Summary of Recommendations for Adult Immunization *(Age 19 years & older)*

Vaccine name and route	People for whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
Influenza Inactivated Influenza vaccine (IIV) *Give IM or intradermally* —— Live attenuated influenza vaccine (LAIV) *Give intranasally*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • Vaccination is recommended for all adults. (This includes healthy adults age 19–49yrs without risk factors.) • LAIV is approved only for healthy nonpregnant people age 2–49yrs. • Adults age 18 through 64yrs may be given any intramuscular IIV product or, alternatively, the intradermal IIV product (Fluzone Intradermal). • Adults age 65yrs and older may be given standard-dose IIV or, alternatively, high-dose IIV (Fluzone High-Dose). **Note:** Healthcare personnel who care for severely immunocompromised people (i.e., those who require care in a protected environment) should receive IIV rather than LAIV. For information on other contraindications and precautions to LAIV, see far right column.	• Give 1 dose every year in the fall or winter. • Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. • Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists. • If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, HZV, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d.	**Contraindications** • Previous anaphylactic reaction to this vaccine, to any of its components, including egg protein. • For LAIV only: pregnancy; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV). For adults who experience only hives with exposure to eggs, give IIV with additional safety precautions as found in the 2012 ACIP influenza recommendations, pages 613–618.* **Precautions** • Moderate or severe acute illness. • History of Guillain-Barré syndrome (GBS) within 6wks following previous influenza vaccination. • For LAIV only: receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48hrs before vaccination. Avoid use of these antiviral drugs for 14d after vaccination.
Pneumococcal polysaccharide (PPSV) *Give IM or SC* —— **Pneumococcal conjugate** (PCV13) *Give IM*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • People age 65yrs and older. • People younger than age 65yrs who have chronic illness or other risk factors, including chronic cardiac or pulmonary disease (including asthma), chronic liver disease, alcoholism, diabetes, CSF leaks, cigarette smoking, as well as candidates for or recipients of cochlear implants and people living in special environments or social settings (including American Indian/Alaska Natives age 50 through 64yrs if recommended by local public health authorities). • Those at highest risk of serious pneumococcal infection, including people who - Have anatomic or functional asplenia, including sickle cell disease. - Have an immunocompromising condition, including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome. - Are receiving immunosuppressive chemotherapy (including corticosteroids). - Have received an organ or bone marrow transplant.	• Give 1 dose if unvaccinated or if previous vaccination history is unknown. • Give a 1-time revaccination to people - Age 65yrs and older if 1st dose was given prior to age 65yrs and 5yrs have elapsed since dose #1. - Age 19 through 64yrs who are at highest risk of fatal pneumococcal infection or rapid antibody loss (see the 3rd bullet in the box to left for listings of people at highest risk) and 5yrs have elapsed since dose #1. • Give 1 dose of PCV13 to people age 19yrs and older at highest risk of serious pneumococcal infection (see column to left), and to those who have CSF leaks, or are candidates for or recipient of cochlear implants. If previously vaccinated with PPSV, give PCV13 at least 12m following PPSV; if not previously vaccinated with PPSV, give PCV13 first, followed by PPSV in 8wks.	**Contraindication** Previous anaphylactic reaction to this vaccine, including (for PCV13) to any diphtheria toxoid-containing vaccine, or to any of its components. **Precaution** Moderate or severe acute illness.

* This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, visit CDC's website at www.cdc.gov/vaccines/pubs/ACIP-list.htm or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

This table is revised periodically. Visit IAC's website at www.immunize.org/adultrules to make sure you have the most current version.

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p2011.pdf • Item #P2011 (2/13)

