The 2015 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/hcp/acip-recs/index.html.
   - Information on vaccine 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) is available at wwwnc.cdc.gov/travel/destinations/list.
   - Additional information and resources regarding vaccination of pregnant women can be found at www.cdc.gov/vaccines/adults/rec-vac/pregnant.html.

2. Influenza vaccination
   - Annual vaccination against influenza is recommended for all persons aged ≥6 months.
   - Persons aged ≥6 months, including pregnant women and persons with hives-only allergy to eggs can receive the inactivated influenza vaccine (IIV). An age-appropriate IIV formulation should be used.
   - Adults aged ≥18 years or older can receive the recombinant influenza vaccine (RIV) (Flublok®). RIV does not contain any egg protein and can be given to age-appropriate persons with egg allergy of any severity.
   - 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 who require care in a protected environment should receive IIV or RIV; health care personnel who receive LAIV should avoid providing care for severely immunosuppressed persons for 7 days after vaccination.
   - The intramuscularly or intradermally administered IIV are options for adults aged 18–64 years.
   - Adults aged ≥65 years can receive the standard-dose IIV or the high-dose IIV (Fluzone High-Dose).
   - A list of currently available influenza vaccines can be found at www.cdc.gov/flu/protection/vaccines/vaccines.htm.

3. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination
   - Administer 1 dose of Tdap vaccine to pregnant women during each pregnancy (preferably during 27–36 weeks gestation) regardless of interval since prior Td or Tdap vaccination.
   - Persons aged ≥11 years who have not received Tdap vaccine or who have vaccine status is unknown should receive a dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter. 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 to 12 months after the second.
   - For incompletely vaccinated (i.e., less than 3 doses) adults, administer remaining doses.
   - Refer to the ACIP statement for recommendations for administering Td/Tdap as prophylaxis in wound management (see footnote 1).

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.
   - Vaccination should be emphasized for 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 to 8 weeks after the first dose.
   - Evidence of immunity to varicella includes any of the following:
     - documentation of 2 doses of varicella vaccine at least 4 weeks apart;
     - U.S.-born before 1980, except health care personnel and pregnant women;
     - history of varicella based on diagnosis or verification of varicella disease by a health care provider;
     - history of herpes zoster based on diagnosis or verification of herpes zoster disease by a health care provider;
     - laboratory evidence of immunity or laboratory confirmation of disease.

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 HPV2 or HPV4 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those aged 13–26 years, if not previously vaccinated.
   - For males, HPV4 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those aged 13–21 years, if not previously vaccinated. Males aged 22–26 years may be vaccinated.
   - HPV4 is recommended for men who have sex with men through age 26 years for those who did not get any or all doses when they were younger.
   - Vaccination is recommended for immunocompromised persons (including those with HIV infection) through age 26 years for those who did not get any or all doses when they were younger.

FOR MORE INFORMATION


FOR MORE INFORMATION


FOR MORE INFORMATION

### Recommended Adult Immunization Schedule—United States - 2015

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

#### 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza† 1</td>
<td>1 dose annually</td>
<td>Substituted 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap) ‡</td>
<td>1 dose</td>
<td></td>
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<tr>
<td>Varicella† 4</td>
<td>3 doses</td>
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<tr>
<td>Human papillomavirus (HPV) Female † 5</td>
<td>1 dose</td>
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<tr>
<td>Human papillomavirus (HPV) Male † 5</td>
<td>1 dose</td>
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<td></td>
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<tr>
<td>Zoster 6</td>
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<tr>
<td>Measles, mumps, rubella (MMR) † 7</td>
<td>1 or 2 doses</td>
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<tr>
<td>Pneumococcal 13-valent conjugate (PCV13) ‡ 8</td>
<td>1 dose</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23) ‡ 8</td>
<td>1 or 2 doses</td>
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<tr>
<td>Meningococcal ‡ 9</td>
<td>1 or 3 doses</td>
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<td>Hepatitis A 10</td>
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<td>Hepatitis B 10</td>
<td>2 doses</td>
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<tr>
<td>Haemophilus influenzae type b (Hib) ‡ 11</td>
<td>1 or 3 doses</td>
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</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

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### 5. HPV vaccination cont.
- A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 4 to 8 weeks (minimum interval of 4 weeks) after the first dose; the third dose should be administered 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of at least 12 weeks).
- 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 or termination of pregnancy.

