

# Recommended Adult Immunization Schedule

## UNITED STATES - 2009

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

**Figure 1. 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) |             | Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs |             |             |             | Td booster every 10 yrs |
| Human papillomavirus (HPV)               |             | 3 doses (females)  |             |             |             |                         |
| Varicella                                |             | 2 doses  |             |             |             |                         |
| Zoster                                   |             |  |             |             | 1 dose      |                         |
| Measles, mumps, rubella (MMR)            |             | 1 or 2 doses   |             | 1 dose      |             |                         |
| Influenza                                |             | 1 dose annually  |             |             |             |                         |
| Pneumococcal (polysaccharide)            |             | 1 or 2 doses   |             |             |             | 1 dose                  |
| Hepatitis A                              |             | 2 doses  |             |             |             |                         |
| Hepatitis B                              |             | 3 doses  |             |             |             |                         |
| Meningococcal                            |             | 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

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.


The recommendations in this schedule were approved by:  
Centers for Disease Control and Prevention's (CDC)  
Advisory Committee on Immunization Practices (ACIP)


American Academy of Family Physicians (AAFP)  
American College of Obstetricians and Gynecologists (ACOG)  
American College of Physicians (ACP)

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

| INDICATION ▶<br><br>VACCINE ▼             | Pregnancy       | Immuno-compromising conditions (excluding human immunodeficiency virus (HIV))  | HIV infection CD4+ T lymphocyte count |               | Diabetes, heart disease, chronic lung disease, chronic alcoholism | Asplenia (including elective splenectomy and terminal complement deficiencies) | Chronic liver disease | Kidney failure, end-stage renal disease, receipt of hemodialysis | Health-care personnel |                             |
|---|-----------------|--|---------------------------------------|---------------|---|--|-----------------------|--|-----------------------|-----------------------------|
|   |                 |  | <200 cells/μL                         | >200 cells/μL |   |  |                       |  |                       |                             |
| Tetanus, diphtheria, pertussis (Td/Tdap)* | Td              | Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs |                                       |               |   |  |                       |  |                       |                             |
| Human papillomavirus (HPV)*               |                 | 3 doses for females through age 26 yrs   |                                       |               |   |  |                       |  |                       |                             |
| Varicella*                                | Contraindicated |  | 2 doses                               |               |   |  |                       |  |                       |                             |
| Zoster                                    | Contraindicated |  | 1 dose                                |               |   |  |                       |  |                       |                             |
| Measles, mumps, rubella (MMR)*            | Contraindicated |  | 1 or 2 doses                          |               |   |  |                       |  |                       |                             |
| Influenza*                                |                 | 1 dose TIV annually  |                                       |               |   |  |                       |  |                       | 1 dose TIV or LAIV annually |
| Pneumococcal (polysaccharide)             |                 | 1 or 2 doses   |                                       |               |   |  |                       |  |                       |                             |
| Hepatitis A*                              |                 | 2 doses  |                                       |               |   |  |                       |  |                       |                             |
| Hepatitis B*                              |                 |  | 3 doses                               |               |   |  |                       |  |                       |                             |
| Meningococcal*                            |                 | 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)).



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

