

Summary of Recommendations for Adult Immunization

Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP)* by the Immunization Action Coalition, July 2004

Vaccine name and route	For whom it is recommended	Schedule for routine and “catch-up” administration	Precautions and contraindications (mild illness is not a contraindication)
<p>Influenza</p> <p>Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i></p> <p>Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i></p>	<ul style="list-style-type: none"> All adults who are 50yrs of age or older. People 6m–50yrs of age with medical problems (e.g., heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathies, immunosuppression) and/or people living in chronic-care facilities. People (≥6m of age) working or living with at-risk people. Women who will be pregnant during the influenza season. All health care workers and other persons who provide direct care to at-risk people. Household contacts and out-of-home caregivers of children ages 0–23m. 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., those who reside in dormitories). Anyone wishing to reduce the likelihood of becoming ill with influenza. 	<ul style="list-style-type: none"> Given every year. October through November is the <i>optimal</i> time to receive annual influenza vaccination to maximize protection. Influenza vaccine may be given at any time during the influenza season (typically December through March) or at other times when the risk of influenza exists. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. Moderate or severe acute illness. Do not give live attenuated influenza vaccine to persons ≥50 years of age, pregnant women, or to persons who have: asthma, reactive airway disease or other chronic disorder of the pulmonary or cardiovascular systems; an underlying medical condition, including metabolic diseases such as diabetes, renal dysfunction, and hemoglobinopathies; a known or suspected immune deficiency disease or who are receiving immunosuppressive therapy; a history of Guillain-Barré syndrome. See Special Notes in columns 2–3 regarding who may not receive LAIV.
<p>Pneumococcal polysaccharide (PPV23) <i>Give IM or SC</i></p>	<ul style="list-style-type: none"> Adults who are 65yrs of age or older. People 2–64yrs of age who have chronic illness or other risk factors, including chronic cardiac or pulmonary diseases, chronic liver disease, alcoholism, diabetes mellitus, CSF leaks, candidate for or recipient of cochlear implant, 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 people 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. Pregnant women with high-risk conditions should be vaccinated if not done previously. 	<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 people at highest risk of fatal pneumococcal infection or rapid antibody loss (e.g., renal disease) and for people ≥65yrs of age if the 1st dose was given prior to age 65 and ≥5yrs have elapsed since previous dose. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Moderate or severe acute illness. Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.
<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. High-risk adults, including household contacts and sex partners of HBsAg-positive persons; users of illicit injectable drugs; heterosexuals with more than one sex partner in 6 months; men who have sex with men; people with recently diagnosed STDs; patients receiving hemodialysis and patients with renal disease that may result in dialysis; recipients of certain blood products; health care 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. <p>Note: Prior serologic testing may be recommended depending on the specific level of risk and/or likelihood of previous exposure. Note: In 1997, the NIH Consensus Development Conference, a panel of national experts, recommended that hepatitis B vaccination be given to all anti-HCV positive persons. Ed. 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, if found susceptible, vaccinate.</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. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Moderate or severe acute illness. Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.
<p>Hepatitis A (Hep A) <i>Give IM</i></p> <p>Brands may be used interchangeably.</p>	<ul style="list-style-type: none"> People who travel outside of the U.S. (except for Western Europe, New Zealand, Australia, Canada, and Japan). People with chronic liver disease, including people with hepatitis C; people with hepatitis B who have chronic liver disease; illicit drug users; men who have sex with men; people with clotting-factor disorders; people 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. <p>Note: Prevacination testing is likely to be cost effective for persons >40yrs of age as well as for younger persons in certain groups with a high prevalence of hepatitis A virus infection.</p>	<p>For Twinrix™ (hepatitis A and B combination vaccine [GSK]), three doses are needed on a 0, 1, 6m schedule.</p> <ul style="list-style-type: none"> Two doses are needed. The minimum interval between dose #1 and #2 is 6m. If dose #2 is delayed, do not repeat dose #1. Just give dose #2. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Moderate or severe acute illness. Safety during pregnancy has not been determined, so benefits must be weighed against potential risk. Note: Breastfeeding is not a contraindication to the use of this vaccine.

Special Notes on the use of influenza vaccines

- Inactivated influenza vaccine may be given to any person ≥6 months of age for whom the vaccine is not contraindicated. Live attenuated influenza vaccine may be given to healthy, non-pregnant persons 5–49 years of age for whom the vaccine is not contraindicated.
- Use of inactivated influenza vaccine is preferred for persons in close contact with severely immunosuppressed persons during periods when the immunocompromised person requires a protective environment (e.g., persons with bone marrow transplants).

