Vaccines are recommended for adults on the basis of their age, prior vaccinations, health conditions, lifestyle, occupation, and travel. Current levels of vaccine uptake for adult vaccines are low (1). Providers should be aware of the importance of routinely assessing patients' vaccination histories and recommending and providing routinely recommended vaccines. A strong recommendation from a vaccine provider is associated with increased uptake of vaccines (2, 3). Other interventions shown to increase vaccine uptake, such as implementation of reminder/recall systems and standing orders, have been summarized by the Community Guide (3).

The Advisory Committee on Immunization Practices (ACIP) annually reviews and updates the Adult Immunization Schedule (Figures 1 and 2), which is designed to provide vaccine providers with a summary of existing ACIP recommendations regarding the routine use of vaccines for adults. The Adult Immunization Schedule also includes a table summarizing the primary contraindications and precautions for routinely recommended vaccines (Table). In October 2012, ACIP approved the Adult Immunization Schedule for 2013. This schedule also incorporates changes to vaccine recommendations voted on by ACIP at the 24–25 October 2012 meeting.

The primary updates include adding information for the first time on the use of 13-valent pneumococcal conjugate vaccine (PCV13) and the timing of administration of PCV13 relative to the 23-valent pneumococcal polysaccharide vaccine (PPSV23) in adults (4). PCV13 is recommended for adults aged 19 years or older with immunocompromising conditions (including chronic renal failure and nephrotic syndrome), functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants. The schedule also clarifies which adults would need 1 or 2 doses of PPSV23 before the age of 65 years. Other changes to the PPSV23 footnote include adding information regarding recommendations for vaccination when vaccination status is unknown.

For tetanus, diphtheria, and acellular pertussis (Tdap) vaccine, recommendations have been expanded to include routine vaccination of adults aged 65 years or older and for pregnant women to receive Tdap vaccine with each pregnancy. The ideal timing of Tdap vaccination during pregnancy is during 27 to 36 weeks’ gestation. This recommendation was made to increase the likelihood of optimal protection for the pregnant woman and her infant during the first few months of the infant’s life when the child is too young for vaccination but at highest risk for severe illness and death from pertussis (5, 6).

Manufacturers of the live attenuated influenza vaccine (LAIV) have obtained approval from the U.S. Food and Drug Administration for a quadrivalent influenza vaccine that contains 1 influenza A (H3N2), 1 influenza A (H1N1), and 2 influenza B vaccine virus strains, one from each lineage of circulating influenza B viruses. In approximately half of the recent influenza seasons, the trivalent influenza vaccine has included an influenza B vaccine virus from a lineage different from that of the predominant circulating influenza B strains (7). Inclusion of both lineages of influenza B virus is intended to increase the likelihood that the vaccine provides cross-reactive antibody against a higher proportion of circulating influenza B viruses. For the LAIV, beginning with the 2013–14 season, it is expected that only the quadrivalent formulation will be available and manufacture of the trivalent formulation will cease. It is possible that quadrivalent inactivated influenza vaccine formulations may be available for the 2013–14 season as well. Because a mix of quadrivalent and trivalent influenza vaccines may be available in 2013–14, the abbreviation for inactivated influenza vaccine has been changed from TIV (trivalent inactivated influenza vaccine) to IIV (inactivated influenza vaccine). The abbreviation for live-attenuated influenza vaccine (LAIV) remains unchanged.

Minor wording changes, clarifications, or simplifications were made to footnotes for measles, mumps, rubella vaccine (MMR), human papillomavirus vaccine (HPV), zoster vaccine, and hepatitis A and hepatitis B vaccines. A correction was made to Figure 1 for MMR vaccine: The bar that indicated the vaccine might be used in certain situations for persons born before 1957 has been removed. Persons born before 1957 are considered immune and routine vaccination is not recommended. Considerations for the possible use of MMR vaccine in outbreak situations are included in the 2011 MMWR Recommendations and Reports publication on vaccination of health care personnel (8). In addition, a correction was made to Figure 2 for PPSV23: This vaccine is indicated for men who have sex with men if they have another risk factor (such as age or
Table. Contraindications and Precautions to Commonly Used Vaccines in Adults**‡‡

