

Summary of Recommendations for Adult Immunization

Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP)* by the Immunization Action Coalition, July 2006

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
Influenza Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i>	<ul style="list-style-type: none"> • Persons age 50yrs and older. • Persons with medical problems (e.g., heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathy, immunosuppression) and/or people living in chronic-care facilities. • Persons with any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder). • Persons working or living with at-risk people. • Women who will be pregnant during the influenza season (December–March). • All healthcare workers and other persons who provide direct care to at-risk people. • Household contacts and out-of-home caregivers of children ages 0–59m. • Travelers at risk for complications of influenza who go to areas where influenza activity exists or who may be among people from areas of the world where there is current influenza activity (e.g., on organized tours). • Persons who provide essential community services. • Students or other persons in institutional settings (e.g., dormitory residents). • Anyone wishing to reduce the likelihood of becoming ill with influenza. 	<ul style="list-style-type: none"> • Given every year in the fall or winter. • October and November are the ideal months to give TIV. • LAIV may be given as early as August. • Continue to give TIV and LAIV through the influenza season from December through March (including when influenza activity is present in the community) and at other times when the risk of influenza exists. 	<p>Contraindication Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs.</p> <p>Precaution</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • History of Guillain-Barré syndrome within 6wks of previous TIV.
Influenza Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i>	<ul style="list-style-type: none"> • Healthy, non-pregnant persons age 49yrs and younger who meet any of the conditions listed below. <ul style="list-style-type: none"> - Working or living with at-risk people as listed in the section above. - Healthcare workers or other persons who provide direct care to at-risk people (except persons in close contact with severely immunosuppressed persons). - Household contacts and out-of-home caregivers of children ages 0–59m. - Travelers who may be among people from areas of the world where there is current influenza activity (e.g., on organized tours). - Persons who provide essential community services. - Students or other persons in institutional settings (e.g., dormitory residents). - Anyone wishing to reduce the likelihood of becoming ill with influenza. 	<p>(This cell is shared with the first row and contains the same schedule information.)</p>	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. • Pregnancy, asthma, reactive airway disease or other chronic disorder of the pulmonary or cardiovascular system; an underlying medical condition, including metabolic disease such as diabetes, renal dysfunction, and hemoglobinopathy; a known or suspected immune deficiency disease or receiving immunosuppressive therapy; history of Guillain-Barré syndrome. <p>Precaution Moderate or severe acute illness.</p>
Pneumococcal polysaccharide (PPV23) <i>Give IM or SC</i>	<ul style="list-style-type: none"> • Persons age 65yrs and older. • Persons who have chronic illness or other risk factors, including chronic cardiac or pulmonary disease, chronic liver disease, alcoholism, diabetes, CSF leak, as well as people living in special environments or social settings (including Alaska Natives and certain American Indian populations). Those at highest risk of fatal pneumococcal infection are persons with anatomic asplenia, functional asplenia, or sickle cell disease; immunocompromised persons including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome; persons receiving immunosuppressive chemotherapy (including corticosteroids); and those who received an organ or bone marrow transplant and candidates for or recipients of cochlear implants. 	<ul style="list-style-type: none"> • Routinely given as a one-time dose; administer if previous vaccination history is unknown. • One-time revaccination is recommended 5yrs later for persons at highest risk of fatal pneumococcal infection or rapid antibody loss (e.g., renal disease) and for persons age 65yrs and older if the 1st dose was given prior to age 65 and 5yrs or more have elapsed since the previous dose. 	<p>Contraindication Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>

*For specific ACIP recommendations, refer to the official ACIP statements published in *MMWR*. To obtain copies of these statements, call the CDC-INFO Contact Center at (800) 232-4636; visit CDC's website at www.cdc.gov/nip/publications/ACIP-list.htm; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

This table is revised periodically. Visit IAC's website at www.immunize.org/adultrules to make sure you have the most current version. IAC thanks William Atkinson, MD, MPH, from CDC's National Immunization Program for his assistance. For more information, contact IAC at 1573 Selby Avenue, St. Paul, MN 55104, (651) 647-9009, or email admin@immunize.org.

