

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration	Contraindications and precautions (Mild illness is not a contraindication)
<p>MMR (Measles, mumps, rubella) <i>Give SC</i></p>	<ul style="list-style-type: none"> All persons born in 1957 or later should receive at least one dose of MMR unless they have one of the following: <ul style="list-style-type: none"> Serologic proof of immunity to measles, mumps and rubella; Physician’s signed statement of diagnosis of measles, mumps and rubella; or Documentation of two doses of MMR. Persons in high-risk groups, such as healthcare workers, students entering college and other post-high school educational institutions, and international travelers should receive a total of two doses. Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination. Persons vaccinated with killed virus vaccine or an unknown vaccine prior to 1968 need to be revaccinated. 	<ul style="list-style-type: none"> One or two doses are needed. Note: Give dose #2 no sooner than 28 days after dose #1. Students needing MMR vaccination should not be admitted to classes until a dose is received. If MMR and varicella vaccine are both needed and are not administered on the same day, space them at least 28 days apart. If PPD (tuberculosis skin test) and MMR are both needed but not given on same day, delay PPD for 4-6 weeks after MMR. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Pregnancy or possibility of pregnancy within 4 weeks. Persons immunocompromised because of cancer, leukemia, lymphoma, immunosuppressive drug therapy, including high-dose steroids or radiation therapy. Note: HIV positivity is not a contraindication to MMR except for those who are severely immunocompromised. <p>Precautions</p> <ul style="list-style-type: none"> If blood, plasma, and/or immune globulin were given in past 11 months, see ACIP recommendations* regarding delay times. Moderate or severe acute illness. History of thrombocytopenia or thrombocytopenic purpura.
<p>HPV (Human papillomavirus) <i>Give IM</i></p>	<ul style="list-style-type: none"> All females through 26 years of age. 	<ul style="list-style-type: none"> Three doses are needed. Dose #2 should be given 4-8 weeks after dose #1, and dose #3 is given 6 months after dose #1 (at least 12 weeks after dose #2). 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. <p>Precaution</p> <ul style="list-style-type: none"> Data on vaccination in pregnancy are limited; therefore, vaccination during pregnancy should be delayed until after completion of pregnancy.
<p>Meningococcal Conjugate vaccine (MCV) <i>Give IM</i> ----- Polysaccharide vaccine (MPSV) <i>Give SC</i></p>	<ul style="list-style-type: none"> College freshmen living in dormitories. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease. Others that should consider vaccination are: <ul style="list-style-type: none"> persons with terminal complement deficiencies or asplenia; microbiologists routinely exposed to <i>N. meningitidis</i>; and persons who travel or reside in endemic or hyperendemic areas of the world. 	<ul style="list-style-type: none"> One dose is needed. If previous vaccine was MPSV, revaccinate after 5 years if risk continues. Revaccination after MCV is not recommended. MCV is preferred over MPSV4 for persons age 55 years and younger, although MPSV is an acceptable alternative. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. For MCV only, history of Guillian-Barré syndrome
<p>Hepatitis B (Hep B) <i>Give IM</i></p>	<ul style="list-style-type: none"> All adolescents through 18. High-risk persons 19 years of age and older who are also recommended to receive the hepatitis B series include: <ul style="list-style-type: none"> men who have sex with men; heterosexual or homosexual with multiple partners; persons diagnosed with and STD; injection drug users; inmates of long-term correctional facilities; persons receiving hemodialysis; and healthcare personnel persons with chronic liver disease. Any adult wishing to obtain immunity. 	<ul style="list-style-type: none"> Three doses are needed on a 0, 1, 6 month schedule. Alternate timing options for vaccination include 0, 2, 4 months and 0, 1, 4 months. There must be 28 days between doses #1 and #2, and 8 weeks between doses #2 and #3. Overall, there must be at least 16 weeks between doses #1 and #3. Booster doses following a complete series are not recommended. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. <p>Precaution</p> <ul style="list-style-type: none"> Moderate or severe acute illness.