<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 influenza vaccine or to a vaccine component, including egg protein.</td>
<td>Moderate or severe acute illness with or without fever. History of Guillain–Barre’s syndrome (GBS) within 6 weeks of previous influenza vaccination. Persons who experience only hives with exposure to eggs should receive IIV with additional safety precautions.§</td>
</tr>
<tr>
<td>Influenza, live attenuated (LAIV)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine or to a vaccine component, including egg protein. Conditions for which ACIP recommends against use, but which are not contraindications in vaccine package insert: immune suppression, certain chronic medical conditions (such as asthma, diabetes, heart or kidney disease), and pregnancy.‡</td>
<td>Moderate or severe acute illness with or without fever. History of GBS within 6 weeks of previous influenza vaccination. Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td); tetanus, diphtheria (Td)</td>
<td>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizure) not attributable to another identifiable cause within 7 days of administration of a previous dose of Td or diphtheria and tetanus toxoids and pertussis (DTP) or diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.</td>
<td>Moderate or severe acute illness with or without fever. GBS within 6 weeks of a previous dose of tetanus toxoid-containing vaccine. History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine. For pertussis-containing vaccines: progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.</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 HIV infection who are severely immunocompromised).</td>
<td>Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product).† Moderate or severe acute illness with or without fever. Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.</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. Pregnancy.</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. Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.</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. Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, 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. Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product).† History of thrombocytopenia or thrombocytopenic purpura. Need for tuberculin skin testing.¹¹</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV)</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>Meningococcal, conjugate, serogroup C (MCV4)</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</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</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>

ACIP = Advisory Committee on Immunization Practices.

* 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 exemptions. Events or conditions listed as precautions should be reviewed carefully. Benefits and risks of administering a specific vaccine to a person under these circumstances should be considered. If a 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.


‡ Regarding latex allergy. Consult the package insert for any vaccine administered.


¶ LAIV, MMR, and varicella vaccines can be administered on the same day. If not administered on the same day, these live vaccines should be separated by at least 28 days.


** Immunosuppressive steroid therapy is considered to be ≥ 2 weeks of daily receipt of 20 mg or equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy. Providers should consult the ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression due to other reasons.

†† Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered. See National Center for Immunization and Respiratory Diseases. General recommendations on immunization—recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2011;60(2):1-64. Available at www.cdc.gov/vaccines/pubs/acip-list.htm.

§§ Measles vaccination might 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 ≥ 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.
Figure 1. Recommended Adult Immunization Schedule, by vaccine and age group.

Recommended Adult Immunization Schedule—United States • 2013
Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>1 or more doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<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 indications)

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, NW, Washington, DC 20001; telephone, 202-514-4600.

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), American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), and American College of Nurse-Midwives (ACNM).

Footnotes are available on page 195.

underlying condition); the bar has been changed from yellow to purple to more accurately reflect the recommendation.

Providers are reminded to consult the full ACIP-vaccine recommendations if they have questions and are reminded that additional updates may be made for specific vaccines during the year between updates to the Adult Immunization Schedule. You may find printable versions of the 2013 Adult Immunization Schedule and other information at www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm; information about adult vaccination at www.cdc.gov/vaccines/default.htm; ACIP statements for specific vaccines at www.cdc.gov/vaccine/pubs/acip-list.htm; and reporting adverse events at www.vaers.hhs.gov or by telephone, 800-822-7967. This schedule has been approved by the American Academy of Family Physicians, the American College of Physicians, the American College of Obstetrics and Gynecology, and the American College of Nurse-Midwives.

Changes to the Footnotes for 2013

Information was added to footnote 1 to direct readers to additional information regarding recommendations for vaccination when vaccination status is unknown.

