

Recommended Adult Immunization Schedule—United States - 2014

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group¹

| VACCINE ▼ | AGE GROUP ► | 19-21 years | 22-26 years | 27-49 years | 50-59 years | 60-64 years | ≥ 65 years |
|---|-------------|--|-------------|-------------|-------------|-------------|------------|
| Influenza ^{2*} | | 1 dose annually | | | | | |
| Tetanus, diphtheria, pertussis (Td/Tdap) ^{3*} | | Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs | | | | | |
| Varicella ^{4*} | | 2 doses | | | | | |
| Human papillomavirus (HPV) Female ^{5*} | | 3 doses | | | | | |
| Human papillomavirus (HPV) Male ^{5*} | | 3 doses | | | | | |
| Zoster ⁶ | | | | | | 1 dose | |
| Measles, mumps, rubella (MMR) ^{7*} | | 1 or 2 doses | | | | | |
| Pneumococcal 13-valent conjugate (PCV13) ^{8*} | | 1 dose | | | | | |
| Pneumococcal polysaccharide (PPSV23) ^{9,10} | | 1 or 2 doses | | | | | 1 dose |
| Meningococcal ^{11*} | | 1 or more doses | | | | | |
| Hepatitis A ^{12*} | | 2 doses | | | | | |
| Hepatitis B ^{13*} | | 3 doses | | | | | |
| <i>Haemophilus influenzae</i> type b (Hib) ^{14*} | | 1 or 3 doses | | | | | |

*Covered by the Vaccine Injury Compensation Program

- For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster
- Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication)
- No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

Figure 2. Vaccines that might be indicated for adults based on medical and other indications¹

| VACCINE ▼ | INDICATION ► | Pregnancy | Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]) ^{4,6,7,8,15} | HIV infection CD4+ T lymphocyte count ^{4,6,7,8,15} | | Men who have sex with men (MSM) | Kidney failure, end-stage renal disease, receipt of hemodialysis | Heart disease, chronic lung disease, chronic alcoholism | Asplenia (including elective splenectomy and persistent complement deficiencies) ^{8,14} | Chronic liver disease | Diabetes | Healthcare personnel |
|---|--------------|----------------------------|---|---|----------------|---------------------------------|--|---|--|-----------------------|-----------------------------|----------------------|
| | | | | < 200 cells/μL | ≥ 200 cells/μL | | | | | | | |
| Influenza ^{2*} | | 1 dose IIV annually | | | | 1 dose IIV or LAIV annually | 1 dose IIV annually | | | | 1 dose IIV or LAIV annually | |
| Tetanus, diphtheria, pertussis (Td/Tdap) ^{3*} | | 1 dose Tdap each pregnancy | Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs | | | | | | | | | |
| Varicella ^{4*} | | Contraindicated | | 2 doses | | | | | | | | |
| Human papillomavirus (HPV) Female ^{5*} | | 3 doses through age 26 yrs | | 3 doses through age 26 yrs | | | | | | | | |
| Human papillomavirus (HPV) Male ^{5*} | | 3 doses through age 26 yrs | | 3 doses through age 21 yrs | | | | | | | | |
| Zoster ⁶ | | Contraindicated | | 1 dose | | | | | | | | |
| Measles, mumps, rubella (MMR) ^{7*} | | Contraindicated | | 1 or 2 doses | | | | | | | | |
| Pneumococcal 13-valent conjugate (PCV13) ^{8*} | | 1 dose | | 1 or 2 doses | | | | | | | | |
| Pneumococcal polysaccharide (PPSV23) ^{9,10} | | 1 or 2 doses | | 1 or 2 doses | | | | | | | | |
| Meningococcal ^{11*} | | 1 or more doses | | 1 or more doses | | | | | | | | |
| Hepatitis A ^{12*} | | 2 doses | | 2 doses | | | | | | | | |
| Hepatitis B ^{13*} | | 3 doses | | 3 doses | | | | | | | | |
| <i>Haemophilus influenzae</i> type b (Hib) ^{14*} | | post-HSCT recipients only | | 1 or 3 doses | | | | | | | | |

*Covered by the Vaccine Injury Compensation Program

- For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

- Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
- No recommendation



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of February 1, 2014. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.