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<p>Tdap (Tetanus, diphtheria, Pertussis) <i>Give IM</i></p> <hr style="border-top: 1px dashed black;"/> <p><i>or</i></p> <p>Td (Tetanus, diphtheria) <i>Give IM</i></p>	<ul style="list-style-type: none"> All persons under 65 years without a history of a primary series of a tetanus-and-diphtheria-containing vaccine. Persons who have close contact with infants 12 months or age or younger should receive a single dose of Tdap. An interval of 2 years or more from the last dose of Td is suggested, however, shorter intervals may be used. Healthcare workers who work in hospitals or ambulatory care settings and have direct patient contact. <p>Note: The 2 Tdap vaccines are licensed for different age groups: Adacel™ (Sanofi) for use in persons ages 11-64 years and Boostrix™ (GSK) for use in persons ages 10-18 years.</p> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> All persons 7 years of age and older. <p>Note: Td is an acceptable booster dose for tetanus and diphtheria, but does not protect against pertussis.</p>	<ul style="list-style-type: none"> For those unvaccinated or behind with tetanus and diphtheria, a three dose primary series is needed. Tdap or Td may be used for the first dose, followed by two doses of Td to complete the series (spaced at 0, 1-2 month, 6-12 month intervals). Booster doses of Td are recommended every 10 years after a complete primary series. If a booster dose of Tdap is indicated, an interval of 2 years or less may be used. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to Td/Tdap or any of their components. Tdap only - History of encephalopathy (e.g., coma, prolonged seizures) not attributable to an identifiable cause within 7 days following administration of a pertussis vaccine. <p>Note: Pregnancy is not a contraindication to Tdap or Td vaccination. In pregnancy, when indicated, give Tdap or Td in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period.</p> <p>Precautions</p> <ul style="list-style-type: none"> History of Guillian-Barré syndrome ≤6 weeks after a previous dose of a tetanus toxoid-containing vaccine. Moderate or severe acute illness. Unstable neurological condition.
<p>Influenza Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i></p> <hr style="border-top: 1px dashed black;"/> <p><i>or</i></p> <p>Influenza Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i></p>	<ul style="list-style-type: none"> Students in an institutional setting (e.g., dormitory residents) Persons who have a chronic illness such as: <ul style="list-style-type: none"> asthma and other pulmonary illnesses; diabetes or other metabolic diseases; cardiovascular illnesses; renal dysfunction; sickle cell disease or other hemoglobinopathies; or HIV or types of immunosuppression; other conditions that can compromise respiratory function or the handling of respiratory secretions). International travelers. Caregivers or household contacts of children ages 0-59 months. Persons who live or work with at-risk people. Healthcare workers. Persons who provide essential community services. Persons wishing to avoid influenza. <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> Healthy non-pregnant persons age 49 years or younger included in any of the following categories: <ul style="list-style-type: none"> live in institutional settings (e.g., dormitory residents); international travelers; caregivers or household contacts of children ages 0-23 months; healthcare workers or others who live or work with chronically ill people (except persons in close contact with extremely immunocompromised persons); provide essential community services; or wish to avoid influenza. 	<ul style="list-style-type: none"> One dose annually in the fall or winter. October through November is the <i>ideal</i> time to receive annual influenza vaccination to maximize protection; however vaccine may be given throughout the influenza season (typically December through March), or at other times when the risk of influenza exists. 	<p>TIV Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to eggs, to this vaccine, or to any of its components. <p>Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p> <p>TIV Precaution</p> <ul style="list-style-type: none"> Moderate or severe acute illness. History of Guillian-Barré syndrome within 6 weeks of previous TIV. <hr style="border-top: 1px dashed black;"/> <p>LAIV Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to eggs, to this vaccine, or to any of its components. Close contact of severely immunocompromised persons. Pregnancy, asthma, reactive airway disease or other chronic disorder of the pulmonary or cardiovascular system; an underlying medical condition, including metabolic diseases such as diabetes, renal dysfunction, and hemoglobinopathy; a known or suspected immune deficiency disease or receiving immunosuppressive therapy; history of Guillian-Barré syndrome. <p>LAIV Precaution</p> <ul style="list-style-type: none"> Moderate or severe acute illness.