The influenza vaccination footnote (footnote 2) now uses the acronym IIV for inactivate influenza vaccine and drops the acronym TIV for trivalent inactivated vaccine. For the 2013–14 influenza season, it is expected that the LAIV will be available only in a quadrivalent formulation;
Recommended Adult Immunization Schedule—United States • 2013

Note: These recommendations must be read with the footnotes that follow containing information on doses, intervals between doses, and other important information.

<table>
<thead>
<tr>
<th>VACCINE ▼</th>
<th>INDICATION ▶</th>
<th>Immunocompromising conditions (excluding human immunodeficiency virus [HIV])</th>
<th>H.I. Infection (CD4+ 1 lymphocyte count ≤500/μL)</th>
<th>Men who have sex with men (MSM)</th>
<th>Aplasia (including elective splenectomy and persistent complement component deficiencies)1,2,3,4,5</th>
<th>Chronic liver disease</th>
<th>Kidney failure, end-stage renal disease, receipt of hemodialysis</th>
<th>Diabetes</th>
<th>Health care personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza ▼</td>
<td>Pregnancy 1</td>
<td>1 dose IV annually</td>
<td>Substituted 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td>1 dose IV annually</td>
<td>1 dose IV annually</td>
<td>1 dose IV annually</td>
<td>1 dose IV annually</td>
<td>1 dose IV annually</td>
<td>1 dose IV annually</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap) ▼</td>
<td>Pregnancy 1</td>
<td>1 dose every 10 yrs</td>
<td>Contraindicated</td>
<td>2 doses</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Varicella ▼</td>
<td>Pregnancy 1</td>
<td>1 dose every 10 yrs</td>
<td>Contraindicated</td>
<td>2 doses</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female ▼</td>
<td>Pregnancy 1</td>
<td>1 dose every 10 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male ▼</td>
<td>Pregnancy 1</td>
<td>1 dose every 10 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Zoster ▼</td>
<td>Pregnancy 1</td>
<td>1 dose every 10 yrs</td>
<td>Contraindicated</td>
<td>2 doses</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR) ▼</td>
<td>Pregnancy 1</td>
<td>1 dose every 10 yrs</td>
<td>1 or 2 doses</td>
<td>1 dose</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23) ▼</td>
<td>Pregnancy 1</td>
<td>Contraindicated</td>
<td>1 or 2 doses</td>
<td>1 dose</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13) ▼</td>
<td>Pregnancy 1</td>
<td>Contraindicated</td>
<td>1 or 2 doses</td>
<td>1 dose</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Meningococcal ▼</td>
<td>Pregnancy 1</td>
<td>Contraindicated</td>
<td>1 or 2 doses</td>
<td>1 dose</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Hepatitis A ▼</td>
<td>Pregnancy 1</td>
<td>Contraindicated</td>
<td>2 doses</td>
<td>2 doses</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
</tr>
<tr>
<td>Hepatitis B ▼</td>
<td>Pregnancy 1</td>
<td>Contraindicated</td>
<td>2 doses</td>
<td>2 doses</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</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 indications)

No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2013. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine’s other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturer’s package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).

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), American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), and American College of Nurse-Midwives (ACNM).

Footnotes are available on page 195.

IIV may be available in both trivalent and quadrivalent formulations.

The Td/Tdap vaccination footnote (footnote 3) is updated to include the recommendation to vaccinate pregnant women with Tdap during each pregnancy, regardless of the interval since prior Td/Tdap vaccination and to include the recommendation for all other adults, including persons aged 65 years or older, to receive 1 dose of Tdap vaccine.

The varicella (footnote 4) and HPV (footnote 5) footnotes were simplified; no changes in recommendations were made. Additional information was added to HPV footnote regarding HPV vaccination and pregnancy.

Clarification to the zoster footnote (footnote 6) was made that ACIP recommends vaccination of persons beginning at age 60 years for both persons with and those without underlying health conditions for whom the vaccine is not contraindicated.