Summary of Recommendations for Adult Immunization (continued)

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
<p>Hepatitis B (Hep B) <i>Give IM</i></p> <p>Brands may be used interchangeably.</p>	<ul style="list-style-type: none"> All adolescents; any adult wishing to obtain immunity. High-risk persons, including household contacts and sex partners of HBsAg-positive persons; injecting drug users; heterosexuals with more than one sex partner in 6 months; men who have sex with men; persons with recently diagnosed STDs; patients receiving hemodialysis and patients with renal disease that may result in dialysis; recipients of certain blood products; healthcare workers and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; and certain international travelers. Persons with chronic liver disease. <p>Note: Provide serologic screening for immigrants from endemic areas. When HBsAg-positive persons are identified, offer appropriate disease management. In addition, screen their sex partners and household members, and give the first dose of vaccine at the same visit. If found susceptible, complete the vaccine series.</p>	<ul style="list-style-type: none"> Three doses are needed on a 0, 1, 6m schedule. Alternative timing options for vaccination include 0, 2, 4m and 0, 1, 4m. There must be 4wks between doses #1 and #2, and 8wks between doses #2 and #3. Overall, there must be at least 16wks between doses #1 and #3. Schedule for those who have fallen behind: If the series is delayed between doses, DO NOT start the series over. Continue from where you left off. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>For Twinrix™ (hepatitis A and B combination vaccine [GSK]), three doses are needed on a 0, 1, 6m schedule. Recipients must be age 18yrs or older.</p> </div>	<p>Contraindication Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>
<p>Hepatitis A (Hep A) <i>Give IM</i></p> <p>Brands may be used interchangeably.</p>	<ul style="list-style-type: none"> Persons who travel or work anywhere except the U.S., Western Europe, New Zealand, Australia, Canada, and Japan. Persons with chronic liver disease, including persons with hepatitis B and C; injecting and non-injecting drug users; men who have sex with men; people with clotting-factor disorders; persons who work with hepatitis A virus in experimental lab settings (not routine medical laboratories); and food handlers when health authorities or private employers determine vaccination to be cost effective. Anyone wishing to obtain immunity to hepatitis A. <p>Note: Prevacination testing is likely to be cost effective for persons older than age 40yrs, as well as for younger persons in certain groups with a high prevalence of hepatitis A virus infection.</p>	<ul style="list-style-type: none"> Two doses are needed. The minimum interval between doses #1 and #2 is 6m. If dose #2 is delayed, do not repeat dose #1. Just give dose #2. 	<p>Contraindication Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Safety during pregnancy has not been determined, so benefits must be weighed against potential risk.
<p>Td, Tdap (Tetanus, diphtheria, pertussis) <i>Give IM</i></p>	<ul style="list-style-type: none"> All adults who lack a history of a primary series consisting of at least 3 doses of tetanus- and diphtheria-containing vaccine. A booster dose of tetanus- and diphtheria-containing toxoid may be needed for wound management as early as 5yrs after receiving a previous dose, so consult ACIP recommendations.* Using tetanus toxoid (TT) instead of Td or Tdap is <u>not</u> recommended. <p><u>For Tdap (tetanus- and diphtheria-toxoids with acellular pertussis vaccine) only:</u></p> <ul style="list-style-type: none"> All adults younger than age 65yrs who have not received Tdap. Healthcare workers who work in hospitals or ambulatory care settings and have direct patient contact and who have not received Tdap. Adults in contact with infants younger than age 12m (e.g., parents, grandparents younger than age 65yrs, childcare providers, healthcare workers) who have not received a dose of Tdap. 	<ul style="list-style-type: none"> For persons who are unvaccinated or behind, complete the primary series with Td (spaced at 0, 1–2m, 6–12m intervals). One dose of Tdap may be used for any dose if ages 19–64yrs. Give Td booster every 10yrs after the primary series has been completed. For adults ages 19–64yrs, a 1-time dose of Tdap is recommended to replace the next Td. Intervals of 2yrs or less between Td and Tdap may be used if needed. <p>Note: The 2 Tdap products are licensed for different age groups: Adacel (sanofi) for use in persons ages 11–64yrs and Boostrix (GSK) for use in persons ages 10–18yrs.</p>	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. For Tdap only, history of encephalopathy within 7 days following DTP/DTaP. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Guillain-Barré syndrome within 6wks of receiving a previous dose of tetanus toxoid-containing vaccine. Unstable neurologic condition. Pregnancy: if ≥10yrs since prior Td, give Td in 2nd or 3rd trimester; if <10yrs, give Tdap in immediate postpartum period.
<p>Polio (IPV) <i>Give IM or SC</i></p>	<p>Not routinely recommended for persons age 18yrs and older.</p> <p>Note: Adults living in the U.S. who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely. Previously vaccinated adults can receive one booster dose if traveling to polio endemic areas.</p>	<ul style="list-style-type: none"> Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information. 	<p>Contraindication Previous anaphylactic or neurologic reaction to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Pregnancy.

