

Recommended Adult Immunization Schedule UNITED STATES • 2002-2003



For all persons
in this group



Catch-up on child-
hood 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 for persons with medical or occupational indications, or household contacts of persons with indications	1 annual dose	
Pneumococcal (polysaccharide)		1 dose for persons with medical or other indications. (1 dose revaccination for immunosuppressive conditions)		1 dose for unvaccinated persons 1 dose revaccination
Hepatitis B*		3 doses (0, 1-2, 4-6 months) for persons with medical, behavioral, occupational, or other indications		
Hepatitis A		2 doses (0, 6-12 months) for persons with medical, behavioral, occupational, or other indications		
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 for persons with medical or other indications		

* 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.

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

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).



Recommended Immunizations for Adults with Medical Conditions

UNITED STATES • 2002-2003



For all persons in this group



Catch-up on childhood vaccinations



For persons with medical/exposure indications



Contraindicated

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				E, H, I				
HIV Infection				E, J			K	

* Covered by the Vaccine Injury Compensation Program.

- A. If pregnancy is at second or third trimester during influenza season.
- B. Although chronic liver disease and alcoholism are not indicator conditions for influenza vaccination, give one dose annually if the patient is 50 years or older, has other indications for influenza vaccine, or if 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. Revaccinate once after five years or more have elapsed since initial vaccination.
- F. Persons with impaired humoral but not 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 milli international units (mIU)/mL.
- H. Also administer meningococcal vaccine.
- I. Elective splenectomy: vaccinate at least two weeks before surgery.
- J. Vaccinate as close to diagnosis as possible when CD4 cell counts are highest.
- K. Withhold MMR or other measles-containing vaccines from HIV-infected persons with evidence of severe immunosuppression. *MMWR* 1996; 45:603-606, *MMWR* 1992; 41 (RR-17):1-19