The MMR vaccine footnote (footnote 7) was modified to reflect the new recommendation that a provider diagnosis of measles, mumps, or rubella is not considered acceptable evidence of immunity. Previously, a provider diagnosis of measles or mumps but not rubella was considered acceptable evidence of immunity.

Information was added to the PPSV23 vaccination footnote (footnote 8) and PPSV23 revaccination footnote (footnote 9) to clarify that people with certain medical conditions are recommended to receive 2 doses of PPSV23 before age 65 years. And, even those who receive 2 doses of PPSV23 before age 65 years are recommended to receive PPSV23 at age 65 years, as long as it has been 5 years since the most recent dose. The PPSV23 footnote refers to footnotes regarding HPV vaccination and pregnancy.

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), American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), and American College of Nurse-Midwives (ACNM).
note 10 for PCV13 regarding the timing of PCV13 vaccine relative to PPSV23 for those persons recommended to be vaccinated with both pneumococcal vaccines.

A new footnote (footnote 10) was added for PCV13 vaccine. This vaccine is recommended for adults aged 19 years or older with immunocompromising conditions (including chronic renal failure and nephrotic syndrome), functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants. Those not previously vaccinated with PCV13 or PPSV23 should receive a single dose of PCV13 followed by a dose of PPSV23 at least 8 weeks later. Those previously vaccinated with PPSV23 should receive the PCV13 vaccine 1 year or more after PPSV23 vaccination (4).

The hepatitis A vaccine footnote (footnote 12) was updated to clarify that vaccination is recommended for persons with a history of either injection or noninjection illicit drug use.

The hepatitis B vaccine footnote (footnote 13) includes minor wording changes and adds information on the vaccine schedule for hepatitis B vaccine series for the Recombivax HB vaccine. The dosing schedules for other hepatitis B vaccines were included in prior years’ schedules.

Changes to the Figures for 2013

For Figure 1, the bar for Tdap/Td for persons aged 65 years or older has been changed to yellow because all adults, including those aged 65 years or older, are now recommended to receive 1 dose of Tdap vaccine (5).

The bar for MMR vaccine for persons born before 1957 has been removed. MMR vaccine is not recommended routinely for persons born before 1957. Considerations for vaccination in outbreak settings are discussed in the ACIP recommendations for health care personnel (8).

A new row for PCV13 vaccine has been added.

For Figure 2, the recommendation for Tdap vaccination with each pregnancy is included with a single dose of Tdap recommended for all other groups (6).

A correction was made to change the color for PPSV23 from yellow to purple for men who have sex with men. PPSV23 is recommended for men who have sex with men who have another risk factor, such as age or medical condition.

A row for PCV13 was added (4).

Changes to the Contraindications and Precautions Table for 2013

The inactivated influenza vaccine precautions were updated to indicate that persons who experience only hives with exposure to eggs should receive IIV rather than LAIV.

Pregnancy was removed as a precaution for hepatitis A vaccine. This is an inactivated vaccine and, similar to hepatitis B vaccines, is recommended if another high-risk condition or other indication is present.

Language was clarified regarding the precaution for use of antiviral medications and vaccination with varicella or zoster vaccines.

Footnotes

Recommended Adult Immunization Schedule: United States, 2013

1. Additional information

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/rr6002a1.htm.

Advisory Committee on Immunization Practices (ACIP) vaccine recommendations and additional information for specific vaccines are available at www.cdc.gov/vaccines/pubs/acip-list.htm.

Information on travel vaccine requirements and recommendations (e.g., for hepatitis A and B, meningococcal, and other vaccines) is available at wwwnc.cdc.gov/travel/page/vaccinations.htm.

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, can receive the inactivated influenza vaccine (IIV).

Healthy, nonpregnant persons aged 2 through 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 rather than LAIV.

The intramuscular or intradermal administered IIV are options for adults aged 18 through 64 years.

Adults aged 65 years or older can receive the standard-dose IIV or the high-dose IIV (Fluzone High-Dose).

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 number of years from prior Td or Tdap vaccination.