Summary of Recommendations for Adult Immunization *(Age 19 years & older)*

Vaccine name and route	People for whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
MMR (Measles, mumps, rubella) *Give SC*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • People born in 1957 or later (especially those born outside the U.S.) should receive at least 1 dose of MMR if they have no laboratory evidence of immunity to each of the 3 diseases or documentation of a dose given on or after the first birthday. • People in high-risk groups, such as healthcare personnel (paid, unpaid, or volunteer), students entering college and other post–high school educational institutions, and international travelers, should receive a total of 2 doses. • People born before 1957 are usually considered immune, but evidence of immunity (serology or documented history of 2 doses of MMR) should be considered for healthcare personnel. • Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination.	• Give 1 or 2 doses (see criteria in 1st and 2nd bullets in box to left). • If dose #2 is recommended, give it no sooner than 4wks after dose #1. • If a pregnant woman is found to be rubella susceptible, give 1 dose of MMR postpartum. • If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, HZV, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. • Within 72hrs of measles exposure, give 1 dose as postexposure prophylaxis to susceptible adults. **Note:** Routine post-vaccination serologic testing is not recommended.	**Contraindications** • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; or severely symptomatic HIV). **Note:** HIV infection is NOT a contraindication to MMR for those who are not severely immunocompromised (i.e., CD4+ T-lymphocyte counts are greater than or equal to 200 cells/μL) for 6 months.* **Precautions** • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin were given in past 11m, see ACIP's *General Recommendations on Immunization** regarding time to wait before vaccinating. • History of thrombocytopenia or thrombocytopenic purpura. **Note:** If TST (tuberculosis skin test) and MMR are both needed but not given on same day, delay TST for 4–6wks after MMR.
Varicella (chickenpox) (Var) *Give SC*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • All adults without evidence of immunity. **Note:** Evidence of immunity is defined as written documentation of 2 doses of varicella vaccine; a history of varicella disease or herpes zoster (shingles) based on healthcare-provider diagnosis; laboratory evidence of immunity or confirmation of disease; and/or birth in the U.S. before 1980, with the exceptions that follow. - Healthcare personnel born in the U.S. before 1980 who do not meet any of the criteria above should be tested or given the 2-dose vaccine series. If testing indicates they are not immune, give the 1st dose of varicella vaccine immediately. Give the 2nd dose 4–8 wks later. - Pregnant women born in the U.S. before 1980 who do not meet any of the criteria above should either 1) be tested for susceptibility during pregnancy and if found susceptible, given the 1st dose of varicella vaccine postpartum before hospital discharge, or 2) not be tested for susceptibility and given the 1st dose of varicella vaccine postpartum before hospital discharge. Give the 2nd dose 4–8wks later.	• Give 2 doses. • Dose #2 is given 4–8wks after dose #1. • If dose #2 is delayed, do not repeat dose #1. Just give dose #2. • If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, HZV, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. • May use as postexposure prophylaxis if given within 5d. **Note:** Routine post-vaccination serologic testing is not recommended.	**Contraindications** • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • People on long-term immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte counts are greater than or equal to 200 cells/μL. See *MMWR* 2007;56,RR-4). **Precautions** • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP's *General Recommendations on Immunization** regarding time to wait before vaccinating. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.
Zoster (shingles) (HZV) *Give SC*	• People age 60yrs and older.	• Give 1-time dose if unvaccinated, regardless of previous history of herpes zoster (shingles) or chickenpox. • If 2 or more of the following live virus vaccines are to be given—MMR, Var, HZV and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d.	**Contraindications** • Previous anaphylactic reaction to any component of zoster vaccine. • Primary cellular or acquired immunodeficiency. • Pregnancy. **Precautions** • Moderate or severe acute illness. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.

Summary of Recommendations for Adult Immunization *(Age 19 years & older)*

Vaccine name and route	People for whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
Hepatitis A (HepA) *Give IM* Brands may be used interchangeably.	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • All people who want to be protected from hepatitis A virus (HAV) infection and lack a specific risk factor. • People who travel or work anywhere EXCEPT the U.S., Western Europe, New Zealand, Australia, Canada, and Japan. • People with chronic liver disease; injecting and non-injecting drug users; men who have sex with men; people who receive clotting-factor concentrates; people who work with HAV in experimental lab settings; food handlers when health authorities or private employers determine vaccination to be appropriate. • People who anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following the adoptee's arrival in the U.S. • Adults age 40yrs or younger with recent (within 2 wks) exposure to HAV. For people older than age 40yrs with recent (within 2 wks) exposure to HAV, immune globulin is preferred over HepA vaccine.	• Give 2 doses, spaced 6–12m apart. • If dose #2 is delayed, do not repeat dose #1. Just give dose #2. For Twinrix (hepatitis A and B combination vaccine [GSK]) for patients age 18yrs and older only: give 3 doses on a 0, 1, 6m schedule. There must be at least 4wks between doses #1 and #2, and at least 5m between doses #2 and #3. An alternative schedule can also be used at 0, 7d, 21–30d, and a booster at 12m.	**Contraindication** Previous anaphylactic reaction to this vaccine or to any of its components. **Precaution** Moderate or severe acute illness.
Hepatitis B (HepB) *Give IM* Brands may be used interchangeably.	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • All adults who want to be protected from hepatitis B virus infection and lack a specific risk factor. • Household contacts and sex partners of HBsAg-positive people; injecting drug users; sexually active people not in a long-term, mutually monogamous relationship; men who have sex with men; people with HIV; people seeking STD evaluation or treatment; hemodialysis patients and those with renal disease that may result in dialysis; diabetics younger than age 60yrs (diabetics age 60yrs and older may be vaccinated at the clinician's discretion [see ACIP recommendations*]); healthcare personnel and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; certain international travelers; and people with chronic liver disease. **Note:** Provide serologic screening for immigrants from endemic areas. If patient is chronically infected, assure appropriate disease management. For sex partners and household contacts of HBsAg-positive people, provide serologic screening and administer initial dose of HepB vaccine at same visit.	Give 3 doses on a 0, 1, 6m schedule. • Alternative timing options for vaccination include 0, 2, 4m; 0, 1, 4m; and 0, 1, 2, 12m (Engerix brand only). • There must be at least 4wks between doses #1 and #2, and at least 8wks between doses #2 and #3. Overall, there must be at least 16wks between doses #1 and #3. • Give adults on hemodialysis or with other immunocompromising conditions 1 dose of 40µg/mL (Recombivax HB) at 0, 1, 6m or 2 doses of 20 µg/mL (Engerix-B) given simultaneously at 0, 1, 2, 6m. **Schedule for those who have fallen behind:** If the series is delayed between doses, DO NOT start the series over. Continue from where you left off.	**Contraindication** Previous anaphylactic reaction to this vaccine or to any of its components. **Precaution** Moderate or severe acute illness.
Inactivated Polio (IPV) *Give IM or SC*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • Not routinely recommended for U.S. residents age 18yrs and older. **Note:** Adults living in the U.S. who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely. Previously vaccinated adults can receive 1 booster dose if traveling to polio endemic areas or to areas where the risk of exposure is high.	• Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information.	**Contraindication** Previous anaphylactic reaction to this vaccine or to any of its components. **Precautions** • Moderate or severe acute illness. • Pregnancy.

