

Recommended Adult Immunization Schedule UNITED STATES • 2003-2004

 For all persons in this group

 Catch-up on childhood vaccinations

 For persons with medical/exposure indications

VACCINE	AGE	19-49 YEARS	50-64 YEARS	65 YEARS & OLDER
Tetanus, Diphtheria (Td)*		1 dose booster every 10 years		
Influenza		1 dose annually	1 dose annually	
Pneumococcal (polysaccharide)		1 dose	1 dose	
Hepatitis B*		3 doses (0, 1-2, 4-6 months)		
Hepatitis A		2 doses (0, 6-12 months)		
Measles, Mumps, Rubella (MMR)*		1 dose if measles, mumps or rubella vaccination history is unreliable; 2 doses for persons with occupational or other indications		
Varicella*		2 doses (0, 4-8 weeks) for persons who are susceptible		
Meningococcal (polysaccharide)		1 dose		

* Covered by the Vaccine Injury Compensation Program. For information on how to file a claim, call 1-800-338-2382. Please also visit www.hrsa.osp.gov/vicp. To file a claim for vaccine injury, write: U.S. Court of Federal Claims, 717 Madison Place, NW, Washington, DC 20005. Telephone 202-219-9657.

This schedule indicates the recommended age groups for routine administration of currently licensed vaccines for persons 19 years of age and older. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

Report all clinically significant post-vaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available by calling 1-800-822-7967 or from the VAERS website at www.vaers.org.

For additional information about the vaccines listed above and contraindications for immunization, please visit the National Immunization Program Website at www.cdc.gov/nip or call the National Immunization Hotline, 1-800-232-2522 (English) or 1-800-232-0233 (Spanish).

APPROVED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) AND
ACCEPTED BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNCOLOGISTS (ACOG)
AND THE AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)

CDC National Immunization Hotline:
800-232-2522 ENGLISH • 800-232-0233 ESPAÑOL



Department of Health and Human Services
Centers for Disease Control and Prevention

Recommended Immunizations for Adults with Medical Conditions

UNITED STATES • 2003-2004



For all persons
in this group



Catch-up on child-
hood vaccinations



For persons with medical/
exposure indications



Medical Conditions ▼	Vaccine ►	Tetanus-Diphtheria (Td)*	Influenza	Pneumococcal (polysaccharide)	Hepatitis B*	Hepatitis A	Measles, Mumps, Rubella (MMR)*	Varicella*
Pregnancy			A					
Diabetes, Heart Disease, Chronic Pulmonary Disease, Chronic Liver Disease, including Chronic Alcoholism			B	C		D		
Congenital Immunodeficiency, Leukemia, Lymphoma, Generalized Malignancy, Therapy with Alkylating Agents, Antimetabolites, Radiation or Large Amounts of Corticosteroids				E				F
Renal Failure/End Stage Renal Disease, Recipients of Hemodialysis or Clotting Factor Concentrates				E	G			
Asplenia, including Elective Splenectomy and Terminal Complement Component Deficiencies			H	E, I, J				
HIV Infection				E, K			L	

A. For women without chronic diseases/conditions, vaccinate if pregnancy will be at 2nd or 3rd trimester during influenza season. For women with chronic diseases/conditions, vaccinate at any time during the pregnancy.

B. Although chronic liver disease and alcoholism are not indicator conditions for influenza vaccination, give 1 dose annually if the patient is age 50 years or older, has other indications for influenza vaccine, or if the patient requests vaccination.

C. Asthma is an indicator condition for influenza but not for pneumococcal vaccination.

D. For all persons with chronic liver disease.

E. For persons < 65 years, revaccinate once after 5 years or more have elapsed since initial vaccination.

F. Persons with impaired humoral immunity but intact cellular immunity may be vaccinated. *MMWR* 1999; 48 (RR-06):1-5.

G. Hemodialysis patients: Use special formulation of vaccine (40 ug/mL) or two 1.0 mL 20 ug doses given at one site. Vaccinate early in the course of renal disease. Assess antibody titers to hep B surface antigen (anti-HBs) levels annually. Administer additional doses if anti-HBs levels decline to <10 millinternational units (mIU)/ mL.

H. There are no data specifically on risk of severe or complicated influenza infections among persons with asplenia. However, influenza is a risk factor for secondary bacterial infections that may cause severe disease in asplenic.

I. Administer meningococcal vaccine and consider Hib vaccine.

J. Elective splenectomy: vaccinate at least 2 weeks before surgery.

K. Vaccinate as close to diagnosis as possible when CD4 cell counts are highest.

L. Withhold MMR or other measles containing vaccines from HIV-infected persons with evidence of severe immunosuppression. *MMWR* 1998; 47 (RR-8):21-22; *MMWR* 2002; 51 (RR-02):22-24.