### 6. Zoster vaccination
- A single dose of zoster vaccine is recommended for adults aged ≥60 years regardless of whether they report a prior episode of herpes zoster. Although the vaccine is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons aged ≥60 years, ACIP recommends that vaccination begin at age 60 years.
- Persons aged ≥60 years with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.

### 7. Measles, mumps, rubella (MMR) vaccination
- Adults born before 1957 are generally 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.
- Persons vaccinated before 1978 with either killed mumps vaccine or mumps 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 postsecondary educational institutions;
  - 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.

### 8. Pneumococcal (13-valent pneumococcal conjugate vaccine [PCV13] and 23-valent pneumococcal polysaccharide vaccine [PPSV23]) vaccination
- **General information**
  - When indicated, only a single dose of PCV13 is recommended for adults.
  - No additional dose of PPSV23 is indicated for adults vaccinated with PPSV23 at age ≥65 years.
  - When both PCV13 and PPSV23 are indicated, PCV13 should be administered first; PCV13 and PPSV23 should not be administered during the same visit.
  - When indicated, PCV13 and PPSV23 should be administered to adults whose pneumococcal vaccination history is incomplete or unknown.
- **Adults aged ≥65 years who**
  - Have not received PCV13 or PPSV23: Administer PCV13 followed by PPSV23 in 6 to 12 months.
  - Have not received PCV13 but have received a dose of PPSV23 at age ≥65 years: Administer PCV13 at least 1 year after the dose of PPSV23 received at age ≥65 years.
  - Have not received PCV13 but have received 1 or more doses of PPSV23 age <65: Administer PCV13 at least 1 year after the most recent dose of PPSV23; administer a dose of PPSV23 6 to 12 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after the most recent dose of PPSV23.

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Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS).

Additional information about the vaccines in this schedule 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, Mon - Fri, excluding holidays.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the America College of Physicians, American College of Obstetricians and Gynecologists and American College of Nurse–Midwives.
### 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>Pregnancy</th>
<th>Immunocompromising conditions (excluding human immunodeficiency virus [HIV])</th>
<th>Immune-tolerized CD4+ T lymphocyte count (&lt; 200 cells/μL)</th>
<th>Men who have sex with men (MSM)</th>
<th>Kidney failure, end-stage renal disease, receipt of hemodialysis</th>
<th>Heart disease, chronic lung disease, chronic alcoholism</th>
<th>Asplenia (including elective splenectomy and persistent complement component deficiencies)</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Healthcare personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>Contraindicated</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 IIV annually</td>
<td>1 dose IIV annually</td>
<td>1 dose IIV annually</td>
<td>1 dose IIV annually</td>
<td>1 dose IIV annually</td>
<td>1 dose IIV annually</td>
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<tr>
<td>Varicella</td>
<td>Contraindicated</td>
<td></td>
<td>1 dose IIV annually</td>
<td>1 dose IIV annually</td>
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<td>1 dose IIV annually</td>
<td>1 dose IIV annually</td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses through age 26 yrs</td>
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<td>3 doses through age 26 yrs</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>
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<tr>
<td>Human papillomavirus (HPV) Male</td>
<td>3 doses through age 26 yrs</td>
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<td>Meningooccal</td>
<td>Contraindicated</td>
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<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1 or 2 doses</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>2 doses</td>
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<tr>
<td>Hepatitis A</td>
<td>3 doses</td>
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<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
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</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

** 1 dose IIV or LAIV annually

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**Pneumococcal vaccination cont.**

- Adults aged 19–64 years with immunocompromising conditions or anatomical or functional asplenia (defined below) who have not received PCV13 but not PPSV23 at age < 5 years: Administer PCV13 followed by PPSV23 at least 8 weeks after PCV13; administer a second dose of PPSV23 at least 5 years after the first dose of PPSV23.
- Adults aged 19–64 years with chronic heart disease (including congestive heart failure and cardiomyopathies, excluding hypertension), chronic lung disease (including chronic obstructive lung disease, emphysema, and asthma), chronic liver disease (including cirrhosis), alcoholism, or diabetes mellitus: Administer PPSV23.
- Adults aged 19–64 years who smoke cigarettes or reside in nursing home or long-term care facilities: Administer PPSV23.
- Routine pneumococcal vaccination is not recommended for American Indian/Alaska Native or other adults unless they have the indications as above; however, public health authorities may consider recommending the use of pneumococcal vaccines for American Indian/Alaska Natives or other adults who live in areas with increased risk for invasive pneumococcal disease.
- Immunocompromising conditions that are indications for pneumococcal vaccination are: Congenital or acquired immunodeficiency (including B- or T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders excluding chronic granulomatous disease), HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, multiple myeloma, solid organ transplant, and iatrogenic immunosuppression (including long-term systemic corticosteroids and radiation therapy).
- Anatomical or functional asplenia that are indications for pneumococcal vaccination are: Sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, and splenectomy. Administer pneumococcal vaccines at least 2 weeks before immunosuppressive therapy or an elective splenectomy, and as soon as possible.
to adults who are newly diagnosed with asymptomatic or symptomatic HIV infection.