Administer Tdap to all other adults who have not previously received Tdap or for whom vaccine status is unknown. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-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 the first 2 doses at least 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.

Special consideration for vaccination 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 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. 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 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; or
- laboratory evidence of immunity or laboratory confirmation of disease.

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 (HPV2).

For females, either HPV4 or HPV2 is recommended in a 3-dose series for routine vaccination at 11 or 12 years of age, and for those 13 through 26 years of age, if not previously vaccinated.

For males, HPV4 is recommended in a 3-dose series for routine vaccination at 11 or 12 years of age, and for those 13 through 21 years of age, if not previously vaccinated. Males 22 through 26 years of age may be vaccinated.

HPV4 is recommended for men who have sex with men through age 26 years 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 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 1 to 2 months after the first dose; the third dose should be administered 6 months after the first dose (at least 24 weeks after the first dose).

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.

Although HPV vaccination is not specifically recommended for health care personnel on the basis of their occupation, health care personnel should receive the HPV vaccine as recommended (see above).

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 begins 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.

Although zoster vaccination is not specifically recommended for health-care personnel, health care personnel should receive the vaccine if they are in the recommended age group.

7. Measles, mumps, rubella (MMR) vaccination

Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, or laboratory evidence of immunity to each of the 3 diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

**Measles component:**

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 postsecondary educational institutions;
- work in a health care facility; or
- plan to travel internationally.

Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type from 1963 to 1967 should be revaccinated with 2 doses of MMR vaccine.
When indicated, PCV13 should be administered to patients who are uncertain of their vaccination status and there is no record of previous vaccination. When PCV13 is also indicated, a dose of PCV13 should be given first (see footnote 10).

9. Revaccination with PPSV23

One-time revaccination 5 years after the first dose is recommended for persons 19 through 64 years of age 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 are needed for persons vaccinated with PPSV23 at or after age 65 years.

10. Pneumococcal conjugate 13 valent vaccination (PCV13)

Adults aged 19 years or older with immunocompromising conditions (including chronic renal failure and nephrotic syndrome), functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants and 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 those who require additional doses of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years since the most recent dose of PPSV23.

When indicated, PCV13 should be administered to patients who are uncertain of their vaccination status history and there is 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.

11. Meningococcal vaccination

Administer 2 doses of meningococcal conjugate vaccine quadrivalent (MCV4) at least 2 months apart to adults...
with functional asplenia or persistent complement component deficiencies.

HIV-infected persons who are vaccinated should also receive 2 doses.

Administer a single dose of meningococcal vaccine to microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, 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.

MCV4 is preferred for adults with any of the preceding indications who are aged 55 years or younger; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults aged 56 years or older.

Revaccination with MCV4 every 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia or persistent complement component deficiencies).

### 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 noninjection 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
- 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 planned, ideally 2 or more weeks before the 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 younger than 60 years with diabetes as soon as feasible after diagnosis and persons with diabetes who are 60 years or older at the discretion of the treating clinician based on increased need for assisted blood glucose monitoring in long-term care facilities, likelihood of acquiring hepatitis B infection, its complications or chronic sequelae, and 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. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

One dose of Hib vaccine should be considered for persons who have sickle cell disease, leukemia, or HIV infection, or who have anatomic or functional asplenia if they have not previously received Hib vaccine.
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 www.cdc.gov/vaccines/pubs/acip-list.htm.

From the Centers for Disease Control and Prevention, Atlanta, Georgia.

Potential Conflicts of Interest: To assure the integrity of the ACIP, the U.S. Department of Health and Human Services has taken steps to assure that there is technical adherence to ethics statutes and regulations regarding financial conflicts of interest. Concerns regarding the potential for the appearance of a conflict are addressed, or avoided altogether, through both pre- and postappointment considerations. Individuals with particular vaccine-related interests will not be considered for appointment to the committee. Potential nominees are screened for conflicts of interest, and if any are found, they are asked to divest or forgo certain vaccine-related activities. In addition, at the beginning of each ACIP meeting, each member is asked to declare his or her conflicts. Members with conflicts are not permitted to vote if the conflict involves the vaccine or biological being voted on. Disclosures for ACIP members can be viewed at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M12-3059.