Summary of Recommendations for Adult Immunization (continued)

Vaccine name and route	For whom it is recommended	Schedule for routine and “catch-up” administration	Precautions and contraindications (mild illness is not a contraindication)
Td (Tetanus, diphtheria) <i>Give IM</i>	<ul style="list-style-type: none"> All adolescents and adults. After the primary series has been completed, a booster dose is recommended every 10yrs. Make sure your patients have received a primary series of 3 doses. A booster dose as early as 5yrs later may be needed for the purpose of wound management, so consult ACIP recommendations.* Use Td, not tetanus toxoid (TT), for all indications. 	<ul style="list-style-type: none"> Give booster dose every 10yrs after the primary series has been completed. For those who are unvaccinated or behind, complete the primary series (spaced at 0, 1–2m, 6–12m intervals). Don’t restart the series, no matter how long since the previous dose. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic or neurologic reaction to this vaccine or to any of its components. Moderate or severe acute illness. <p>Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
MMR (Measles, mumps, rubella) <i>Give SC</i>	<ul style="list-style-type: none"> Adults born in 1957 or later who are ≥18yrs of age (including 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. Adults in high-risk groups, such as health care workers, students entering colleges and other post–high school educational institutions, and international travelers, should receive a total of two doses. Adults born before 1957 are usually considered immune but proof of immunity may be desirable for health care workers. All women of childbearing age (i.e., adolescent girls and premenopausal adult women) who do not have acceptable evidence of rubella immunity or vaccination. Special attention should be given to immunizing women born outside the United States in 1957 or later. 	<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. May give with all other vaccines. 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. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Pregnancy or possibility of pregnancy within 4 weeks (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. 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. <p>Note: Breastfeeding is not a contraindication to the use of this vaccine. Note: MMR is not contraindicated if a tuberculin skin test (i.e., PPD) was recently applied. If PPD and MMR not given on same day, delay PPD for 4–6wks after MMR.</p>
Varicella (Var) (Chickenpox) <i>Give SC</i>	<p>All susceptible adults and adolescents should be vaccinated. It is especially important to ensure vaccination of the following groups: susceptible persons who have close contact with persons at high risk for serious complications (e.g., health care workers and family contacts of immunocompromised persons) and susceptible persons who are at high risk of exposure (e.g., teachers of young children, day care employees, residents and staff in institutional settings such as colleges and correctional institutions, military personnel, adolescents and adults living with children, non-pregnant women of childbearing age, and international travelers who do not have evidence of immunity).</p> <p>Note: People with reliable histories of chickenpox (such as self or parental report of disease) can be assumed to be immune. For adults who have no reliable history, serologic testing may be cost effective since most adults with a negative or uncertain history of varicella are immune.</p>	<ul style="list-style-type: none"> Two doses are needed. Dose #2 is given 4–8wks after dose #1. May give with all other vaccines. 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. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Pregnancy or possibility of pregnancy within 4 weeks (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.* 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>Note: Breastfeeding is not a contraindication to the use of this vaccine. Note: Manufacturer recommends that salicylates be avoided for 6wks after receiving varicella vaccine because of a theoretical risk of Reye’s syndrome.</p>
Polio (IPV) <i>Give IM or SC</i>	<p>Not routinely recommended for persons 18yrs of age 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. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic or neurologic reaction to this vaccine or to any of its components. Moderate or severe acute illness. <p>Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
Meningococcal <i>Give SC</i>	Vaccinate people with risk factors. Discuss disease risk and vaccine availability with college students. Consult ACIP statement* on meningococcal disease (6/30/00) for details.		

* For specific ACIP immunization recommendations, refer to the statements, which are published in *MMWR*. To obtain a complete set of ACIP statements, call (800) 232-2522, or to access individual statements, visit CDC’s website: www.cdc.gov/nip/publications/ACIP-list.htm or visit IAC’s website: www.immunize.org/acip
This table is revised yearly because of the changing nature of U.S. immunization recommendations. Visit the Immunization Action Coalition’s website at www.immunize.org/adultrules to make sure you have the most

current version. We extend our thanks to William Atkinson, MD, MPH, from CDC’s National Immunization Program, and Linda Moyer, RN, from the Division of Viral Hepatitis, at CDC’s National Center for Infectious Diseases for their assistance. This table is published by the Immunization Action Coalition, 1573 Selby Avenue, St. Paul, MN 55104, (651) 647-9009. Email: admin@immunize.org