9. Meningococcal vaccination
   • Administer 2 doses of quadrivalent meningococcal conjugate vaccine (MenACWY [Menactra, Menveo]) at least 2 months apart to adults of all ages with anatomical or functional asplenia or persistent complement component deficiencies. HIV infection is not an indication for routine vaccination with MenACWY. If an HIV-infected person of any age is vaccinated, 2 doses of MenACWY should be administered at least 2 months apart.
   • Administer a single dose of meningococcal vaccine to microbiologists routinely exposed to isolates of Neisseria meningitidis, military recruits, persons at risk during an outbreak attributable to a vaccine serogroup, 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 on or after their 16th birthday.
   • MenACWY is preferred for adults with any of the preceding indications who are aged ≤55 years as well as for adults aged ≥56 years who a) were vaccinated previously with MenACWY and are recommended for revaccination, or b) for whom multiple doses are anticipated. Meningococcal polysaccharide vaccine (MPSV4 [Menomune]) is preferred for adults aged ≥56 years who have not received MenACWY previously and who require a single dose only (e.g., travelers).
   • Revaccination with MenACWY every 5 years is recommended for adults previously vaccinated with MenACWY or MPSV4 who remain at increased risk for infection (e.g., adults with anatomical or functional asplenia, persistent complement component deficiencies, or microbiologists).

10. Hepatitis A vaccination
   • Vaccine any person seeking protection from hepatitis A virus (HAV) infection and persons with any of the following indications:
     — men who have sex with men and persons who use injection or noninjection illicit drugs;
     — persons working with HAV-infectedmates or with HAV in a research laboratory setting;
     — persons with chronic liver disease and persons who receive clotting factor concentrates;
     — persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A; and
     — unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. (See footnote 1 for more information on travel recommendations.) The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.
   • Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6 to 12 months (Havrix), or 0 and 6 to 18 months (Vaqta). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12.

11. Hepatitis B vaccination
   • Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:
     — sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); persons who have had recent injection drug use; and men who have sex with men;
     — health care personnel and public safety workers who are potentially exposed to blood or other infectious body fluids;
     — persons with diabetes who age <60 years as soon as feasible after diagnosis; persons with diabetes who are age ≥60 years at the discretion of the treating clinician based on the likelihood of acquiring HBV infection, including the risk posed by an increased need for assisted blood glucose monitoring in long-term care facilities, the likelihood of experiencing chronic sequelae if infected with HBV, and the likelihood of immune response to vaccination;
     — persons with end-stage renal disease, including patients receiving hemodialysis, persons with HIV infection, and persons with chronic liver disease;
     — household contacts and sex partners of hepatitis B surface antigen–positive persons, clients and staff members of institutions for persons with developmental disabilities, and end-stage renal disease programs and facilities for chronic hemodialysis patients, and institutions and nonresidential day care facilities for persons with developmental disabilities.
   • 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 Twinrix schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.
   • Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 mcg/mL (Recombivax HB) administered on a 3-dose schedule at 0, 1, and 6 months or 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

12. Haemophilus influenzae type b (Hib) vaccination.
   • One dose of Hib vaccine should be administered to persons who have anatomical or functional asplenia or sickle cell disease or are undergoing elective splenectomy if they have not previously received Hib vaccine. Hib vaccination 14 or more days before splenectomy is suggested.
   • Recipients of a hematopoietic stem cell transplant (HSCT) should be vaccinated with a 3-dose regimen 6 to 12 months after a successful transplant, regardless of vaccination history; at least 4 weeks should separate the doses.
   • Hib vaccine is not recommended for adults with HIV infection since their risk for Hib infection is low.

13. Immunocompromising conditions
   • Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, and 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/hcp/acip-recs/index.html.

RESOURCES
• For more information contact the Oregon Public Health Department Immunization program at 971-673-0300.
• CDC Adult Immunization Schedule: www.cdc.gov/vaccines/schedules/easy-to-read/adult.html