

**Table 2.2.1: Route of administration for vaccines used in Australia**

Intramuscular (IM) injection*	Subcutaneous (SC) injection*	IM or SC injection	Intradermal	Oral
Diphtheria-tetanus vaccine (dT)	Inactivated poliomyelitis vaccine (IPV) <sup>†</sup>	Influenza vaccine <sup>‡</sup>	Bacille Calmette-Guérin (BCG) vaccine <sup>§</sup>	Rotavirus vaccine
Diphtheria-tetanus-acellular pertussis vaccine (DTPa and dTpa)	Quadrivalent meningococcal polysaccharide vaccine (4vMenPV)	Measles-mumps-rubella vaccine (MMR) (Priorix only)	Q fever skin testing <sup>§</sup>	Cholera vaccine
DTPa- and dTpa-combination vaccines	Varicella vaccine (VV)	Measles-mumps-rubella-varicella vaccine (MMRV) (Priorix-tetra only)		Typhoid vaccine
Hepatitis A vaccine and Hepatitis A combination vaccines	Japanese encephalitis vaccine (Imojev)	23-valent pneumococcal polysaccharide vaccine (23vPPV) <sup>‡</sup>		
Hepatitis B vaccine <sup>¶</sup> and Hepatitis B combination vaccines	Q fever vaccine <sup>§</sup>	Rabies vaccine (HDCV)		
<i>Haemophilus influenzae</i> type b (Hib) vaccine	Measles-mumps-rubella vaccine (MMR) (M-M-R II only)	Yellow fever vaccine		
Human papillomavirus (HPV) vaccine	Measles-mumps-rubella-varicella vaccine (MMRV) (ProQuad only)			
IPV-containing combination vaccines <sup>†</sup>	Zoster vaccine			
Japanese encephalitis vaccine (JEspect)				
10-valent pneumococcal conjugate vaccine (10vPCV)				
13-valent pneumococcal conjugate vaccine (13vPCV)				
Typhoid Vi polysaccharide vaccine				
Meningococcal B vaccine (MenBV)				
Meningococcal C conjugate vaccine (MenCCV)				
Quadrivalent meningococcal conjugate vaccine (4vMenCV)				
Rabies vaccine (PCECV)				

\* In the instance where a vaccine is inadvertently administered via an alternative route, refer to 2.2.5 *Vaccine injection techniques* below for advice on the need for revaccination.

† IPV-containing combination vaccines are administered by IM injection; IPV (IPOL) is administered by SC injection.

‡ The IM route is preferred to the SC route because it causes fewer local adverse events.<sup>6,7</sup> However, if administered by SC injection, the vaccine does not need to be re-administered.

§ Q fever skin testing and BCG vaccine should be administered only by specially trained immunisation service providers.

¶ The intradermal route may be considered for the administration of additional doses of hepatitis B vaccine to HBsAg-negative healthcare workers who are non-responders to a primary course of vaccination and to subsequent additional IM doses (refer to 4.5 *Hepatitis B*).