


Recommended Adult Immunization Schedule


United States, October 2007–September 2008

Vaccines	Age Group (years)		
	19–49 years	50–64 years	≥65 years
Tetanus, Diphtheria, Pertussis (Td/Tdap)*	1 dose Td booster every 10 years		
	Substitute 1 dose of Tdap for Td		
Human Papillomavirus (HPV)*	3 doses (females) (0, 2, 6 months)		
Measles, Mumps Rubella (MMR)*	1 or 2 doses	1 dose	
Varicella*	2 doses (0, 4-8 weeks)		
Influenza*	1 dose annually	1 dose annually	
Pneumococcal (Polysaccharide)	1-2 doses		1 dose
Hep A*	2 doses (0, 6-12 or 0, 6-18 months)		
Hep B*	3 doses (0, 1-2, 4-6 months)		
Meningococcal*	1 or more doses		
Zoster			1 doses

For more information regarding the vaccines, the immunization schedule, or contraindications, please speak to a medical professional, www.cdc.gov/nip.

* Covered by the vaccine injury Compensation Program

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

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