

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

## Recommended adult immunization schedule, by vaccine and age group

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

\*Covered by the Vaccine Injury Compensation Program.

**Yellow background:** 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)

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

**White background:** 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](http://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](http://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](http://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.

## Vaccines that might be indicated for adults based on medical and other indications

VACCINE ▼	INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]) <sup>13</sup>	HIV infection <sup>3,12,13</sup> CD4+ T lymphocyte count		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia <sup>12</sup> (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/pL	≥200 cells/pL						
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>1,*</sup>		Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs								
Human papillomavirus (HPV) <sup>2,*</sup>			3 doses for females through age 26 yrs								
Varicella <sup>3,*</sup>		Contraindicated		2 doses							
Zoster <sup>4</sup>		Contraindicated		1 dose							
Measles, mumps, rubella (MMR) <sup>5,*</sup>		Contraindicated		1 or 2 doses							
Influenza <sup>6,*</sup>			1 dose TIV annually								1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) <sup>7,8</sup>			1 or 2 doses								
Hepatitis A <sup>9,*</sup>			2 doses								

Hepatitis A <sup>9,*</sup>	2 doses											
Hepatitis B <sup>10,*</sup>	3 doses											
Meningococcal <sup>11,*</sup>	1 or more 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 prior infection)
  Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
  No recommendation

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 January 1, 2009. 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](http://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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