



OREGON
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July 16, 2025

Eastern Oregon Infection Prevention & Control (IPC) Community of Care



Adult Immunization Schedule

Presenter:
Amanda Timmons
Immunization Policy Analyst
Oregon Immunization Program

Meet your OHA Team!



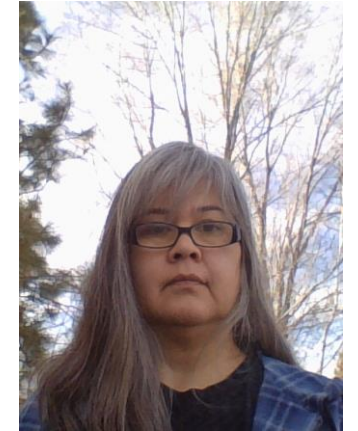
Pam Bruhn
IP
Regions
6, 7, and 9



Katie Cox
Epi
Regions
6 and 9



Dan Daniluk
Epi
Region 7



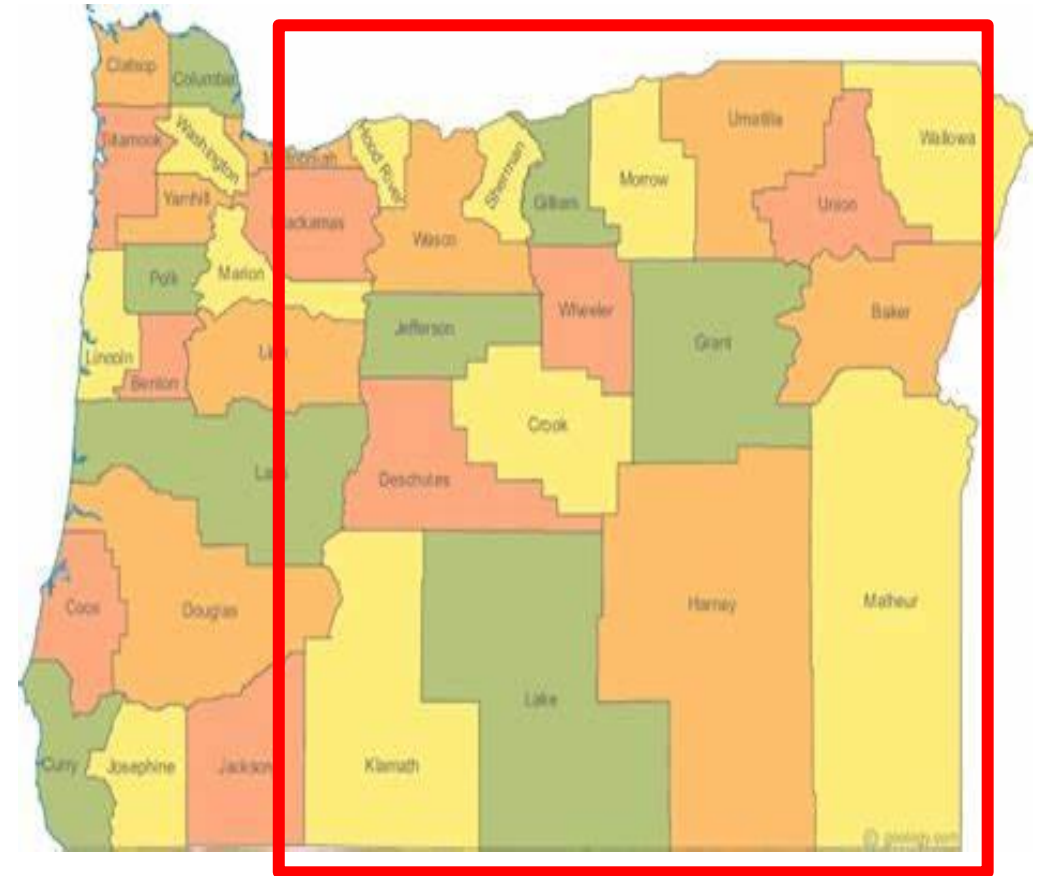
Elizabeth Johnson
MDRO IP Eastern
Oregon

Purpose

Our time is intended to provide a space for infection preventionists and local public health personnel in Regions 6, 7 and 9 to come together to share ideas and stories and to learn about topic in infection prevention.

Our goal is to build community among a group of practitioners who are commonly isolated as the only one in their setting.

This time is **not** intended to provide specific recommendations for a facility. This space will provide a connection with the OHA or LPHA infection preventionists and epidemiologists who can provide that direct guidance.



