

Recommended Adult Immunizations Schedule

FIGURE 1. Recommended adult immunization schedule, by vaccine and age group — United States, 2011

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Influenza ^{1,*}		1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years				Td booster every 10 years
Varicella ^{3,*}		2 doses				
Human papillomavirus (HPV) ^{4,*}		3 doses (females)				
Zoster ⁵					1 dose	
Measles, mumps, rubella (MMR) ^{6,*}		1 or 2 doses		1 dose		
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses				1 dose
Meningococcal ^{9,*}		1 or more doses				
Hepatitis A ^{10,*}		2 doses				
Hepatitis B ^{11,*}		3 doses				

* 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 previous infection)



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



No recommendation

FIGURE 2. Vaccines that might be indicated for adults, based on medical and other indications — United States, 2011

INDICATION ▶	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{3,5,6,13}	HIV infection ^{3,6,12,13} CD4 ⁺ T lymphocyte count		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy) and persistent complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
			<200 cells/μL	≥200 cells/μL					
Influenza ^{1,*}	1 dose TIV annually								1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}	Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years							
Varicella ^{3,*}	Contraindicated		2 doses						
Human papillomavirus (HPV) ^{4,*}	3 doses through age 26 years								
Zoster ⁵	Contraindicated		1 dose						
Measles, mumps, rubella ^{6,*}	Contraindicated		1 or 2 doses						
Pneumococcal (polysaccharide) ^{7,8}	1 or 2 doses								
Meningococcal ^{9,*}	1 or more doses								
Hepatitis A ^{10,*}	2 doses								
Hepatitis B ^{11,*}	3 doses								

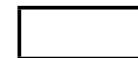
* Covered by the Vaccine Injury Compensation Program



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 previous infection)



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



No recommendation

NOTE: The above recommendations must be read along with the footnotes on pages 3–4 of this schedule.

<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/mmwr-adult-schedule.pdf>