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Hepatitis A (Hep A) <i>Give IM</i>	<ul style="list-style-type: none"> Persons in any of the following categories: <ul style="list-style-type: none"> those who travel or work anywhere except the U.S., Western Europe, New Zealand, Australia, Canada, and Japan; have chronic liver disease (including hepatitis B and C); illegal drug users; men who have sex with men; have clotting-factor disorder; work with hepatitis A virus in experimental lab settings; or food handler - when health authorities or private employers determine vaccination to be cost effective. Anyone wishing to obtain immunity to hepatitis A. 	<ul style="list-style-type: none"> Two doses are needed. The minimum interval between dose #1 and #2 is 6 months. If dose #2 is delayed, do not repeat dose #1. Just give dose #2. For Twinrix™ (GSK hepatitis A and B combination vaccine), three doses are needed on a 0, 1, 6 month schedule. Recipients must be 18 years or older. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. <p>Precaution</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Safety during pregnancy has not been determined, so benefits must be weighed against potential risk.
Varicella (Var) (Chickenpox) <i>Give SC</i>	<ul style="list-style-type: none"> All persons under 60 without evidence of immunity to varicella. Immunity is defined as any one of the following: <ul style="list-style-type: none"> a history of two doses of varicella vaccine; born in the U.S. before 1980; history of varicella disease or herpes zoster based on healthcare provider diagnosis; or laboratory evidence of immunity or laboratory confirmation of disease. <p>Note: Born in the U.S. before 1966 is presumptive evidence of varicella immunity, with or without a history of having had chickenpox.</p>	<ul style="list-style-type: none"> Two doses of varicella vaccine are needed for persons through age 59 years of age. Dose #2 of varicella vaccine should be given 4-8 weeks after dose #1. If the second dose of varicella vaccine is delayed, do not repeat dose #1. Just give dose #2. If varicella vaccine and MMR, LAIV, and/or yellow fever vaccine are needed and not administered on the same day, space them at least 28 days apart. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to Var or Zos or to any of their components. Pregnancy or possibility of pregnancy within 4 weeks (use contraception). Persons immunocompromised because of malignancies and primary or acquired cellular immunodeficiency including HIV/AIDS. (See MMWR 1999, Vol. 48, No. RR-6) Note: For those on high-dose immunosuppressive therapy, see ACIP recommendations* regarding delay time.
<p style="text-align: center;"><i>or</i></p> Zoster (shingles) (Zos) <i>Give SC</i>	<ul style="list-style-type: none"> All persons 60 years of age and older. 	<ul style="list-style-type: none"> One dose of zoster vaccine is needed for persons 60 years of age and older. If zoster vaccine and MMR, LAIV, and/or yellow fever vaccine are needed and not administered on the same day, space them at least 28 days apart. 	<p>Precautions</p> <ul style="list-style-type: none"> If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11 months, see ACIP recommendations* regarding delay times. Moderate or severe acute illness.
Polio (IPV) <i>Give IM or SC</i>	<ul style="list-style-type: none"> May consider vaccination of travelers to polio-endemic countries and selected laboratory workers. <p>Notes: Routine vaccination of U.S. resident ≥18 years of age is not necessary or recommended. Adults living in the U.S. who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely (i.e., India, Pakistan, Afghanistan, and certain countries in Africa). Previously vaccinated adults can receive one booster dose if traveling to polio endemic areas</p>	<ul style="list-style-type: none"> Unvaccinated persons need 3 dose primary series: <ul style="list-style-type: none"> use standard IPV schedule if possible (0, 1-2 months, 6-12 months); and separate doses by at least 28 days if accelerated schedule needed. Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information. <p>Note: Any combination of IPV or OPV is acceptable for the primary series.</p>	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic or neurologic reaction to this vaccine or to any of its components. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Pregnancy

*Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Immunization Action Committee's "Summary of Recommendations for Adult Immunization." For specific ACIP recommendations, refer to the official ACIP statements published in *MMWR*. To obtain copies of these statements, call the CDC-INFO Contact Center at (800) 232-4636; visit CDC's website at www.cdc.gov/nip/publications/ACIP-list.htm; or visit the Immunization Action Coalition (IAC) website at: www.immunize.org/acip.