

# Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES  
**2024**

## Vaccines in the Adult Immunization Schedule\*

| Vaccine  | Abbreviation(s)           | Trade name(s)   |
|--|---------------------------|---|
| COVID-19 vaccine   | 1vCOV-mRNA                | Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine<br>Spikevax®/Moderna COVID-19 Vaccine |
|  | 1vCOV-aPS                 | Novavax COVID-19 Vaccine  |
| <i>Haemophilus influenzae</i> type b vaccine                   | Hib                       | ActHIB®<br>Hiberix®<br>PedvaxHIB®   |
| Hepatitis A vaccine  | HepA                      | Havrix®<br>Vaqta®   |
| Hepatitis A and hepatitis B vaccine                            | HepA-HepB                 | Twinrix®  |
| Hepatitis B vaccine  | HepB                      | Engerix-B®<br>Hepelisav-B®<br>PreHevbrio®<br>Recombivax HB®                       |
| Human papillomavirus vaccine                                   | HPV                       | Gardasil 9®   |
| Influenza vaccine (inactivated)                                | IIV4                      | Many brands   |
| Influenza vaccine (live, attenuated)                           | LAIV4                     | FluMist® Quadrivalent   |
| Influenza vaccine (recombinant)                                | RIV4                      | Flublok® Quadrivalent   |
| Measles, mumps, and rubella vaccine                            | MMR                       | M-M-R II®<br>Priorix®   |
| Meningococcal serogroups A, C, W, Y vaccine                    | MenACWY-CRM<br>MenACWY-TT | Menveo®<br>MenQuadfi®   |
| Meningococcal serogroup B vaccine                              | MenB-4C<br>MenB-FHbp      | Bexsero®<br>Trumenba®   |
| Meningococcal serogroup A, B, C, W, Y vaccine                  | MenACWY-TT/<br>MenB-FHbp  | Penbraya™   |
| Mpox vaccine   | Mpox                      | Jynneos®  |
| Pneumococcal conjugate vaccine                                 | PCV15<br>PCV20            | Vaxneuvance™<br>Prenar 20™  |
| Pneumococcal polysaccharide vaccine                            | PPSV23                    | Pneumovax 23®   |
| Poliovirus vaccine   | IPV                       | Ipol®   |
| Respiratory syncytial virus vaccine                            | RSV                       | Arexvy®<br>Abrysvo™   |
| Tetanus and diphtheria toxoids                                 | Td                        | Tenivac®<br>Tdvax™  |
| Tetanus and diphtheria toxoids and acellular pertussis vaccine | Tdap                      | Adacel®<br>Boostrix®  |
| Varicella vaccine  | VAR                       | Varivax®  |
| Zoster vaccine, recombinant                                    | RZV                       | Shingrix  |

\*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

## How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (**Table 1**)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (**Table 2**)
- 3** Review vaccine types, dosing frequencies and intervals, and considerations for special situations (**Notes**)
- 4** Review contraindications and precautions for vaccine types (**Appendix**)
- 5** Review new or updated ACIP guidance (**Addendum**)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American College of Physicians ([www.acponline.org](http://www.acponline.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)), American Academy of Physician Associates ([www.aapa.org](http://www.aapa.org)), American Pharmacists Association ([www.pharmacist.com](http://www.pharmacist.com)), and Society for Healthcare Epidemiology of America ([www.shea-online.org](http://www.shea-online.org)).

### Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

### Questions or comments

Contact [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules app for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html).

### Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- ACIP Shared Clinical Decision-Making Recommendations: [www.cdc.gov/vaccines/acip/acip-scdm-faqs.html](http://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html)
- *General Best Practice Guidelines for Immunization* [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

