

Recommended Adult Immunization Schedule – United States, 2011

Note: These recommendations *must* be read with the footnotes that follow; the notes contain the 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
Influenza ^{1,*}		1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
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.

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

Vaccine ▼	Indication ►	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{3,5,6,13}	HIV infection ^{3,6,12,13} CD4+ T lymphocyte count <200 cells/μL ≥200 cells/μL	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	Healthcare personnel
Influenza ^{1,*}									1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Td							Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 yrs
Varicella ^{3,*}		Contraindicated							2 doses
Human papillomavirus (HPV) ^{4,*}									3 doses for females through age 26 yrs
Zoster ⁵		Contraindicated							1 dose
Measles, mumps, rubella (MMR) ^{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

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 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

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, 2011. 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/pubs/acip-list.htm).