Summary of Recommendations for Adult Immunization *(Age 19 years & older)*

Vaccine name and route	People for whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
Human papillomavirus (HPV) (HPV2, Cervarix) (HPV4, Gardasil) *Give IM*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • All previously unvaccinated women through age 26yrs and men through age 21yrs. • All previously unvaccinated men through age 26yrs who 1) have sex with men or 2) are immunocompromised as a result of infection (including HIV), disease, or medications or who lack either of the preceding risk factors but want to be vaccinated.	• Give 3 doses on a 0, 2, 6m schedule. Use either HPV2 or HPV4 for women, and only HPV4 for men. • There must be at least 4wks between doses #1 and #2 and at least 12wks between doses #2 and #3. Overall, there must be at least 24wks between doses #1 and #3. If possible, use the same vaccine product for all three doses.	**Contraindication** Previous anaphylactic reaction to this vaccine or to any of its components. **Precautions** • Moderate or severe acute illness. • Pregnancy.
Meningococcal conjugate vaccine, quadrivalent (MCV4) Menactra, Menveo *Give IM* ——— **Meningococcal** polysaccharide vaccine (MPSV4) Menomune *Give SC*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • People with anatomic or functional asplenia or persistent complement component deficiency. • People who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of Sub-Saharan Africa). • Microbiologists routinely exposed to isolates of *N. meningitidis.* • First year college students through age 21yrs who live in residence halls; see 5th bullet in the box to the right for details.	• Give 2 initial doses of MCV4 separated by 2m to adults 55yrs and younger with risk factors listed in 1st bullet in column to left or if vaccinating adults with HIV infection in this age group. Give 1 dose of MPSV4 to adults 56yrs and older with risk factors. • Give 1 initial dose to all other adults with risk factors (see 2nd–4th bullets in column to left). • Give booster doses every 5yrs to adults with continuing risk (see the 1st–3rd bullets in column to left for listings of people with possible continuing risk). • MCV4 is preferred over MPSV4 for people age 55yrs and younger; use MPSV4 ONLY if age 56yrs or older or if there is a permanent contraindication/precaution to MCV4. • For first year college students age 19–21yrs living in residence halls, give 1 initial dose if unvaccinated and give booster dose if most recent dose was given when younger than age 16yrs.	**Contraindication** Previous anaphylactic reaction to this vaccine or to any of its components. **Precaution** • Moderate or severe acute illness.
Tdap, Td (Tetanus, diphtheria, acellular pertussis) *Give IM* *Using tetanus toxoid (TT) instead of Tdap or Td is not recommended.*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • All people who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine. • A booster dose of Td or Tdap may be needed for wound management, so consult ACIP recommendations.* **For Tdap only:** • Adults who have not already received Tdap. • Healthcare personnel of all ages. • Give Tdap to pregnant women during each pregnancy (preferred during 27–36 weeks' gestation), regardless of number of years since prior Td or Tdap.	• For people who are unvaccinated or behind, complete the primary Td series (spaced at 0, 1–2m, 6–12m intervals); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first. • Give Td booster every 10yrs after the primary series has been completed. • Tdap should be given regardless of interval since previous Td.	**Contraindications** • Previous anaphylactic reaction to this vaccine or to any of its components. • For Tdap only, history of encephalopathy not attributable to an identifiable cause, within 7d following DTP/DTaP, or Tdap. **Precautions** • Moderate or severe acute illness. • Guillain-Barré syndrome within 6wks following previous dose of tetanus toxoid-containing vaccine. • History of arthus reaction following a prior dose of tetanus- or diphtheria toxoid-containing vaccine (including MCV4); defer vaccination until at least 10yrs have elapsed since the last tetanus toxoid-containing vaccine. • For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.