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**Table 1**

**Recommended Adult Immunization Schedule by Age Group, United States, 2024**

| Vaccine   | 19–26 years   | 27–49 years   | 50–64 years | ≥65 years                           |
|---|---|---|-------------|-------------------------------------|
| <b>COVID-19</b>   | 1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)          |   |             |                                     |
| <b>Influenza inactivated (IIV4) or Influenza recombinant (RIV4)</b> | 1 dose annually   |   |             |                                     |
| <b>Influenza live, attenuated (LAIV4)</b>                           | 1 dose annually   |   |             |                                     |
| <b>Respiratory Syncytial Virus (RSV)</b>                            | Seasonal administration during pregnancy. See Notes.                        |   | ≥60 years   |                                     |
| <b>Tetanus, diphtheria, pertussis (Tdap or Td)</b>                  | 1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) |   |             |                                     |
|   | 1 dose Tdap, then Td or Tdap booster every 10 years                         |   |             |                                     |
| <b>Measles, mumps, rubella (MMR)</b>                                | 1 or 2 doses depending on indication (if born in 1957 or later)             |   |             | For healthcare personnel, see notes |
| <b>Varicella (VAR)</b>  | 2 doses (if born in 1980 or later)  |   | 2 doses     |                                     |
| <b>Zoster recombinant (RZV)</b>                                     | 2 doses for immunocompromising conditions (see notes)                       |   | 2 doses     |                                     |
| <b>Human papillomavirus (HPV)</b>                                   | 2 or 3 doses depending on age at initial vaccination or condition           | 27 through 45 years   |             |                                     |
| <b>Pneumococcal (PCV15, PCV20, PPSV23)</b>                          |   |   |             | See Notes                           |
|   |   |   |             | See Notes                           |
| <b>Hepatitis A (HepA)</b>   | 2, 3, or 4 doses depending on vaccine                                       |   |             |                                     |
| <b>Hepatitis B (HepB)</b>   | 2, 3, or 4 doses depending on vaccine or condition                          |   |             |                                     |
| <b>Meningococcal A, C, W, Y (MenACWY)</b>                           | 1 or 2 doses depending on indication, see notes for booster recommendations |   |             |                                     |
| <b>Meningococcal B (MenB)</b>                                       | 19 through 23 years   | 2 or 3 doses depending on vaccine and indication, see notes for booster recommendations |             |                                     |
| <b>Haemophilus influenzae type b (Hib)</b>                          | 1 or 3 doses depending on indication  |   |             |                                     |
| <b>Mpox</b>   |   |   |             |                                     |

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

**Table 2**

**Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2024**

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

| VACCINE      | Pregnancy                          | Immunocompromised (excluding HIV infection)         | HIV infection CD4 percentage and count |                              | Men who have sex with men          | Asplenia, complement deficiency | Heart or lung disease | Kidney failure, End-stage renal disease or on dialysis | Chronic liver disease; alcoholism <sup>a</sup> | Diabetes | Healthcare Personnel <sup>b</sup> |
|--------------|------------------------------------|---|--|------------------------------|------------------------------------|---------------------------------|-----------------------|--|--|----------|-----------------------------------|
|              |                                    |   | <15% or <200mm <sup>3</sup>            | ≥15% and ≥200mm <sup>3</sup> |                                    |                                 |                       |  |  |          |                                   |
| COVID-19     |                                    | See Notes   |  |                              |                                    |                                 |                       |  |  |          |                                   |
| IIV4 or RIV4 |                                    | 1 dose annually                                     |  |                              |                                    |                                 |                       |  |  |          |                                   |
| LAIV4        |                                    |   |  |                              | 1 dose annually if age 19–49 years |                                 |                       | 1 dose annually if age 19–49 years                     |  |          |                                   |
| RSV          | Seasonal administration. See Notes | See Notes   |  |                              |                                    | See Notes                       |                       |  |  |          |                                   |
| Tdap or Td   | Tdap: 1 dose each pregnancy        | 1 dose Tdap, then Td or Tdap booster every 10 years |  |                              |                                    |                                 |                       |  |  |          |                                   |
| MMR          | *                                  |   |  |                              |                                    |                                 |                       |  |  |          |                                   |
| VAR          | *                                  |   |  | See Notes                    |                                    |                                 |                       |  |  |          |                                   |
| RZV          |                                    | See Notes   |  |                              |                                    |                                 |                       |  |  |          |                                   |
| HPV          | *                                  | 3 dose series if indicated                          |  |                              |                                    |                                 |                       |  |  |          |                                   |
| Pneumococcal |                                    |   |  |                              |                                    |                                 |                       |  |  |          |                                   |
| HepA         |                                    |   |  |                              |                                    |                                 |                       |  |  |          |                                   |
| Hep B        | See Notes                          |   |  |                              |                                    |                                 |                       |  | Age ≥ 60 years                                 |          |                                   |
| MenACWY      |                                    |   |  |                              |                                    |                                 |                       |  |  |          |                                   |
| MenB         |                                    |   |  |                              |                                    |                                 |                       |  |  |          |                                   |
| Hib          |                                    | HSCT: 3 doses <sup>c</sup>                          |  |                              |                                    | Asplenia: 1 dose                |                       |  |  |          |                                   |
| Mpox         | See Notes                          |   |  |                              | See Notes                          |                                 |                       |  |  |          | See Notes                         |