Corresponding Author: Carolyn B. Bridges, MD, Immunization Services Division, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, MS A-19, Atlanta, GA 30333; e-mail, cbridges@cdc.gov.

References

APPENDIX

Members of the Advisory Committee on Immunization Practices

Jonathan Temte, MD, PhD (Chair), University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin
Larry K. Pickering, MD (Executive Secretary), Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Atlanta, Georgia
Nancy Bennett, MD, MS, University of Rochester School of Medicine and Dentistry, Rochester, New York
Joseph A. Bocchini Jr., MD, Louisiana State University Health Sciences Center, Shreveport, Louisiana
Douglas Campos-Outcalt, MD, MPA, University of Arizona College of Medicine–Phoenix, Phoenix, Arizona
Tamera Coyne-Beasley, MD, MPH, North Carolina Child Health Research Network, North Carolina Translational and Clinical Sciences, University of North Carolina School of Medicine, Chapel Hill, North Carolina
Jeffrey Duchin, MD, Public Health—Seattle and King County, University of Washington School of Medicine, Seattle, Washington
Kathleen Harriman, PhD, MPH, RN, California Department of Public Health, Richmond, California
Lee H. Harrison, MD, University of Pittsburgh, Pittsburgh, Pennsylvania
Renée R. Jenkins, MD, Howard University College of Medicine, Washington, DC
Ruth A. Karron, MD, Center for Immunization Research, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland
Wendy A. Keitel, MD, Baylor College of Medicine, Houston, Texas
Sara Rosenbaum, JD, George Washington University, Washington, DC

Lorry Rubin, MD, Steven and Alexandra Cohen Children’s Medical Center of New York, North Shore–Long Island Jewish Health System, New Hyde Park, New York
Mark H. Sawyer, MD, University of California, San Diego, School of Medicine, San Diego, California
Marietta Vázquez, MD, Yale University School of Medicine, New Haven, Connecticut

ACIP Adult Immunization Work Group Members

Work Group Chair: Tamera Coyne-Beasley, MD, MPH, Chapel Hill, North Carolina

Work Group Members: Tammy Clark, RN, BSN, Jackson, Mississippi; Kathleen Harriman, PhD, Richmond, California; Molly Howell, MPH, Bismarck, North Dakota; Laura Pinkston Koenigs, MD, Springfield, Massachusetts; Marie-Michele Leger, MPH, PA-C, Alexandria, Virginia; Susan M. Lett, MD, Boston, Massachusetts; Robert Palinkas, MD, Urbana, Illinois; Diane Peterson, Saint Paul, Minnesota; Gregory Poland, MD, Rochester, Minnesota; Laura E. Riley, MD, Boston, Massachusetts; William Schaffner, MD, Nashville, Tennessee; Kenneth Schmader, MD, Durham, North Carolina; Litjen Tan, PhD, Chicago, Illinois; Jonathan L. Temte, MD, PhD, Madison, Wisconsin; Richard Zimmerman, MD, MPH, Pittsburgh, Pennsylvania

Work Group Contributors: Lisa Grohskopf, MD, MPH, Atlanta, Georgia; Craig Hales, MD, MPH, Atlanta, Georgia; Charles LeBaron, MD, Atlanta, Georgia; Jennifer L. Liang, DVM, MPVM, Atlanta, Georgia; Lauri Markowitz, MD, Atlanta, Georgia; Matthew Moore, MD, Atlanta, Georgia; Amy Parker Fiebelkorn, MSN, MPH, Atlanta, Georgia; Sarah Schillie, MD, Atlanta, Georgia; Raymond A. Strikas, MD, MPH, Atlanta, Georgia; Walter W. Williams, MD, MPH, Atlanta, Georgia

Work Group Secretariat: Carolyn B. Bridges, MD, Atlanta, Georgia