Summary of Recommendations for Adult Immunization

Vaccine Name and Route	For Whom Vaccination is Recommended	Schedule for Vaccine Administration	Contraindications and Precautions (mild illness is not a contraindication)
Td, Tdap (Tetanus, diphtheria, pertussis) Give IM	▪ Tdap should replace a single dose of Td for adults aged <65 years who have not previously received a dose of Tdap. Only one of two Tdap products (Adacel®[sanofi pasteur]) is licensed for use in adults. ▪ If the person is pregnant and received the last Td vaccination >10 years previously, administer Td during the second or third trimester; if the person received the last Td vaccination in <10 years, administer Tdap during the immediate postpartum period. - A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women, close contacts of infants aged <12 months, all health-care workers with direct patient contact ▪ In certain situations, Td can be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be administered instead of Td to a pregnant woman after an informed discussion with the woman. ▪ A booster dose of tetanus- and diphtheria-toxoid-containing vaccine 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 not recommended. For Tdap only: ▪ All adults younger than age 65 yrs who have not already received Tdap. ▪ Healthcare personnel 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 personnel) who have not received a dose of Tdap should be prioritized for vaccination	▪ For persons who are unvaccinated or behind, complete the primary series with Td (spaced at 0, 1–2m, 6-12m intervals). One-time dose of Tdap may be used for any dose if age 18-64yrs. (However, Tdap can substitute for any one of the doses of Td in the 3-dose primary series.) ▪ Give Td booster every 10yrs after the primary series has been completed. For adults age 18-64yrs, 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. Note: The two Tdap products are licensed for different age groups: Adacel™ (sanofi) for use in persons age 11–64yrs and Boostrix® (GSK) for use in persons age 10-18yrs.	**Contraindications** ▪ Previous anaphylactic reaction to this vaccine or to any of its components. ▪ For Tdap only, history of encephalopathy within 7d following DTP/DTaP **Precautions** ▪ Moderate or severe acute illness. •GBS within 6wks of receiving a previous dose of tetanus-toxoid-containing vaccine. ▪ Unstable neurologic condition. ▪ History of arthus reaction following a previous dose of tetanus- and/or diphtheria-toxoid-containing vaccine, including MCV4. ▪ Note: Use of Td/Tdap is not contraindicated in pregnancy. Either vaccine may be given during trimester #2 or #3 at the provider's discretion
Varicella Var (Chickenpox) *Give SC*	▪ All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine unless they have a medical contraindication. ▪ 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 (although for health-care personnel and pregnant women birth before 1980 should not be considered evidence of immunity) - history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory	▪ Two doses are needed. ▪ Dose #2 is given 4-8wks after dose #1. ▪ If Var and either MMR, LAIV, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. If the second dose is delayed, do not repeat dose #1. Just give dose #2.	**Contraindications** ▪ Previous anaphylactic reaction to this vaccine or to any of its components. ▪ Pregnancy or possibility of pregnancy within 4wks. ▪ Persons immunocompromised because of malignancy and primary or acquired cellular immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte counts are greater than

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	confirmation, if it was performed at the time of acute disease - history of herpes zoster based on health-care provider diagnosis - laboratory evidence of immunity or laboratory confirmation of disease. ▪ Special consideration should be given to those who: - have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of immunocompromised persons) - 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, non pregnant women of childbearing age, international travelers ▪ Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.		or equal to 200 cells/µL. See MMWR 2007;56,RR-4). **Precautions** ▪ If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement General Recommendations on Immunization* regarding time to wait before vaccinating. ▪ Moderate or severe acute illness. Note: For those on high-dose immunosuppressive therapy, consult ACIP recommendations regarding delay time.*
Rubella This vaccine is a shot given subcutaneously (in the fatty tissue of the arm or leg).	Rubella component: ▪ For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. ▪ Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility Rubella vaccine is recommended for all children and for adolescents and adults without documented evidence of immunity. It is especially important to verify that all women of child-bearing age are immune to rubella before they get pregnant. However, healthy people who live in the same household of an immunocompromised person can AND SHOULD receive MMR vaccine. There is no risk of transmission of the vaccine virus to the Immunocompromised person. Persons with asymptomatic HIV infection should be considered for rubella vaccination.	The rubella vaccine is a live attenuated (weakened) virus. Administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity	▪ Anyone who experiences a severe allergic reaction following the first dose of MMR should not receive a second dose ▪ Anyone knowing they are allergic to an MMR component (gelatin, neomycin ▪ Women known to be pregnant should not receive the MMR vaccine, and **pregnancy should be avoided for four weeks following vaccination with MMR**. This is because the vaccine contains live virus ▪ Severely immunocompromised persons should not be given MMR vaccine. This includes persons with a variety of conditions, including congenital immunodeficiency, AIDS, leukemia, lymphoma, generalized malignancy, or those undergoing immunosuppressive therapy or taking large doses of steroids.