  Recommended for all adults who lack documentation of vaccination, **OR** lack evidence of immunity
   Not recommended for all adults, but recommended for some adults based on either age **OR** increased risk for or severe outcomes from disease
   Recommended based on shared clinical decision-making
   Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.
   Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
   Contraindicated or not recommended \*Vaccinate after pregnancy, if indicated
   No Guidance/ Not Applicable

a. Precaution for LAIV4 does not apply to alcoholism.

b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant.

For vaccination recommendations for persons ages 18 years or younger, see the Recommended Child and Adolescent Immunization Schedule, 2024: [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

### Additional Information

- For calculating intervals between doses, 4 weeks = 28 days. Intervals of  $\geq 4$  months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered  $\leq 4$  days before the minimum age or interval are considered valid. Doses of any vaccine administered  $\geq 5$  days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-2, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccination requirements and recommendations is available at [www.cdc.gov/travel/](http://www.cdc.gov/travel/).
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html)
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the adult immunization schedule except PPSV23, RSV, RZV, Mpox, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or [www.hrsa.gov/cicp](http://www.hrsa.gov/cicp).

## COVID-19 vaccination

### Routine vaccination

#### Age 19 years or older

##### • Unvaccinated:

- 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks

- **Previously vaccinated\* with 1 or more doses of any COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

### Special situations

#### Persons who are moderately or severely immunocompromised\*\*

##### • Unvaccinated:

- 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks

- **Previously vaccinated\* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks)

- **Previously vaccinated\* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after most recent dose.

- **Previously vaccinated\* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).

- **Previously vaccinated\* with 2 doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after most recent dose.

- **Previously vaccinated\* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

- **Previously vaccinated\* with 1 or more doses of Janssen or Novavax with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) of COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Current COVID-19 vaccine information available at [www.cdc.gov/covidschedule](http://www.cdc.gov/covidschedule). For information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see [www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines](http://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).

**\*Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

**\*\*Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

**Haemophilus influenzae type b vaccination****Special situations**

- **Anatomical or functional asplenia (including sickle cell disease):** 1 dose if previously did not receive Hib vaccine; if elective splenectomy, 1 dose preferably at least 14 days before splenectomy.
- **Hematopoietic stem cell transplant (HSCT):** 3-dose series 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history.

**Hepatitis A vaccination****Routine vaccination**

- **Any person who is not fully vaccinated and requests vaccination** (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

**Special situations**

- **Any person who is not fully vaccinated and who is at risk for hepatitis A virus infection:** 2-dose series HepA or 3-dose series HepA-HepB as above. Risk factors for hepatitis A virus infection include:
  - **Chronic liver disease** (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - **HIV infection**
  - **Men who have sex with men**
  - **Injection or noninjection drug use**
  - **Persons experiencing homelessness**
  - **Work with hepatitis A virus** in research laboratory or with nonhuman primates with hepatitis A virus infection

- **Travel in countries with high or intermediate endemic hepatitis A** (HepA-HepB [Twinrix] may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months)
- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)
- **Pregnancy** if at risk for infection or severe outcome from infection during pregnancy
- **Settings for exposure**, including health care settings targeting services to injection or noninjection drug users or group homes and nonresidential day care facilities for developmentally disabled persons (individual risk factor screening not required)

**Hepatitis B vaccination****Routine vaccination**

- **Age 19 through 59 years:** complete a 2- or 3- or 4-dose series
  - 2-dose series only applies when 2 doses of Heplisav-B\* are used at least 4 weeks apart
  - 3-dose series Engerix-B, PreHevbrio\*, or Recombivax HB at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks])
  - 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])
  - 4-dose series HepA-HepB (Twinrix) accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months

\***Note:** Heplisav-B and PreHevbrio are not recommended in pregnancy due to lack of safety data in pregnant persons.