Housekeeping

- Please turn off any AI recording/technology (against OHA policy)
- If you have questions during today's presentation, please feel free to raise your hand or type your question into the chat. Questions will be answered at the end of the presentation.

Agenda

- Adult Immunization Schedule
 - Presented by Amanda Timmons, Immunization Policy Analyst, Oregon Immunization Program
- Questions and Discussion



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Amanda Timmons

Interesting Times

Immunization Recommendations Amid a Changing Federal Landscape

Disclosure Statement



I have no actual or potential conflicts of interest in relation to this presentation.



Any opinions expressed are my own and do not reflect the views of the Oregon Health Authority.

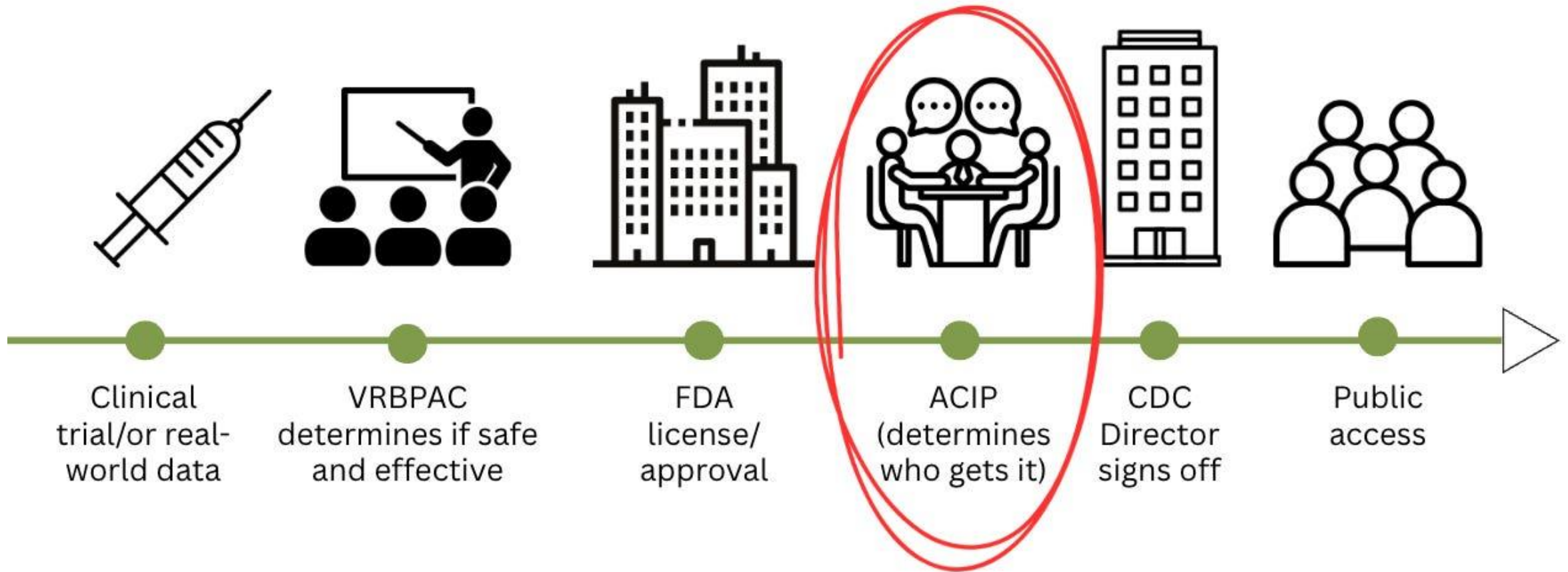
Agenda

- How immunization recommendations are made
- Routine and catch-up recommendations for adults
- Shared clinical decision making
- Clinical resources

“May you live in interesting times.”

Terry Pratchett, Interesting Times

How Immunization Recommendations are Made



Adopting a Harmonized Schedule

TABLE. Recommended Childhood Immunization Schedule United States—January, 1995*

Age Vaccine ▶	Birth	2 mos	4 mos	6 mos	12 ⁵ mos	15 mos	18 mos	4 - 6 yrs	11-12 yrs	14-16 yrs
Hepatitis B ¹	HB-1	HB-2	HB-3							
Diphtheria, Tetanus, Pertussis ²		DTP	DTP	DTP	DTP or DTaP at 15+ m			DTP or DTaP	Td	
<i>H. influenzae</i> type b ³		Hib	Hib	Hib	Hib					
Polio		OPV	OPV	OPV				OPV		
Measles, Mumps, Rubella ⁴					MMR			MMR or	MMR	

* Vaccines are listed under the routinely recommended ages. Shaded bars indicate range of acceptable ages for vaccination.

