THE 2013 ADULT IMMUNIZATION SCHEDULES

FOOTNOTES TO TABLES (VERSO)

1. Additional information
   - Additional guidance for the use of the vaccines described in this supplement is available at www.cdc.gov/vaccines/publims/acip-list.htm.
   - Information on vaccination recommendations when vaccination status is unknown and other general immunization information can be found in the General Recommendations on Immunization at www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm.
   - Information on travel vaccine requirements and recommendations (e.g., for hepatitis A and B, meningococcal, and other vaccines) are available at www.cdc.gov/travel/page/vaccinations.htm.

2. Influenza vaccination
   - Annual vaccination against influenza is recommended for all persons aged 6 months and older.
   - Persons aged 6 months and older, including pregnant women, can receive the inactivated influenza vaccine (IIV).
   - Healthy, nonpregnant persons aged 2–49 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (LAIV) (Flumist), or IIV.
   - Health-care personnel who care for severely immunocompromised persons (i.e., those who require care in a protected environment) should receive IIV rather than LAIV.
   - The intramuscularly or intradermally administered IIV are options for adults aged 18–64 years.
   - Adults aged 65 years and older can receive the standard dose IIV or the high-dose IIV (Fluzone High-Dose).

3. Tetanus, diphtheria, and acellular pertussis (Td/ Tdap) vaccination
   - Administer one dose of Tdap vaccine to pregnant women during each pregnancy (preferred during 27–36 weeks’ gestation), regardless of number of years since prior Td or Tdap vaccination.
   - Administer Tdap to all other adults who have not previously received Tdap or for whom vaccine status is unknown. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-toxoid containing vaccine.
   - Adults with an unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series including a Tdap dose.
   - For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second.

4. Varicella vaccination
   - All adults without evidence of immunity to varicella (as defined below) should receive 2 doses of single-antigen varicella vaccine or a second dose if they have received only 1 dose.
   - Special consideration for vaccination should be given to those who have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of persons with immunocompromising conditions) or are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
   - Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.
   - Evidence of immunity to varicella in adults includes any of the following:
     - documentation of 2 doses of varicella vaccine at least 4 weeks apart;
     - U.S. Food and Drug Administration (FDA) for use among and can be administered to persons aged 50 years and older, ACIP recommends that vaccination begins at age 60 years.
   - Persons aged 60 years and older with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.

5. Human papillomavirus (HPV) vaccination
   - Two vaccines are licensed for use in females, bivalent HPV vaccine (HPV2) and quadrivalent HPV vaccine (HPV4), and one HPV vaccine for use in males (HPV4).
   - For females, either HPV4 or HPV2 is recommended for vaccination at age 11 or 12 years, at the latest, regardless of evidence of immunity. Women who do not receive any or all doses when they were younger:
     - Complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1–2 months after the first dose; the third dose should be administered 6 months after the first dose (at least 24 weeks after the first dose).
   - HPV vaccines are not recommended for use in pregnant women. However, pregnancy testing is not needed before vaccination. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remainder of the 3-dose series should be delayed until completion of pregnancy.
   - Although HPV vaccination is not specifically recommended for health-care personnel (HCP) based on their occupation, HCP should receive the HPV vaccine as recommended (see above).

6. Zoster vaccination
   - A single dose of zoster vaccine is recommended for adults aged 60 years and older regardless of whether they report a prior episode of herpes zoster. Although the vaccine is licensed by the Food and Drug Administration (FDA) for use among and can be administered to persons aged 50 years and older, ACIP recommends that vaccination begins at age 60 years.
   - Persons aged 60 years and older with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.
   - Although zoster vaccination is not specifically recommended for HCP, they should receive the vaccine if they are in the recommended age group.

7. Measles, mumps, rubella (MMR) vaccination
   - Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, or laboratory evidence of immunity to each of the three diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

Measles component:
   - A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who are students in postsecondary educational institutions;
   - work in a health-care facility; or
   - plan to travel internationally.

See footnotes on page 2
Table 1. Recommended adult immunization schedule, by vaccine and age group

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP ▶</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>65 years &amp; older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza 1,2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap) 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccinia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female 5,9</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male 5,9</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster 4</td>
<td></td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR) 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23) 1,3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13) 8</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal 1,11</td>
<td></td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- People who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.

**Mumps component:**
- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who — are students in a postsecondary educational institution; — work in a health-care facility; or — plan to travel internationally.
- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a health-care facility) should be considered for revaccination with 2 doses of MMR vaccine.

**Rubella component:**
- For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

**HCP born before 1957:**
- For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

8. **Pneumococcal polysaccharide (PPSV23) vaccination**
- Vaccinate all persons with the following indications:
  - all adults aged 65 years and older;
  - adults younger than age 65 years with chronic lung disease (including chronic obstructive pulmonary disease, emphysema, and asthma); chronic cardiovascular disease; diabetes mellitus; chronic renal failure; nephrotic syndrome; chronic liver disease (including cirrhosis); alcoholism; cochlear implants; cerebrospinal fluid leaks; immunocompromising conditions; and functional or anatomic asplenia (e.g., sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, or splenectomy [if elective splenectomy is planned, vacinate at least 2 weeks before surgery]);
  - residents of nursing homes or long-term care facilities; and
  - adults who smoke cigarettes.

- Persons with immunocompromising conditions and other selected conditions are recommended to receive PCV13 and PPSV23 vaccines. See footnote #10 for information on timing of PCV13 and PPSV23 vaccinations.