- **Age 60 years or older without** known risk factors for hepatitis B virus infection **may** receive a HepB vaccine series.
- **Age 60 years or older with** known risk factors for hepatitis B virus infection **should** receive a HepB vaccine series.
- **Any adult age 60 years of age or older** who requests HepB vaccination should receive a HepB vaccine series.
  - **Risk factors for hepatitis B virus infection include:**
    - **Chronic liver disease** e.g., persons with hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase (ALT) or aspartate aminotransferase (AST) level greater than twice the upper limit of normal
    - **HIV infection**
    - **Sexual exposure risk** e.g., sex partners of hepatitis B surface antigen (HBsAg)-positive persons, sexually active persons not in mutually monogamous relationships, persons seeking evaluation or treatment for a sexually transmitted infection, men who have sex with men
    - **Current or recent injection drug use**
    - **Percutaneous or mucosal risk for exposure to blood** e.g., household contacts of HBsAg-positive persons, residents and staff of facilities for developmentally disabled persons, health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids; persons on maintenance dialysis (including in-center or home hemodialysis and peritoneal dialysis), persons who are predialysis, and patients with diabetes\*
    - **Incarceration**
    - **Travel in countries with high or intermediate endemic hepatitis B**

\***Age 60 years or older with diabetes:** Based on shared clinical decision making, 2-, 3-, or 4-dose series as above.



### Special situations

- **Patients on dialysis:** complete a 3- or 4-dose series
  - 3-dose series Recombivax HB at 0, 1, 6 months (Note: Use Dialysis Formulation 1 mL = 40 mcg)
  - 4-dose series Engerix-B at 0, 1, 2, and 6 months (Note: Use 2 mL dose instead of the normal adult dose of 1 mL)

### Human papillomavirus vaccination

#### Routine vaccination

- **All persons up through age 26 years:** 2- or 3-dose series depending on age at initial vaccination or condition
  - **Age 9–14 years at initial vaccination and received 1 dose or 2 doses less than 5 months apart:** 1 additional dose
  - **Age 9–14 years at initial vaccination and received 2 doses at least 5 months apart:** HPV vaccination series complete, no additional dose needed
  - **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- No additional dose recommended when any HPV vaccine series of any valency has been completed using the recommended dosing intervals.

#### Shared clinical decision-making

- **Adults age 27–45 years:** Based on shared clinical decision-making, complete a 2-dose series (if initiated age 9–14 years) or 3-dose series (if initiated  $\geq 15$  years)

For additional information on shared clinical decision-making for HPV; see [www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-hpv-shared-clinical-decision-making-hpv.pdf](http://www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-hpv-shared-clinical-decision-making-hpv.pdf)

### Special situations

- **Age ranges recommended above for routine and catch-up vaccination or shared clinical decision-making also apply in special situations**
  - **Immunocompromising conditions, including HIV infection:** 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
  - **Pregnancy:** Pregnancy testing is not needed before vaccination. HPV vaccination is not recommended until after pregnancy. No intervention needed if inadvertently vaccinated while pregnant.

### Influenza vaccination

#### Routine vaccination

- **Age 19 years or older:** 1 dose any influenza vaccine appropriate for age and health status annually.
- **Age 65 years or older:** Any one of quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4) is preferred. If none of these three vaccines are available, then any other age-appropriate influenza vaccine should be used.
- For the 2023–2024 season, see [www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm](http://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm)
- For the 2024–2025 season, see the 2024–2025 ACIP influenza vaccine recommendations.

#### Special situations

- **Close contacts (e.g., caregivers, healthcare workers) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV4. If LAIV4 is given, they should avoid contact with/caring for such immunosuppressed persons for 7 days after vaccination.

**Note:** Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg based) appropriate for age and health status.

### Measles, mumps, and rubella vaccination

#### Routine vaccination

- **No evidence of immunity to measles, mumps, or rubella:** 1 dose
  - **Evidence of immunity:** Born before 1957 (except for health care personnel, see below), documentation of receipt of MMR vaccine, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

#### Special situations

- **Pregnancy with no evidence of immunity to rubella:** MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose
- **Nonpregnant persons of childbearing age with no evidence of immunity to rubella:** 1 dose
- **HIV infection with CD4 percentages  $\geq 15\%$  and CD4 count  $\geq 200$  cells/mm<sup>3</sup> for at least 6 months and no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart; MMR contraindicated for HIV infection with CD4 percentage  $< 15\%$  or CD4 count  $< 200$  cells/mm<sup>3</sup>
- **Severe immunocompromising conditions:** MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close, personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart if previously did not receive any doses of MMR or 1 dose if previously received 1 dose MMR
- **In mumps outbreak settings,** for information about additional doses of MMR (including 3rd dose of MMR), see [www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm](http://www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm)