¹ Infants born to HBsAg-negative mothers should receive the second dose of Hepatitis B vaccine between 1 and 4 months of age, provided at least 1 month has elapsed since receipt of the first dose. The third dose is recommended between 6 and 18 months of age.

Infants born to HBsAg-positive mothers should receive immunoprophylaxis for hepatitis B with 0.5 mL Hepatitis B Immune Globulin (HBIG) within 12 hours of birth, and 0.5 mL of either Merck Sharpe & Dohme vaccine (Recombivax HB) or of SmithKline Beecham vaccine (Engerix-B) at a separate site. In these infants, the second dose of vaccine is recommended at 1 month of age and the third dose at 6 months of age. All pregnant women should be screened for HBsAg in an early prenatal visit.

² The fourth dose of DTP may be administered as early as 12 months of age, provided at least 6 months have elapsed since DTP3. Combined DTP-Hib products may be used when these two vaccines are to be administered simultaneously. DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) is licensed for use for the 4th and/or 5th dose of DTP vaccine in children 15 months of age or older and may be preferred for these doses in children in this age group.

³ Three *H. influenzae* type b conjugate vaccines are available for use in infants: HibTITER (Lederle Praxis); PRP-T (ActHIB; OmniHIB) (Pasteur Mérieux, distributed by SmithKline Beecham; Connaught); and PRP-OMP (PedvaxHIB) (Merck Sharp & Dohme). Children who have received PRP-OMP at 2 and 4 months of age do not require a dose at 6 months of age. After the primary infant Hib conjugate vaccine series is completed, any licensed Hib conjugate vaccine may be used as a booster dose at age 12 to 15 months.

⁴ The second dose of MMR vaccine should be administered EITHER at 4 to 6 years of age OR at 11 to 12 years of age.

⁵ Vaccines recommended in the second year of life (12 to 15 months of age) may be given at either one or two visits.

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

June 2025

American Academy of Family Physicians (AAFP)'s post



American Academy of Family Physicians (AAFP)

June 13 at 5:08 PM ·

AAFP led 30 other organizations in bringing a resolution before the [American Medical Association](#) House of Delegates that calls on the House of Medicine to take action in the wake of drastic changes to ACIP's effectiveness.

We're calling on the AMA to:

- Support ACIP's Current Structure
- Demand Reversal of ACIP Overhaul... See more

**We're asking the
AMA to defend
vaccines and
public health.**

The AAFP joined 30+ health organizations this week to protect the foundation of vaccine policy: science, transparency and trust. We're calling on the House of Medicine to do the following...

1. Support ACIP's Current Structure

The AMA will publicly advocate for keeping the Advisory Committee on Immunization Practices (ACIP) and its expert liaison program intact.

2. Demand Reversal of ACIP Overhaul

The AMA will send a letter to HHS calling for an immediate reversal of the recent ACIP member removals.

3. Call for Senate Investigation

The AMA will urge the Senate HELP Committee to investigate HHS actions affecting the CDC and ACIP.

4. Explore New Vaccine Advisory Options

The AMA will research and consider other evidence-based vaccine advisory models, and financially support them if needed.

RFK Jr. removes all 17 members of CDC's vaccine advisory committee

The committee makes recommendations on the safety and efficacy of vaccines.

By [Mary Kekatos](#)

June 9, 2025, 4:35 PM



AAP will continue to publish its own vaccine recommendations after CDC advisers sow distrust

June 26, 2025

Melissa Jenco, Senior News Editor

 [Download PDF](#)Article type: [News](#)

Topics: COVID-19, Infectious Diseases, Vaccine/Immunization

[No Title]

The Centers for Disease Control and Prevention's (CDC's) new vaccine advisers announced Wednesday they will be conducting a review of the child and adolescent vaccine schedules, a move the AAP criticized as aiming to sow distrust in immunizations.