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Pneumococcal poly-saccharide (PPV) *Give IM or SC*	**Indications** Persons aged 65 years and older, Chronic pulmonary disease (excluding asthma), - chronic cardiovascular diseases, DM, chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis), chronic alcoholism, chronic renal failure or nephrotic syndrome, functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]), immunosuppressive conditions including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy. Vaccinate as close to HIV diagnosis as possible, Persons receiving immunosuppressive chemotherapy (including corticosteroids), those who received an organ or bone marrow transplant, Candidates for or recipients of cochlear implants, those with cerebrospinal fluid leaks -residents of nursing homes or other long-term care facilities.	-Routinely given as a 1-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 65yrs and 5yrs or more have elapsed since the previous dose.	**Contraindication** ▪ Previous anaphylactic reaction to this vaccine or to any of its components. **Precaution** ▪ Moderate or severe acute illness.
Influenza Trivalent inactivated influenza vaccine (TIV) *Give IM*	**Indications** ▪ Chronic disorders of the cardiovascular or pulmonary systems, including asthma, chronic metabolic diseases, including diabetes mellitus, renal or hepatic dysfunction, haemoglobinopathies, immuno suppression (including immunosuppression caused by medications or human immunodeficiency virus [HIV]), 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, or seizure disorder or other neuromuscular disorder), pregnancy during the influenza season. ▪ No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia. ▪ Health-care personnel and employees of long-term care and assisted-living facilities, anyone who would like to be vaccinated (All persons wanting to reduce the likelihood of becoming ill with influenza or of spreading it to others), Persons aged 50 years and older, Residents of nursing homes and other long-term care and assisted-living facilities, Students or other persons in institutional settings (e.g. dormitory residents), persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children aged 0–59 months, or persons of all ages with high-risk conditions), 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.	• Give 1 dose every year in the fall or winter. • Vaccine should be given as soon as it is available and should continue until the supply is depleted. • Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists. Healthy, non pregnant adults aged <49 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intra nasally administered live, attenuated influenza vaccine (FluMist®) or inactivated vaccine. Other persons should receive the inactivated vaccine.	**Contraindication** ▪ Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. **Precautions** • Moderate or severe acute illness. • History of Guillain-Barré syndrome (GBS) within 6wks of previous TIV.

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Hepatitis B (HepB) Give IM Brands may be used Interchangeably.	**Indications** ▪ Persons with end-stage renal disease, including patients receiving hemodialysis, persons seeking evaluation or treatment for a sexually transmitted disease (STD), persons with HIV infection, Persons with chronic liver disease, Health-care personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids, 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), current or recent injection-drug users, men who have sex with men. **any adult seeking protection from HBV infection. (all persons through age 18 years)** ▪ Household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection, clients and staff members of institutions for persons with developmental disabilities, international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at www.cdc.gov/travel/contentdiseases.aspx) **Settings where hepatitis B vaccination is recommended for all adults:** ▪ STD treatment facilities ▪ HIV testing and treatment facilities ▪ facilities providing drug-abuse treatment and prevention services ▪ healthcare 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 ▪ Institutions and nonresidential daycare facilities for persons with Developmental disabilities. Note: Provide serologic screening for immigrants from endemic areas. If patient is chronically infected, assure appropriate disease management. Screen sex partners and household members; give HepB at the same visit if not already vaccinated.	▪ 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. Special formulation indications: ▪ For adult patients receiving hemodialysis and other immunocompromised adults, 1 dose of 40 µg/mL (Recombivax HB®), or 2 doses of 20 µg/mL (Engerix-B®) administered simultaneously.	**Contraindication** ▪ Previous anaphylactic reaction to this vaccine or to any of its components. **Precaution** ▪ Moderate or severe acute illness