- **Health care personnel:**

- **Born before 1957 with no evidence of immunity to measles, mumps, or rubella:** Consider 2-dose series at least 4 weeks apart for protection against measles or mumps or 1 dose for protection against rubella

- **Born in 1957 or later with no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart for protection against measles or mumps or at least 1 dose for protection against rubella

### Meningococcal vaccination

#### Special situations for MenACWY

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:** 2-dose series MenACWY (Menveo or MenQuadfi) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, or microbiologists routinely exposed to *Neisseria meningitidis*:** 1 dose MenACWY (Menveo or MenQuadfi) and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:** 1 dose MenACWY (Menveo or MenQuadfi)
- For MenACWY **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings, or among men who have sex with men) and additional meningococcal vaccination information, see [www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm](http://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm)

#### Shared clinical decision-making for MenB

- **Adolescents and young adults age 16–23 years (age 16–18 years preferred) not at increased risk for meningococcal disease:** Based on shared clinical decision-making, 2-dose series MenB-4C (Bexsero) at least 1 month apart or 2-dose series MenB-FHbp (Trumenba) at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series).

For additional information on shared clinical decision-making for MenB, see [www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf](http://www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf)

#### Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use, or microbiologists routinely exposed to *Neisseria meningitidis*:** 2-dose primary series MenB-4C (Bexsero) at least 1 month apart or 3-dose primary series MenB-FHbp (Trumenba) at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a fourth dose should be administered at least 4 months after dose 3); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series); 1 dose MenB booster 1 year after primary series and revaccinate every 2–3 years if risk remains.
- **Pregnancy:** Delay MenB until after pregnancy unless at increased risk and vaccination benefits outweigh potential risks.

- For MenB **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings and among men who have sex with men) and additional meningococcal vaccination information, see [www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm](http://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm)

**Note:** MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.

Adults may receive a single dose of Penbraya as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For adults not at increased risk, if Penbraya is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For adults at increased risk of meningococcal disease, Penbraya may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day **and** at least 6 months have elapsed since most recent Penbraya dose.

### Mpox vaccination

#### Special situations

- **Any person at risk for Mpox infection:** 2-dose series, 28 days apart.
- **Risk factors for Mpox infection include:**
  - Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
    - A new diagnosis of at least 1 sexually transmitted disease
    - More than 1 sex partner
    - Sex at a commercial sex venue
    - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
  - Persons who are sexual partners of the persons described above
  - Persons who anticipate experiencing any of the situations described above

- **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.
  - **Healthcare personnel:** Except in rare circumstances (e.g. no available personal protective equipment), healthcare personnel who do not have any of the sexual risk factors described above should not receive Jynneos.
- For detailed information, see: [www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-MPOX-Rao-508.pdf](http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-MPOX-Rao-508.pdf)

## Pneumococcal vaccination

### Routine vaccination

- **Age 65 years or older who have:**
  - **Not previously received a dose of PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.
    - If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,\* cochlear implant, or cerebrospinal fluid leak).
  - **Previously received only PCV7:** follow the recommendation above.
  - **Previously received only PCV13:** 1 dose PCV20 OR 1 dose PPSV23.
    - If PCV20 is selected, administer at least 1 year after the last PCV13 dose.
    - If PPSV23 is selected, administer at least 1 year after the last PCV13 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,\* cochlear implant, or cerebrospinal fluid leak).
  - **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.
    - If PCV15 is used, no additional PPSV23 doses are recommended.

- **Previously received both PCV13 and PPSV23 but NO PPSV23 was received at age 65 years or older:** 1 dose PCV20 OR 1 dose PPSV23.
  - If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.
  - If PPSV23 is selected, see dosing schedule at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf).
- **Previously received both PCV13 and PPSV23, AND PPSV23 was received at age 65 years or older:** Based on shared clinical decision-making, 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine dose.
- For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: [www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html](http://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html).

### Special situations

- **Age 19–64 years with certain underlying medical conditions or other risk factors\*\* who have:**
  - **Not previously received a PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.
    - If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,\* cochlear implant, or cerebrospinal fluid leak).
  - **Previously received only PCV7:** follow the recommendation above.
  - **Previously received only PCV13:** 1 dose PCV20 OR 1 dose PPSV23.
    - If PCV20 is selected, administer at least 1 year after the PCV13 dose.
    - If PPSV23 is selected, see dosing schedule at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf)
  - **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.

