

Recommended Adult Immunization Schedule

Note: These recommendations must be read with the footnotes that follow.

Figure 1. Recommended adult immunization schedule, by vaccine and age group United States, October 2007 – September 2008

VACCINE ▼	AGE GROUP ▶	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap)*		1 dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV)*		3 doses females (0, 2, 6 mos)		
Measles, mumps, rubella (MMR)*		1 or 2 doses	1 dose	
Varicella*		2 doses (0, 4–8 wks)		
Influenza*			1 dose annually	
Pneumococcal (polysaccharide)		1–2 doses		1 dose
Hepatitis A*		2 doses (0, 6–12 mos or 0, 6–18 mos)		
Hepatitis B*		3 doses (0, 1–2, 4–6 mos)		
Meningococcal*		1 or more doses		
Zoster				1 dose

*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

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, 24 hours a day, 7 days a week.

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.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications United States, October 2007 – September 2008

INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]), medications, radiation ²³	HIV infection ^{1,10,13}		Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia ²¹ (including elective splenectomy and terminal complement deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel	
			CD4+ T lymphocyte count							
VACCINE ▼			<200 cells/μL	≥200 cells/μL						
Tetanus, diphtheria, pertussis (Td/Tdap)*			1 dose Td booster every 10 yrs							
			Substitute 1 dose of Tdap for Td							
Human papillomavirus (HPV)*			3 doses for females through age 26 yrs (0, 2, 6 mos)							
Measles, mumps, rubella (MMR)*	Contraindicated		1 or 2 doses							
Varicella*	Contraindicated		2 doses (0, 4–8 wks)							
Influenza*			1 dose TIV annually							1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ^{5,7}			1–2 doses							
Hepatitis A*			2 doses (0, 6–12 mos, or 0, 6–18 mos)							
Hepatitis B*			3 doses (0, 1–2, 4–6 mos)							
Meningococcal*			1 or more doses							
Zoster	Contraindicated		1 dose							

*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

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 October 1, 2007. 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/pubs/acip-list.htm).

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 Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).



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