The 2014 ACIP Adult Immunization Schedule was approved by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP), American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Nurse-Midwives (ACNM). On February 3, 2014, the adult immunization schedule and a summary of changes from 2013 were published in Annals of Internal Medicine, and a summary of changes was published in the MMWR on February 7, 2014.

All clinically significant postvaccination reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Additional details regarding ACIP recommendations for each of the vaccines listed in the schedule can be found at: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html

American Academy of Family Physicians (AAFP)
http://www.aafp.org/home.html

American College of Physicians (ACP)
http://www.acponline.org/

American College of Obstetricians and Gynecologists (ACOG)
http://www.acog.org/

American College of Nurse-Midwives (ACNM)
http://www.midwife.org/
Figure 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>
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<tbody>
<tr>
<td>Influenza</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>Substitute 1-time dose of Tdap forTd booster; then boost with Td every 10 yrs</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
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<td>Measles, mumps, rubella (MMR)</td>
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<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1 or 2 doses</td>
<td>1 dose</td>
<td></td>
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<td></td>
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<tr>
<td>Meningococcal</td>
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<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>3 doses</td>
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<td></td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td>1 dose</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 or 3 doses</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication).

No recommendation.

Figure 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</th>
<th>HIV INFECTION (CD4+ T LYMPHOCYTE COUNT)</th>
<th>MEN WHO HAVE SEX WITH MEN (MSM)</th>
<th>KIDNEY FAILURE, END-STAGE RENAL DISEASE</th>
<th>HEART DISEASE, CHRONIC LUNG DISEASE</th>
<th>ASPLENIA (INCLUDING ELECTIVE SPLENECTOMY AND PERSISTENT COMPONENT DEFICIENCIES)</th>
<th>CHRONIC LIVER DISEASE</th>
<th>DIABETES</th>
<th>HEALTHCARE PERSONNEL</th>
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</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>1 dose IIV annually</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>Substitute 1-time dose of Tdap forTd booster; then boost with Td every 10 yrs</td>
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</tr>
<tr>
<td>Varicella</td>
<td>Contraindicated</td>
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<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses through age 26 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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<tr>
<td>Zoster</td>
<td>Contraindicated</td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses</td>
<td></td>
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<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1 dose</td>
<td></td>
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<td>Pneumococcal polysaccharide (PPSV23)</td>
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<tr>
<td>Meningococcal</td>
<td>1 or more doses</td>
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<tr>
<td>Hepatitis A</td>
<td>2 doses</td>
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<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
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</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 or 3 doses</td>
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</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication).

No recommendation.

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination 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, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).
Footnotes

Recommended Immunization Schedule for Adults Aged 19 Years or Older: United States, 2014

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 vaccination 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/r66002a1.htm.
   • Information on travel vaccine requirements and recommendations (e.g., for hepatitis A and B, meningococcal, and other vaccines) is available at http://www.cdc.gov/travel/destinations/list/.
   • Additional information and resources regarding vaccination of pregnant women can be found at http://www.cdc.gov/vaccines/adults/rec-vacc-pregnant.html.

2. Influenza vaccination
   • Annual vaccination against influenza is recommended for all persons aged 6 months or older.
   • Persons aged 6 months or older, including pregnant women and persons with a history of egg allergy to eggs, can receive the inactivated influenza vaccine (IIV). An age-appropriate IIV formulation should be used.
   • Adults aged 18 to 49 years can receive the recombinant influenza vaccine (RIV) (Flumist). RIV does not contain any egg protein.
   • Healthy, nonpregnant persons aged 2 to 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 (i.e., those who require care in a protected environment) should receive IIV or RIV rather than LAIV.
   • The intramuscularly or intradermally administered IIV are options for adults aged 18 to 64 years.
   • Adults aged 65 years or older can receive the standard-dose IIV or the high-dose IIV (Fluzone).

3. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination
   • Administer 1 dose of Tdap vaccine to pregnant women during each pregnancy (preferred during 27 to 36 weeks’ gestation) regardless of interval since prior Td or Tdap vaccination.
   • Persons aged 11 years or older who have not received Tdap vaccine or for whom vaccine status is unknown should receive a dose of Tdap followed by one dose of 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 a first 2 doses at 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. When necessary, vaccination of pregnant women who have not previously received varicella vaccine should be administered 4 to 8 weeks after the first dose.
   • Evidence of immunity to varicella in adults 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 (cont’d)
   • 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.
   • 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 of pregnancy.

6. Zoster vaccination
   • A single dose of zoster vaccine is recommended for adults aged 60 years or older 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 50 years or older, ACIP recommends that vaccination begin at age 60 years.
   • Persons aged 60 years or older 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 by 6 years of age.
   • Adults born before 1957 are generally considered immune to rubella. ACIP recommends that children born after 1989 receive a single dose of MMR at 12 through 15 months of age; persons born before 1989 who have not previously received MMR vaccines should be revaccinated with 1 dose of MMR vaccine at least 4 weeks after the first dose.
   • 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 a postsecondary educational institution;
     — work in a health care facility; or
     — plan to travel internationally.
   • Measles–mumps–rubella (MMR) vaccine should be considered for revaccination with 2 doses of MMR vaccine in adults under age 50 years who:
     — were 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.

8. Pneumococcal conjugate (PCV13) vaccination
   • Adults aged 19 years or older with immunocompromising conditions (including chronic renal failure and nephrotic syndrome), functional or anatomic asplenia, recurrent pneumonia, and/or cochlear implants who have not previously received PCV13 or PPSV23 should receive a single dose of PCV13 followed by a dose of PPSV23 at least 8 weeks later.
   • Adults aged 19 years or older with the aforementioned conditions who have previously received 1 or more doses of PPSV23 should receive a dose of PCV13 one or more years after the last PPSV23 dose was received. For adults who require additional doses of PPSV23, the first such dose should be given not less than 8 weeks after PCV13 and at least 5 years after the most recent dose of PPSV23.
   • When indicated, PCV13 should be administered to patients who are uncertain of their vaccination status history and have no record of previous vaccination.
   • Although PCV13 is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons aged 50 years or older, ACIP recommends PCV13 for adults aged 19 years or older with the specific medical conditions noted above.

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 HPV4 or HPV2 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those aged 13 through 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 through 21 years, if not previously vaccinated. Males aged 22 through 26 years may be vaccinated.
9. Pneumococcal polysaccharide (PPSV23) vaccination
• When PCV13 is also indicated, PCV13 should be given first (see footnote 8).
• Vaccinate all persons with the following indications:
  — all adults aged 65 years or older;
  — adults younger than 65 years with chronic lung disease (including chronic obstructive pulmonary disease, emphysema, and asthma), chronic cardiovascular diseases, diabetes mellitus, chronic renal failure, rheumatic heart disease, sickle cell disease, and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, or splenectomy (if elective splenectomy is planned, vaccinate at least 2 weeks before surgery); and
  — residents of nursing homes or long-term care facilities; and
  — adults who smoke cigarettes.
• Persons with immunocompromising conditions and other selected conditions are recommended to receive PCV13 and PPSV23 vaccines. See footnote 8 for information on timing of PCV13 and PPSV23 vaccinations.
• Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after their diagnosis.
• When cancer chemotherapy or other immunosuppressive therapy is being considered, the interval between vaccination and initiation of immunosuppressive therapy should be at least 2 weeks. Vaccination during chemotherapy or radiation therapy should be avoided.
• Routine use of PPSV23 vaccine is not recommended for American Indians/Alaska Natives or other persons younger than 65 years unless they have underlying medical conditions that are PPSV23 indications. However, public health authorities may consider recommending PPSV23 for American Indians/Alaska Natives who are living in areas where the risk for invasive pneumococcal disease is increased.
• When indicated, PPSV23 vaccine should be administered to patients who are uncertain of their vaccination status and have no record of vaccination.