- If PCV15 is used, no additional PPSV23 doses are recommended.
- **Previously received PCV13 and 1 dose of PPSV23:** 1 dose PCV20 OR 1 dose PPSV23.
  - If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.
  - If PPSV23 is selected, see dosing schedule at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf)
- For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app which can be downloaded here: [www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html](http://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html)

\***Note:** Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiencies, iatrogenic immunosuppression, generalized malignancy, HIV infection, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplant, congenital or acquired asplenia, or sickle cell disease or other hemoglobinopathies.

\*\***Note:** Underlying medical conditions or other risk factors include alcoholism, chronic heart/liver/lung disease, chronic renal failure, cigarette smoking, cochlear implant, congenital or acquired asplenia, CSF leak, diabetes mellitus, generalized malignancy, HIV infection, Hodgkin disease, immunodeficiencies, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant, or sickle cell disease or other hemoglobinopathies.

## Poliovirus vaccination

### Routine vaccination

- **Adults known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.\* Unless there are specific reasons to believe they were not vaccinated, most adults who were born and raised in the United States can assume they were vaccinated against polio as children.



**Special situations**

- **Adults at increased risk of exposure to poliovirus who completed primary series\***: may administer one lifetime IPV booster

\***Note:** Complete primary series consists of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: [www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html](http://www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html)

**Respiratory syncytial virus vaccination****Routine vaccination**

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\***: 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

**Special situations**

- **Age 60 years or older:** Based on shared clinical decision-making, 1 dose RSV vaccine (Arexvy® or Abrysvo™). Persons most likely to benefit from vaccination are those considered to be at increased risk for severe RSV disease.\*\* For additional information on shared clinical decision-making for RSV in older adults, see [www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf](http://www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf)

For further guidance, see [www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm](http://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm)

\***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Refer to the 2024 Child and Adolescent Immunization Schedule for considerations regarding nirsevimab administration to infants.

\*\***Note:** Adults age 60 years or older who are at increased risk for severe RSV disease include those with chronic medical conditions such as lung diseases (e.g., chronic obstructive pulmonary disease, asthma), cardiovascular diseases (e.g., congestive heart failure, coronary artery disease), neurologic or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); those who are considered to be frail; those of advanced age; those who reside in nursing homes or other long-term care facilities; and those with other underlying medical conditions or factors that a health care provider determines might increase the risk of severe respiratory disease.

**Tetanus, diphtheria, and pertussis vaccination****Routine vaccination**

- **Previously did not receive Tdap at or after age 11 years\***: 1 dose Tdap, then Td or Tdap every 10 years

**Special situations**

- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose and can be substituted for any Td dose), Td or Tdap every 10 years thereafter.
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

- **Wound management:** Persons with 3 or more doses of tetanus-toxoid-containing vaccine: For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine; for all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine. Tdap is preferred for persons who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap. For detailed information, see [www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm](http://www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm)

\***Note:** Tdap administered at age 10 years may be counted as the adolescent dose recommended at age 11–12 years

**Varicella vaccination****Routine vaccination**

- **No evidence of immunity to varicella:** 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose.
- **Evidence of immunity:** U.S.-born before 1980 (except for pregnant persons and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease.

**Special situations**

- **Pregnancy with no evidence of immunity to varicella:** VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980.

- **Health care personnel with no evidence of immunity to varicella:** 1 dose if previously received 1 dose varicella-containing vaccine; 2-dose series 4–8 weeks apart if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980.
  - **HIV infection with CD4 percentages  $\geq 15\%$  and CD4 count  $\geq 200$  cells/mm<sup>3</sup> with no evidence of immunity:** Vaccination may be considered (2 doses 3 months apart); VAR contraindicated for HIV infection with CD4 percentage  $< 15\%$  or CD4 count  $< 200$  cells/mm<sup>3</sup>
  - **Severe immunocompromising conditions:** VAR contraindicated.
  - **Immunocompromising conditions (including persons with HIV regardless of CD4 count)\*\*:** 2-dose series recombinant zoster vaccine (RZV, Shingrix) 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon). For detailed information, see [www.cdc.gov/shingles/vaccination/immunocompromised-adults.html](http://www.cdc.gov/shingles/vaccination/immunocompromised-adults.html)
- \*\*Note:** If there is no documented history of varicella, varicella vaccination, or herpes zoster, providers should refer to the clinical considerations for use of RZV in immunocompromised adults aged  $\geq 19$  years and the ACIP varicella vaccine recommendations for further guidance: [www.cdc.gov/mmwr/volumes/71/wr/mm7103a2.htm](http://www.cdc.gov/mmwr/volumes/71/wr/mm7103a2.htm)

