1. Additional Information
- Additional guidance for the use of the vaccines described in this supplement is available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- Information on vaccination recommendations when vaccination status is unknown and other general immunization information can be found in the General Recommendations on Immunization at www.cdc.gov/mmwr/preview/mmwrhtml/r6002a1h.htm.
- Information on travel vaccine requirements and recommendations (e.g., for hepatitis A and B, meningococcal, and other vaccines) is available at www.wnc.cdc.gov/travel/destinations/list.
- Additional information and resources regarding vaccination of pregnant women can be found at www.cdc.gov/vaccines/adults/rec-vac/pregnant.html.

2. Influenza vaccination.
- Annual vaccination against influenza is recommended for all persons age 6 months or older.
- Persons age 6 months and older, including pregnant women and persons with hives-only allergy to eggs, can receive the inactivated influenza vaccine (IIV). An age-appropriate IIV formulation should be used.
- Adults age 18 years or older can receive the recombinant influenza vaccine (RIV) (Flublok). RIV does not contain any egg protein and can be given to age-appropriate persons with egg allergy or any severity.
- Healthy, nonpregnant persons age 2 through 4 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (LAIV) (Fluzone), or IIV.
- Healthcare personnel who care for severely immunocompromised persons who require care in a protected environment should receive IIV or RIV; healthcare personnel who receive LAIV should avoid providing care for severely immunosuppressed persons for 7 days after vaccination.
- The intramuscularly or intradermally administered IIV are options for adults age 18 through 64 years.
- Adults age 65 years or older can receive the standard-dose IIV or the high-dose IIV (Fluzone High-Dose).
- A list of currently available influenza vaccines can be found at www.cdc.gov/flu/protect/vaccine/vaccines.htm.

3. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination.
- Administer 1 dose of Tdap vaccine to pregnant women during each pregnancy (preferably during 27 to 36 weeks’ gestation), regardless of interval since prior Td or Tdap vaccination.
- Persons age 11 years or older who have not received Tdap vaccine or for whom vaccine status is unknown should receive a dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-toxoid-containing vaccine.
- Adults with an unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series including a Tdap dose.
- For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6 to 12 months after the second.
- For incompletely vaccinated (i.e., less than 3 doses) adults, administer remaining doses.
- Refer to the ACIP statement for recommendations for administering Td/Tdap as prophylaxis in wound management (see footnote 1).

4. Varicella vaccination.
- All adults without evidence of immunity to varicella (as defined below) should receive 2 doses of single-antigen varicella vaccine or a second dose if they have received only 1 dose.
- Vaccination should be emphasized for those who have close contact with persons at high risk for severe disease (e.g., healthcare personnel and family contacts of persons with immunocompromising conditions) or are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
- Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility. The second dose should be administered 4 to 8 weeks after the first dose.
- Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980, except healthcare personnel and pregnant women; 3) history of varicella based on diagnosis or verification of varicella disease by a healthcare provider; 4) history of herpes zoster based on diagnosis or verification of herpes zoster disease by a healthcare provider; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

5. Human papillomavirus (HPV) vaccination.
- Two vaccines are licensed for use in females, bivalent HPV vaccine (HPV2) and quadrivalent HPV vaccine (HPV4), and one HPV vaccine for use in males (HPV4).
- For males, either HPV4 or HPV2 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years, and for those age 13 through 26 years, if not previously vaccinated.

Footnotes
- For males, HPV4 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those age 13 through 21 years, if not previously vaccinated. Males age 22 through 26 years may be vaccinated.
- HPV4 is recommended for men who have sex with men through age 26 years for those who did not get any or all doses when they were younger.
- Vaccination is recommended for immunocompromised persons (including those with HIV infection) through age 26 years for those who did not get any or all doses when they were younger.
- A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 4 to 6 weeks (minimum interval of 4 weeks) after the first dose; the third dose should be administered 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of at least 12 weeks).
- HPV vaccines are not recommended for use in pregnant women. However, pregnancy testing is not needed before vaccination. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remainder of the 3-dose series should be delayed until completion or termination of pregnancy.

6. Zoster vaccination.
- A single dose of zoster vaccine is recommended for adults age 60 years or older regardless of whether they report a prior episode of herpes zoster. Although the vaccine is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons age 50 years or older, ACIP recommends that vaccination begin at age 60 years.
- Persons age 60 years and older with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.

7. Measles, mumps, rubella (MMR) vaccination.
- Adults born before 1957 are generally considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine or laboratory evidence of immunity to each of the three diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.
- Measles component: A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who: 1) are students in postsecondary educational institutions, 2) work in a healthcare facility, or 3) plan to travel internationally.
- Mumps component: A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who: 1) are students in a postsecondary educational institution, 2) work in a healthcare facility, or 3) plan to travel internationally.
- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a healthcare facility) should be considered for revaccination with 2 doses of MMR vaccine.
- Rubella component: For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.
- Healthcare personnel born before 1957: For unvaccinated healthcare personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, healthcare facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

- General information
  - When indicated, only a single dose of PCV13 is recommended for adults.
  - No additional PPSV23 is indicated for adults vaccinated with PPSV23 at or after age 65 years.
  - When both PCV13 and PPSV23 are indicated, PCV13 should be administered first; PCV13 and PPSV23 should not be administered during the same visit.
  - When indicated, PCV13 and PPSV23 should be administered to adults whose pneumococcal vaccination history is incomplete or unknown.
- Adults age 65 years and older who
  - have not received PCV13 or PPSV23: administer PCV13 followed by a PPSV23 in 6 to 12 months.
  - have not received PCV13 but have received a dose of PPSV23 at age 65 years or older: administer PCV13 at least 1 year after the dose of PPSV23 received at age 65 years or older.
  - have not received PCV13 but have received 1 or more doses of PPSV23 before age 65: administer PCV13 at least 1 year after the most recent PPSV23; administer a dose of PPSV23 to 6 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after most recent dose of PPSV23.
  - have received PCV13 but not PPSV23 before age 65 years: administer PPSV23 6 to 12 months after PCV13 or as soon as possible if this time window has passed.

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