



FIGURE 1. Recommended adult immunization schedule, by vaccine and age group — United States, October 2005–September 2006

| Vaccine                                      | Age group (yrs)                       |                 |                      |
|--|---------------------------------------|-----------------|----------------------|
|  | 19–49                                 | 50–64           | ≥65                  |
| Tetanus, diphtheria (Td) <sup>1*</sup>       | 1-dose booster every 10 yrs           |                 |                      |
| Measles, mumps, rubella (MMR) <sup>2*</sup>  | 1 or 2 doses                          | 1 dose          |                      |
| Varicella <sup>3*</sup>                      | 2 doses (0, 4–8 wks)                  |                 | 2 doses (0, 4–8 wks) |
| Influenza <sup>4*</sup>                      | 1 dose annually                       | 1 dose annually |                      |
| Pneumococcal (polysaccharide) <sup>5,6</sup> | 1–2 doses                             |                 | 1 dose               |
| Hepatitis A <sup>7*</sup>                    | 2 doses (0, 6–12 mos, or 0, 6–18 mos) |                 |                      |
| Hepatitis B <sup>8*</sup>                    | 3 doses (0, 1–2, 4–6 mos)             |                 |                      |
| Meningococcal <sup>9</sup>                   | 1 or more doses                       |                 |                      |

 For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

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

\* Covered by the Vaccine Injury Compensation Program.

**NOTE:** These recommendations must be read along with the footnotes, which can be found on pages Q2–Q4 of this schedule.

**Approved by the Advisory Committee on Immunization Practices,  
the American College of Obstetricians and Gynecologists,  
and the American Academy of Family Physicians**

**1. Tetanus and diphtheria (Td) vaccination.** Adults with uncertain histories of a complete primary vaccination series with diphtheria and tetanus toxoid-containing vaccines should receive a primary series using combined Td toxoid. A primary series for adults is 3 doses; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. Administer 1 dose if the person received the primary series and if the last vaccination was received ≥10 years previously. Consult the ACIP statement for recommendations for administering Td as prophylaxis in wound management (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00041645.htm>). The American College of Physicians Task Force on Adult Immunization supports a second option for Td use in adults: a single Td booster at age 50 years for persons who have completed the full pediatric series, including the teenage/young adult booster. A newly licensed tetanus-diphtheria-acellular-pertussis vaccine is available for adults. ACIP recommendations for its use will be published.

**2. Measles, mumps, rubella (MMR) vaccination.** *Measles component:* adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive ≥1 dose of MMR unless they have a medical contraindication, documentation of ≥1 dose, history of measles based on health-care provider diagnosis, or laboratory evidence of immunity. A second dose of MMR is recommended for adults who 1) were

recently exposed to measles or in an outbreak setting; 2) were previously vaccinated with killed measles vaccine; 3) were vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a health-care facility; or 6) plan to travel internationally. Withhold MMR or other measles-containing vaccines from HIV-infected persons with severe immunosuppression. *Mumps component:* 1 dose of MMR vaccine should be adequate for protection for those born during or after 1957 who lack a history of mumps based on health-care provider diagnosis or who lack laboratory evidence of immunity. *Rubella component:* administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Do not vaccinate women who are pregnant or who might become pregnant within 4 weeks of receiving vaccine. 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.

**3. Varicella vaccination.** Varicella vaccination is recommended for all adults without evidence of immunity to varicella. Special consideration should be given to those who 1) have close contact