## Zoster vaccination

### Routine vaccination

- **Age 50 years or older\*:** 2-dose series recombinant zoster vaccine (RZV, Shingrix) 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon), regardless of previous herpes zoster or history of zoster vaccine live (ZVL, Zostavax) vaccination.

**\*Note:** Serologic evidence of prior varicella is not necessary for zoster vaccination. However, if serologic evidence of varicella susceptibility becomes available, providers should follow ACIP guidelines for varicella vaccination first. RZV is not indicated for the prevention of varicella, and there are limited data on the use of RZV in persons without a history of varicella or varicella vaccination.

### Special situations

- **Pregnancy:** There is currently no ACIP recommendation for RZV use in pregnancy. Consider delaying RZV until after pregnancy.

### Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023–24 Influenza Season | MMWR (cdc.gov), Contraindications and Precautions for COVID-19 Vaccination, and Contraindications and Precautions for Jynneos Vaccination

| Vaccines and Other Immunizing Agents  | Contraindicated or Not Recommended <sup>1</sup>   | Precautions <sup>2</sup>  |
|---|---|---|
| COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]                                     | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine<sup>4</sup></li> </ul>  | <ul style="list-style-type: none"> <li>Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine<sup>4</sup>; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine</li> <li>Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine</li> <li>Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A)</li> <li>Moderate or severe acute illness, with or without fever</li> </ul>                           |
| COVID-19 protein subunit vaccine [Novavax]  | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID-19 vaccine<sup>4</sup></li> </ul>  | <ul style="list-style-type: none"> <li>Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine<sup>4</sup>; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine</li> <li>Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine</li> <li>Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A)</li> <li>Moderate or severe acute illness, with or without fever</li> </ul>                         |
| Influenza, egg-based, inactivated injectable (IIV4)                                   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV of any valency)</li> <li>Severe allergic reaction (e.g., anaphylaxis) to any vaccine component<sup>3</sup> (excluding egg)</li> </ul>  | <ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Influenza, cell culture-based inactivated injectable (ccIV4) [Flucelvax Quadrivalent] | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to any cclIV of any valency, or to any component<sup>3</sup> of cclIV4</li> </ul>   | <ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.</li> <li>Moderate or severe acute illness with or without fever</li> </ul>  |
| Influenza, recombinant injectable (RIV4) [Flublok Quadrivalent]                       | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component<sup>3</sup> of RIV4</li> </ul>   | <ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, cclIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.</li> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Influenza, live attenuated (LAIV4) [Flumist Quadrivalent]                             | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV of any valency)</li> <li>Severe allergic reaction (e.g., anaphylaxis) to any vaccine component<sup>3</sup> (excluding egg)</li> <li>Anatomic or functional asplenia</li> <li>Immunocompromised due to any cause including, but not limited to, medications and HIV infection</li> <li>Close contacts or caregivers of severely immunosuppressed persons who require a protected environment</li> <li>Pregnancy</li> <li>Cochlear implant</li> <li>Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear, or any other cranial CSF leak</li> <li>Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days.</li> </ul> | <ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine</li> <li>Asthma in persons aged 5 years or older</li> <li>Persons with underlying medical conditions (other than those listed under contraindications) that might predispose to complications after wild-type influenza virus infection [e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)]</li> <li>Moderate or severe acute illness with or without fever</li> </ul> |

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. [ACIP General Best Practice Guidelines for Immunization](#).

2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. [ACIP General Best Practice Guidelines for Immunization](#).

3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See [Package inserts for U.S.-licensed vaccines](#).