- People with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after their diagnosis.
- When cancer chemotherapy or other immunosuppressive therapy is being considered, the interval between vaccination and initiation of immunosuppressive therapy should be at least 2 weeks. Vaccination during chemotherapy or radiation therapy should be avoided.
- Routine use of PPSV23 is not recommended for American Indians/Alaska Natives or other persons younger than age 65 years unless they have underlying medical conditions that are PPSV23 indications. However, public health authorities may consider recommending PPSV23 for American Indians/Alaska Natives who are living in areas where the risk for invasive pneumococcal disease is increased.
- When indicated, PCV13 should be administered to patients who are uncertain of their vaccination status and there is no record of previous vaccination. When PCV13 is also indicated, a dose of PCV13 should be given first (see footnote #10).

9. **Revaccination with PPSV23**
- One-time revaccination 5 years after the first dose is recommended for persons aged 19 through 64 years with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); and for persons with immunocompromising conditions.

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

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

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 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, 160 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, 8:00 a.m. – 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

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 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 Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).
### Table 2. Vaccines that might be indicated for adults based on medical and other indications

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>INDICATION</th>
<th>IMMUNOCOMPROBING CONDITIONS (EXCLUDING HUMAN IMMUNODEFICIENCY VIRUS [HIV])</th>
<th>HIV INFECTION CD4+ T LYMPHOCYTE COUNT</th>
<th>HEART DISEASE, CHRONIC LUNG DISEASE, CHRONIC ALCOHOLISM</th>
<th>APLENIA (INCLUDING ELECTIVE SPLENECTOMY AND PERSISTENT COMPLEMENT COMPONENT DEFICIENCES)</th>
<th>CHRONIC LIVER DISEASE</th>
<th>KIDNEY FAILURE, END-STAGE RENAL DISEASE, RECEIPT OF HEMODIALYSIS</th>
<th>DIABETES</th>
<th>HEALTHCARE PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Pregnancy</td>
<td>1 dose IIV annually</td>
<td>1 dose IIV or LAIV annually</td>
<td>1 dose IIV annually</td>
<td>Contraindicated</td>
<td>1 dose</td>
<td>1 dose IV or LAIV annually</td>
<td>1 dose IV or LAIV annually</td>
<td>1 dose IV or LAIV annually</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>1 dose Tdap each pregnancy</td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td>1 dose IIV annually</td>
<td>1 dose IV or LAIV annually</td>
<td>Contraindicated</td>
<td>2 doses</td>
<td>1 dose</td>
<td>1 dose IV or LAIV annually</td>
<td>1 dose IV or LAIV annually</td>
</tr>
<tr>
<td>Varicella</td>
<td>Contraindicated</td>
<td>2 doses</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
<td>3 doses through age 21 yrs</td>
</tr>
<tr>
<td>Zoster</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
<td>1 or more doses</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

---

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, 2013. 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). 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.

- Persons who received 1 or 2 doses of PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years or later if at least 5 years have passed since their previous dose.
- No further doses are needed for persons vaccinated with PPSV23 at or after age 65 years.
- The Tdap-IPV conjugate vaccine is recommended to adults ages 19 years and older with the aforemen
tioned conditions who have previously received Td before age 65 years. Tdap-IPV is preferred over Td because it provides protection against certain types of meningococcal disease, a complication of influenza vaccination. Tdap-IPV is contraindicated in persons with a history of Guillain-Barré syndrome.

10. **Pneumococcal conjugate 13-valent vaccination (PCV13)**

- Adults aged 19 years or older with immunocompromising conditions (including chronic renal failure and nephrotic syndrome), functional or anatomic asplenia, CSF leaks or cochlear implants, and who have not previously received PCV13 or PPSV23 should receive a single dose of PCV13 followed by a dose of PPSV23 at least 8 weeks later.
- Adults aged 19 years or older with the aforementioned conditions who have previously received one or more doses of PPSV23 should receive a dose of PCV13 one or more years after the last PPSV23 dose was received. For those that require additional doses of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years since the most recent dose of PPSV23.
- When indicated, PCV13 should be administered to patients who are uncertain of their vaccination status history and there is no record of previous vaccination.
- Although PCV13 is licensed by the Food and Drug Administration (FDA) for use among and can be administered to persons aged 50 years and older, ACIP recommends PCV13 for adults aged 19 years and older with the specific medical conditions noted above.

11. **Meningococcal vaccination**

- Administer 2 doses of meningococcal conjugate vaccine quadrivalent (MCV4) at least 2 months apart to adults with functional asplenia or persistent complement component deficiencies.
• HIV-infected persons who are vaccinated also should receive 2 doses.
• Administer a single dose of meningococcal vaccine to microbiologists routinely exposed to isolates of Neisseria meningitidis, military recruits, and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.
• First-year college students up through age 21 years who are living in residence halls should be vaccinated if they have not received a dose or after their 16th birthday.
• MCV4 is preferred for adults with any of the preceding indications who are aged 55 years and younger; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults aged 56 years and older.
• Revaccination with MCV4 every 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia or persistent complement component deficiencies).

13. Hepatitis B vaccination
• Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21–30, followed by a booster dose at month 12.

14. Selected conditions for which Haemophilus influenzae type b (Hib) vaccine may be used
• 1 dose of Hib vaccine should be considered for persons who have sickle cell disease, leukemia, or HIV infection, or who have anatomic or functional asplenia if they have not previously received Hib vaccine.

15. Immunocompromising conditions
• Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, and influenza [inactivated influenza vaccine]), and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at www.cdc.gov/vaccines/pubs/acip-list.htm.