ACIP Meeting – June 25 & 26

- Routine flu vaccination for all over 6 months of age
- No thimerosal-containing flu vaccines
- No MMRV in children less than 4 years of age
- Clesrovimab monoclonal antibody recommendation



Adult Vaccine Recommendations

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years	
COVID–19	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024–2025 vaccine (See Notes)	
Influenza inactivated (IIV3, ccIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD–IIV3, RIV3, or aIIV3 preferred)	
Influenza inactivated (aIIV3; HD–IIV3) Influenza recombinant (RIV3)	Solid organ transplant (See Notes)				
Influenza live, attenuated (LAIV3)	1 dose annually				
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy (See Notes)			60 through 74 years (See Notes)	≥75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)				
	1 dose Tdap, then Td or Tdap booster every 10 years				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (If born in 1957 or later)				For health care personnel (See Notes)
Varicella (VAR)	2 doses (If born in 1980 or later)		2 doses		
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		2 doses		
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years			
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)			See Notes		See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine				
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication (See Notes for booster recommendations)				
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication				
Mpox	2 doses				
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No Guidance/ Not Applicable

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2025

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

VACCINE	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count		Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease; alcoholism ^a	Diabetes	Health care Personnel ^b
			<15% or <200/mm ³	≥15% and ≥200/mm ³							
COVID-19		See Notes									
Influenza inactivated Influenza recombinant		Solid organ transplant (See Notes)	1 dose annually								
LAIV3					1 dose annually If age 19–49 years		1 dose annually If age 19–49 years				
RSV	Seasonal administration (See Notes)	See Notes				See Notes			Liver disease (See Notes)	See Notes	
Tdap or Td	Tdap: 1 dose each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	•										
VAR	•			See Notes							
RZV		See Notes									
HPV	•	3-dose series If indicated									
Pneumococcal											
HepA											
Hep B	See Notes									Age ≥ 60 years	
MenACWY											
MenB											
Hib		HSCT: 3 doses ^c				Asplenia: 1 dose					
Mpox	See Notes				See Notes						See Notes
IPV		Complete 3-dose series If Incompletely vaccinated. Self-report of previous doses acceptable (See Notes)									

Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity

Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or severe outcomes from disease

Recommended vaccination based on shared clinical decision-making

Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended
^aVaccinate after pregnancy, if indicated

No Guidance/ Not Applicable

a. Precaution for LAIV3 does not apply to alcoholism.

b. See Notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant.



Shared Clinical Decision-Making



Shared Clinical Decision-Making Recommendations

For adults

Human papillomavirus vaccination for adults 27-45 years

Meningococcal B vaccine for adults 16-23 years

COVID vaccine for healthy adults under 65 years

Hepatitis B for adults over 60 years with diabetes

Additional doses of COVID vaccine for people who are immunocompromised.

Resources

CDC Routine Immunization Schedule

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

Vaccine Information Sheets / translations / patient information materials

<https://www.immunize.org/>

Oregon Immunization Program

<https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/gettingimmunized/pages/index.aspx>

Boost Oregon

<https://boostoregon.org/>

American Academy of Family Physicians

<https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines.html>

Public Health Division | Acute & Communicable Disease Prevention



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Amanda Timmons

amanda.j.timmons@oha.Oregon.gov

Oregon Immunization Program Help Desk
1-800-980-9431

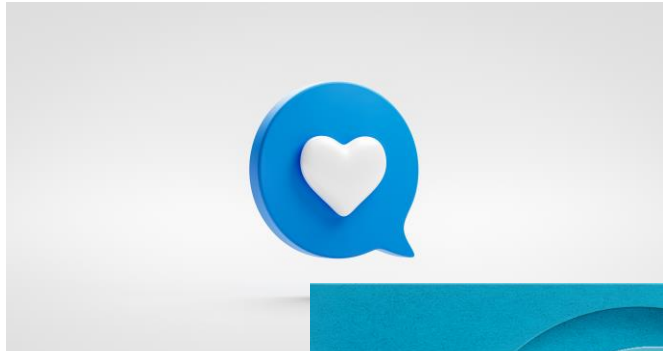
Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Oregon Immunization Program at 800-980-9431. We accept all relay calls.

Public Health Division
Oregon Immunization Program
800 NE Oregon St. Suite 370
Portland, OR 97232
800-980-9431
www.healthoregon.org/imm



Comments, Thoughts, Questions....



Next Meeting:

Wednesday, August 20, 2025

1:15 pm – 2:00 pm

Session Topic: Antibiotic Classifications, Antimicrobial Stewardship and Resistance

Presenter: Liz Breitenstein, PharmD, Antimicrobial Stewardship Pharmacist, OHA Acute & Communicable Disease Prevention Section