4. See [package inserts](#) and [FDA EUA fact sheets](#) for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG).

# Appendix

## Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2024

| Vaccine  | Contraindicated or Not Recommended <sup>1</sup>  | Precautions <sup>2</sup>   |
|--|--|--|
| <i>Haemophilus influenzae</i> type b (Hib)                                   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> </ul>   | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Hepatitis A (HepA)   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup> including neomycin</li> </ul>  | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Hepatitis B (HepB)   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup> including yeast</li> <li><i>Pregnancy: HepLisav-B and PreHevbrio are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepB is indicated<sup>4</sup></i></li> </ul>  | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twinrix]                        | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup> including neomycin and yeast</li> </ul>  | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Human papillomavirus (HPV)   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li><i>Pregnancy: HPV vaccination not recommended</i></li> </ul>  | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Measles, mumps, rubella (MMR)  | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)</li> <li>Pregnancy</li> <li>Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent</li> </ul> | <ul style="list-style-type: none"> <li>Recent (<math>\leq 11</math> months) receipt of antibody-containing blood product (specific interval depends on product)</li> <li>History of thrombocytopenia or thrombocytopenic purpura</li> <li>Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing</li> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Meningococcal ACWY (MenACWY) (MenACWY-CRM) [Menveo] (MenACWY-TT) [MenQuadfi] | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>For MenACWY-CRM only: severe allergic reaction to any diphtheria toxoid- or CRM197-containing vaccine</li> <li>For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine</li> </ul>  | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Meningococcal B (MenB) MenB-4C [Bexsero] MenB-FHbp [Trumenba]                | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> </ul>   | <ul style="list-style-type: none"> <li>Pregnancy</li> <li>For MenB-4C only: Latex sensitivity</li> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Meningococcal ABCWY (MenACWY-TT/MenB-FHbp) [Penbraya]                        | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>Severe allergic reaction to a tetanus toxoid-containing vaccine</li> </ul>  | <ul style="list-style-type: none"> <li>Moderate or severe acute illness, with or without fever</li> </ul>  |
| Mpox [Jynneos]   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> </ul>   | <ul style="list-style-type: none"> <li>Moderate or severe acute illness, with or without fever</li> </ul>  |
| Pneumococcal conjugate (PCV15, PCV20)  | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxoid-containing vaccine or to its vaccine component<sup>3</sup></li> </ul>   | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Pneumococcal polysaccharide (PPSV23)   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> </ul>   | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Poliovirus vaccine, inactivated (IPV)  | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> </ul>   | <ul style="list-style-type: none"> <li>Pregnancy</li> <li>Moderate or severe acute illness with or without fever</li> </ul>  |
| Respiratory syncytial virus vaccine (RSV)                                    | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to a vaccine component</li> </ul>  | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>   |
| Tetanus, diphtheria, and acellular pertussis (Tdap) Tetanus, diphtheria (Td) | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTaP, or Tdap</li> </ul>   | <ul style="list-style-type: none"> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid-containing vaccine</li> <li>History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine</li> <li>Moderate or severe acute illness with or without fever</li> <li>For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized</li> </ul> |
| Varicella (VAR)  | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)</li> <li>Pregnancy</li> <li>Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent</li> </ul> | <ul style="list-style-type: none"> <li>Recent (<math>\leq 11</math> months) receipt of antibody-containing blood product (specific interval depends on product)</li> <li>Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)</li> <li>Use of aspirin or aspirin-containing products</li> <li>Moderate or severe acute illness with or without fever</li> </ul>  |
| Zoster recombinant vaccine (RZV)   | <ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> </ul>   | <ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Current herpes zoster infection</li> </ul>  |

- When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)
- When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)
- Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at [www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states).
- For information on the pregnancy exposure registries for persons who were inadvertently vaccinated with HepLisav-B or PreHevbrio while pregnant, please visit [heplisavbpregnancyregistry.com/](http://heplisavbpregnancyregistry.com/) or [www.prehevbrio.com/#safety](http://www.prehevbrio.com/#safety).



# Addendum

## Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2024

In addition to the recommendations presented in the previous sections of this immunization schedule, ACIP has approved the following recommendations by majority vote since October 26, 2023. The following recommendations have been adopted by the CDC Director and are now official. Links are provided if these recommendations have been published in *Morbidity and Mortality Weekly Report (MMWR)*.

| Vaccines   | Recommendations | Effective Date of Recommendation* |
|--|-----------------|-----------------------------------|
| No new vaccines or vaccine recommendations to report |                 |                                   |

\*The effective date is the date when the CDC director adopted the recommendation and when the ACIP recommendation became official.