Summary of Recommendations for Adult Immunization (continued)

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<p>Varicella (Var) (Chickenpox) <i>Give SC</i></p>	<p>All susceptible adults and adolescents should be vaccinated. It is especially important to ensure varicella immunity among household contacts of immunosuppressed persons and among healthcare workers.</p>	<ul style="list-style-type: none"> • Two doses are needed. • Dose #2 is given 4–8wks after dose #1. • If varicella vaccine and MMR are both needed and are not administered on the same day, space them at least 4wks apart. • If the second dose is delayed, do not repeat dose #1. Just give dose #2. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks (use contraception). • Persons immunocompromised because of malignancies and primary or acquired cellular immunodeficiency including HIV/AIDS. (See <i>MMWR</i> 1999, Vol. 48, No. RR-6.) Note: For those on high-dose immunosuppressive therapy, consult ACIP recommendations regarding delay time.* <p>Precautions</p> <ul style="list-style-type: none"> • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement <i>General Recommendations on Immunization</i>* regarding time to wait before vaccinating. • Moderate or severe acute illness.
<p>Meningococcal Conjugate vaccine (MCV4) <i>Give IM</i> Polysaccharide vaccine (MPSV4) <i>Give SC</i></p>	<ul style="list-style-type: none"> • College freshmen living in dormitories. • Adolescents and adults with anatomic or functional asplenia or with terminal complement component deficiencies. • Persons who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of Sub-Saharan Africa). • Microbiologists who are routinely exposed to isolates of <i>N. meningitidis</i>. 	<ul style="list-style-type: none"> • MCV4 is preferred over MPSV4 for persons age 55yrs and younger, although MPSV4 is an acceptable alternative. • Give one dose to persons with risk factors; revaccinate after 5yrs if risk of disease continues and previous vaccine was MPSV4. 	<p>Contraindication</p> <p>Previous anaphylactic or neurologic reaction to this vaccine or to any of its components, including diphtheria toxoid (for MCV4).</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • For MCV4 only, history of Guillain-Barré syndrome.
<p>MMR (Measles, mumps, rubella) <i>Give SC</i></p>	<ul style="list-style-type: none"> • Persons born in 1957 or later (especially those born outside the U.S.) should receive at least one dose of MMR if there is no serologic proof of immunity or documentation of a dose given on or after the first birthday. • Persons in high-risk groups, such as healthcare workers, students entering college and other post–high school educational institutions, and international travelers, should receive a total of two doses. • Persons born before 1957 are usually considered immune, but proof of immunity (serology or vaccination) may be desirable for healthcare workers. • Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination. 	<ul style="list-style-type: none"> • One or two doses are needed. • If dose #2 is recommended, give it no sooner than 4wks after dose #1. • If varicella vaccine and MMR are both needed and are not administered on the same day, space them at least 4wks apart. • If a pregnant woman is found to be rubella susceptible, administer MMR postpartum. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks (use contraception). • Persons immunocompromised because of cancer, leukemia, lymphoma, immunosuppressive drug therapy, including high-dose steroids or radiation therapy. Note: HIV positivity is NOT a contraindication to MMR except for those who are severely immunocompromised. <p>Precautions</p> <ul style="list-style-type: none"> • If blood, plasma, and/or immune globulin were given in past 11m, see ACIP statement <i>General Recommendations on Immunization</i>* regarding time to wait before vaccinating. • Moderate or severe acute illness. • History of thrombocytopenia or thrombocytopenic purpura. <p>Note: If PPD (tuberculosis skin test) and MMR are both needed but not given on same day, delay PPD for 4–6wks after MMR.</p>
<p>Human-papillomavirus (HPV) <i>Give IM</i></p>	<p>All previously unvaccinated women through age 26yrs.</p>	<ul style="list-style-type: none"> • Three doses are needed. • Dose #2 is given 4–8wks after dose #1, and dose #3 is given 6mos after dose #1 (at least 10wks after dose #2). 	<p>Contraindication</p> <p>Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precaution</p> <p>Data on vaccination in pregnancy are limited; therefore, vaccination during pregnancy should be delayed until after completion of the pregnancy.</p>
<p>Zoster (shingles) (Zos) <i>Give SC</i></p>	<p>A herpes zoster (shingles) vaccine was licensed in May 2006 for use in persons age 60yrs and older. ACIP recommendations for its use are pending. Refer to the package insert for details on its use.</p>		