




# Adult Vaccine Schedule

Vaccine ▼	Age ►	19-26 years	27-49 years	50-64 years	≥65 years
Influenza		1 dose annually			
Tetanus, Diphtheria, Pertussis (Tdap, Td)		1 dose Tdap, then Td booster every 10 years (Tdap vaccination during each pregnancy)			
Human Papillomavirus (HPV)		3 doses			
Measles, Mumps, Rubella (MMR)		1 or 2 doses (2 doses if born 1957 or later)			
Varicella (Chickenpox)		2 doses			
Zoster (Shingles)				(50-60 years)	1 dose
Pneumococcal (PPSV, PCV13)		1 – 3 doses (no more than one PPSV revaccination)			1 – 2 doses (only one PPSV)
Hepatitis A		2 doses			
Hepatitis B		3 doses			
Meningococcal (MPSV4, MCV4)		1 or more doses			

 Vaccines recommended for all adults in these age groups who have no evidence of immunity

 Vaccines recommended for adults with medical, job-related, lifestyle or other conditions that put them at higher risk

 FDA approved, not yet ACIP recommended

For vaccine details visit: [www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html)  
**Always discuss vaccines you wish to receive with a medical provider.**

## Adult Vaccine Recommendations for Medical and Other Conditions

Conditions ►  Vaccine ▼	Pregnancy	Weak immune system due to cancer, blood disorder, or cancer treatment with drugs or x-rays	HIV infection CD4+ T lymphocyte count		Men who have sex with men (MSM)	Heart disease, chronic lung disease, alcoholism, smoker	No spleen	Kidney failure, end-stage renal disease, receipt of hemodialysis	Diabetes	Chronic liver disease, receiving clotting factor concentrates	Health-care worker
			<200 cells/µL	>200 cells/µL							
Influenza	X	X	X	X	X	X	X	X	X	X	X
Tetanus, Diphtheria, Pertussis	Tdap	X	X	X	X	X	X	X	X	X	X
Human Papillomavirus		X	X	X	X	X	X	X	X	X	X
Measles, Mumps, Rubella				X	X	X	X	X	X	X	X
Varicella				X	X	X	X	X	X	X	X
Zoster					X	X	X	X	X	X	X
Pneumococcal	PPSV	X	X	X	X	X	X	X	X	X	X
	PCV13		X	X	X	X	X	X	X	X	X
Hepatitis A	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B	X	X	X	X	X	X	X	X	X	X	X
Meningococcal	X	X	X	X	X	X	X	X	X	X	X

**X** Vaccines recommended for adults with these conditions who have no evidence of immunity

**X** Vaccines recommended for adults with these conditions only if they have additional risk factors (medical, job-related, lifestyle or other conditions)

**■** Vaccines should not be given to adults with these conditions

Use age groups and intervals on other side of card for recommended vaccines