10. Revaccination with PPSV23
• One-time revaccination 5 years after the first dose of PPSV23 is recommended for persons aged 19 through 64 years with chronic renal failure or nephrotic syndrome, functional or anatomic asplenia (e.g., sickle cell disease or splenectomy), or immunocompromising conditions.
• Persons who received 1 or 2 doses of PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years or later if at least 5 years have passed since their previous dose.
• No further doses of PPSV23 are needed for persons vaccinated with PPSV23 at or after age 65 years.

11. Meningococcal vaccination
• Administer 2 doses of quadrivalent meningococcal conjugate vaccine (MenACWY [Menactra, Menveo]) at least 2 months apart to adults of all ages with 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 outbreaks 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 or younger as well as for adults aged 56 years or older 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 or older 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 anatomic or functional asplenia, persistent complement component deficiencies, or microbiologists).

12. Hepatitis A vaccination
• Vaccinate 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 non-injection illicit drugs;
  — persons working with HAV-infected primates 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

12. Hepatitis A vaccination (cont’d)
• 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 anticipated by the adopting family, and no later than 4 to 6 months prior to the anticipated 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.

13. 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); current or recent injection drug users; 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 are younger than age 60 years as soon as feasible after diagnosis; persons with diabetes who are age 60 years or older who are recommended for revaccination 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 international travelers to countries with high or intermediate prevalence of chronic HBV infection; and
  — all adults in the following settings: STD treatment facilities, HIV testing and treatment facilities, facilities providing drug abuse treatment and prevention services, health care settings targeting services to injection drug users or men who have sex with men, correctional facilities, 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.

14. Haemophilus influenzae type b (Hib) vaccination
• One dose of Hib vaccine should be administered to persons who have functional or anatomic 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 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 doses.
• Hib vaccine is not recommended for adults with HIV infection since their risk for Hib infection is low.

15. 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 http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
TABLE. Contraindications and precautions to commonly used vaccines in adults: United States, 2014

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza, inactivated vaccine (IIV)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after previous dose of any IIV or LAIV or to a vaccine component, including egg protein.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Influenza, recombinant (RIV)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after previous dose of RIV or to a vaccine component. RIV does not contain any egg protein.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Influenza, live attenuated (LAIV)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after previous dose of any IIV or LAIV or to a vaccine component, including egg protein.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td, tdaP)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Varicella</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy) or patients with human immunodeficiency virus (HIV) infection who are severely immunocompromised).</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Zoster</td>
<td>Severe allergic reaction (e.g., anaphylaxis) to a vaccine component. Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy) or patients with HIV infection who are severely immunocompromised).</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including to any vaccine containing diphtheria toxoid.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Meningococcal, conjugate, (MenACWY)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
<tr>
<td>Haemophilus influenzae Type b (Hib)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>Moderate or severe acute illness with or without fever.</td>
</tr>
</tbody>
</table>

1. Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine recipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. A contraindication is a condition in a recipient that increases the chance of a serious adverse reaction. Therefore, a vaccine should not be administered when a contraindication is present.

2. For more information on use of influenza vaccines among persons with egg allergies and a complete list of conditions that CDC considers to be reasons to avoid receiving LAIV, see CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2013–14. MMWR 2013;62(RR07):1-43. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62rr07.htm.

3. LAIV, MMR, varicella, or zoster vaccines can be administered on the same day. If not administered on the same day, live vaccines should be separated by at least 28 days.

4. Immunosuppressive steroid dose is considered to be 22 weeks of daily receipt of 20 mg of prednisone or the equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immuno-suppressing medications or with immune suppression because of other reasons.


6. Measles vaccination may suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.

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† Regarding latex allergy, consult the package insert for any vaccine administered.