrix® (IM)                    | 2 doses, 2-6 months apart                                                                                               |
|                                                                                                                                                                                                  |                                               | Pneumococcal                        | Capvaxive® (IM)                   | Single dose-at least 12 months after a previous pneumococcal vaccine<br><b>See NT Pneumococcal Vaccination Schedule</b> |
|                                                                                                                                                                                                  |                                               | COVID-19                            | Comirnaty® (IMI)                  | <b>See NT COVID-19 Vaccination Schedule</b>                                                                             |
|                                                                                                                                                                                                  | 75 years and over                             | Respiratory syncytial virus (RSV)   | Arexvy® (IM)                      | Single dose                                                                                                             |
|                                                                                                                                                                                                  | Aboriginal and Torres Strait Islander adults  |                                     |                                   |                                                                                                                         |
|                                                                                                                                                                                                  | 20 to less than 65 years                      | Influenza                           | Vaxigrip® (IM) or Flucelvax® (IM) | Annually, <b>see NT Influenza Schedule</b>                                                                              |
|                                                                                                                                                                                                  | 65 years and over                             | Influenza                           | Fluad® (IM)                       | Annually, <b>see NT Influenza Schedule</b>                                                                              |
|                                                                                                                                                                                                  | 20-50 years NT funded                         | Hepatitis B                         | Engerix B® Adult (IM)             | 3 doses (0, 1 and 6 months) if not previously vaccinated or not immune through natural infection                        |
|                                                                                                                                                                                                  | 25 years and over with no risk conditions     | Pneumococcal                        | Capvaxive® (IM)                   | Single dose-at least 12 months after a previous pneumococcal vaccine<br><b>See NT Pneumococcal Vaccination Schedule</b> |
|                                                                                                                                                                                                  | 50 years and over                             | Herpes zoster (shingles)            | Shingrix® (IM)                    | 2 doses, 2-6 months apart                                                                                               |
|                                                                                                                                                                                                  |                                               | COVID-19                            | Comirnaty® (IMI)                  | <b>See NT COVID-19 Vaccination Schedule</b>                                                                             |
|                                                                                                                                                                                                  | 60 years and over                             | Respiratory syncytial virus (RSV)   | Arexvy® (IM)                      | Single dose                                                                                                             |
|                                                                                                                                                                                                  | Adults with specified medical risk conditions |                                     |                                   |                                                                                                                         |
|                                                                                                                                                                                                  | Age and disease specific                      | Influenza                           | Age appropriate (IM)              | Annually, <b>see NT Influenza Schedule</b>                                                                              |
|                                                                                                                                                                                                  |                                               | Pneumococcal                        | Capvaxive® (IM)                   | Single dose-18 years or over at diagnosis<br><b>See NT Pneumococcal Vaccination Schedule</b>                            |
|                                                                                                                                                                                                  |                                               | COVID-19                            | Comirnaty® (IMI)                  | <b>See NT COVID-19 Vaccination Schedule</b>                                                                             |
|                                                                                                                                                                                                  |                                               | Herpes zoster (shingles)            | Shingrix® (IM)                    | 2 doses, 1-2 months apart                                                                                               |
|                                                                                                                                                                                                  |                                               | Meningococcal ACWY                  | Nimenrix® (IM)                    | <a href="#">Immunisation for people with medical risk conditions   AIH</a>                                              |
|                                                                                                                                                                                                  |                                               | Meningococcal B                     | Bexsero® (IM)                     |                                                                                                                         |
|                                                                                                                                                                                                  |                                               | Haemophilus influenzae type b (Hib) | Act-HIB® (IM)                     |                                                                                                                         |

For refugees & other humanitarian entrants aged 20 years and over

see [Vaccination for migrants, refugees and people seeking asylum in Australia | The Australian Immunisation Handbook](#)

This schedule is a summary. For more detailed information refer to [The Australian Immunisation Handbook](#)

