

## Footnotes

### 1. Influenza vaccination ([www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html))

#### General information

- Administer 1 dose of age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) annually.
- Live attenuated influenza vaccine (LAIV) is not recommended for the 2017–2018 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

- Administer age-appropriate IIV or RIV to:
  - **Pregnant women**
  - Adults with **hives-only egg allergy**
  - Adults with **egg allergy other than hives** (e.g., angioedema or respiratory distress): Administer IIV or RIV in a medical setting under supervision of a health care provider who can recognize and manage severe allergic conditions.

### 2. Tetanus, diphtheria, and acellular pertussis vaccination ([www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html))

#### General information

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11–12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years.
- Information on the use of Tdap or Td 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:** Administer 1 dose of Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36.

### 3. Measles, mumps, and rubella vaccination ([www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html))

#### General information

- Administer 1 dose of measles, mumps, and rubella vaccine (MMR) to adults with no evidence of immunity to measles, mumps, or rubella.
- Evidence of immunity is:
  - Born before 1957 (except for healthcare personnel, see below)
  - Documentation of receipt of MMR
  - Laboratory evidence of immunity or disease.
- Documentation of a healthcare provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity.

#### Special populations

- **Pregnant women and nonpregnant women of childbearing age** with no evidence of immunity to rubella: Administer 1 dose of MMR (if pregnant, administer MMR after pregnancy and before discharge from the healthcare facility).
- **HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu$ L for at least 6 months** and no evidence of immunity to measles, mumps, or rubella: Administer 2 doses of MMR at least 28 days apart.
- **Students in postsecondary educational institutions, international travelers, and household contacts of immunocompromised persons:** Administer 2 doses of MMR at least 28 days apart (or 1 dose of MMR if previously administered 1 dose of MMR).

- **Healthcare personnel born in 1957 or later** with no evidence of immunity: Administer 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella (if born before 1957, consider MMR vaccination).
- **Adults who previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak:** Administer 1 dose of MMR.
- MMR is contraindicated for pregnant women and adults with severe immunodeficiency.

### 4. Varicella vaccination ([www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html))

#### General information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose).
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and healthcare personnel, see below)
  - Documentation of receipt of 2 doses of varicella or varicella-containing vaccine at least 4 weeks apart
  - Diagnosis or verification of history of varicella or herpes zoster by a healthcare provider
  - Laboratory evidence of immunity or disease

#### Special populations

- Administer 2 doses of VAR 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose) to:
  - **Pregnant women without evidence of immunity:** Administer the first of the 2 doses or the second dose after pregnancy and before discharge from healthcare facility
  - **Healthcare personnel without evidence of immunity**
- **Adults with HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu$ L:** May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
- VAR is contraindicated for pregnant women and adults with severe immunodeficiency.

### 5. Zoster vaccination ([www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html))

#### General information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults age 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL).
- Administer 2 doses of RZV 2–6 months apart to adults who previously received ZVL at least 2 months after ZVL.
- For adults age 60 years or older, administer either RZV or ZVL (RZV is preferred).

#### Special populations

- ZVL is contraindicated for pregnant women and adults with severe immunodeficiency.