

## Footnotes

### 1. Influenza vaccination

#### General information

- All persons ages 6 months and older who do not have a contraindication should receive annual influenza vaccination with an age-appropriate formulation of inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV).
- In addition to standard-dose IIV, available options for adults in specific age groups include: high-dose or adjuvanted IIV for adults age 65 years or older, intradermal IIV for adults age 18 through 64 years, and RIV for adults ages 18 years or older.
- Notes: Live attenuated influenza vaccine (LAIV) should not be used during the 2016–2017 influenza season. A list of currently available influenza vaccines is available at [www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm).

#### Special populations

- Adults with a history of egg allergy who have only hives after exposure to egg should receive age-appropriate IIV or RIV.
- Adults with a history of egg allergy other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis), or who required epinephrine or another emergency medical intervention, may receive age-appropriate IIV or RIV. The selected vaccine should be administered in an inpatient or outpatient medical setting and under the supervision of a healthcare provider who is able to recognize and manage severe allergic conditions.
- Pregnant women and women who might become pregnant in the upcoming influenza season should receive IIV.

### 2. Tetanus, diphtheria, and acellular pertussis vaccination

#### General information

- Adults who have not received tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) or for whom pertussis vaccination status is unknown should receive 1 dose of Tdap followed by a tetanus and diphtheria toxoids (Td) booster every 10 years. Tdap should be administered regardless of when a tetanus or diphtheria toxoid-containing vaccine was last received.
- Adults with an unknown or incomplete history of a 3-dose primary series with tetanus and diphtheria toxoid-containing vaccines should complete the primary series that includes 1 dose of Tdap. Unvaccinated adults should receive the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second dose.
- Notes: Information on the use of Td or Tdap as tetanus prophylaxis in wound management is available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm).

#### Special populations

- Pregnant women should receive 1 dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

### 3. Measles, mumps, and rubella vaccination.

#### General information

- Adults born in 1957 or later without acceptable evidence of immunity to measles, mumps, or rubella (defined below) should receive 1 dose of measles, mumps, and rubella vaccine (MMR) unless they have a medical contraindication to the vaccine (e.g., pregnancy or severe immunodeficiency).
- Notes: Acceptable evidence of immunity to measles, mumps, or rubella in adults is: born before 1957, documentation of receipt of MMR, or laboratory evidence of immunity or disease. Documentation of healthcare provider-diagnosed disease without laboratory confirmation is not acceptable evidence of immunity.

#### Special populations

- Pregnant women who do not have evidence of immunity to rubella should receive 1 dose of MMR upon completion or termination of pregnancy and before discharge from the healthcare facility; non-pregnant women of childbearing age without evidence of rubella immunity should receive 1 dose of MMR.
- Adults with primary or acquired immunodeficiency including malignant conditions affecting the bone marrow or lymphatic system, systemic immunosuppressive therapy, or cellular immunodeficiency should not receive MMR.
- Adults with human immunodeficiency virus (HIV) infection and CD4+ T-lymphocyte count >200 cells/ $\mu$ l for at least 6 months who do not have evidence of measles, mumps, or rubella immunity should receive 2 doses of MMR at least 28 days apart. Adults with HIV infection and CD4+ T-lymphocyte count <200 cells/ $\mu$ l should not receive MMR.
- Adults who work in healthcare facilities should receive 2 doses of MMR at least 28 days apart; healthcare personnel born before 1957 who are unvaccinated or lack laboratory evidence of measles, mumps, or rubella immunity, or laboratory confirmation of disease should be considered for vaccination with 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella.
- Adults who are students in postsecondary educational institutions or plan to travel internationally should receive 2 doses of MMR at least 28 days apart.
- Adults who received inactivated (killed) measles vaccine or measles vaccine of unknown type during years 1963–1967 should be revaccinated with 1 or 2 doses of MMR.
- Adults who were vaccinated before 1979 with either inactivated mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., work in a healthcare facility) should be considered for revaccination with 2 doses of MMR at least 28 days apart.

### 4. Varicella vaccination

#### General information

- Adults without evidence of immunity to varicella (defined below) should receive 2 doses of single-antigen varicella vaccine (VAR) 4–8 weeks apart, or a second dose if they have received only 1 dose.
- Persons without evidence of immunity for whom VAR should be emphasized are: adults who have close contact with persons at high risk for serious complications (e.g., healthcare personnel and household contacts of immunocompromised persons); adults who live or work in an environment in which transmission of varicella zoster virus is likely (e.g., teachers; childcare workers; and residents and staff in institutional settings); adults who live or work in environments in which varicella transmission has been reported (e.g., college students; residents and staff members of correctional institutions, and military personnel); non-pregnant women of childbearing age; adolescents and adults living in households with children; and international travelers.
- Notes: Evidence of immunity to varicella in adults is: U.S.-born before 1980 (for pregnant women and healthcare personnel, U.S.-born before 1980 is not considered evidence of immunity); documentation of 2 doses of VAR at least 4 weeks apart; history of varicella or herpes zoster diagnosis or verification of varicella or herpes zoster disease by a healthcare provider; or laboratory evidence of immunity or disease.

#### Special populations

- Pregnant women should be assessed for evidence of varicella immunity. Pregnant women who do not have evidence of immunity should receive the first dose of VAR upon completion or termination of pregnancy and

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