

**Table 1**

**Recommended Adult Immunization Schedule by Age Group  
United States, 2019**

| Vaccine   | 19–21 years  | 22–26 years | 27–49 years | 50–64 years | ≥65 years                       |
|---|--|-------------|-------------|-------------|---------------------------------|
| <b>Influenza inactivated (IIV) or Influenza recombinant (RIV)</b> <sup>or</sup> | 1 dose annually  |             |             |             |                                 |
| <b>Influenza live attenuated (LAIV)</b>   |  |             |             |             |                                 |
| <b>Tetanus, diphtheria, pertussis (Tdap or Td)</b>                              | 1 dose Tdap, then Td booster every 10 yrs                                      |             |             |             |                                 |
| <b>Measles, mumps, rubella (MMR)</b>  | 1 or 2 doses depending on indication (if born in 1957 or later)                |             |             |             |                                 |
| <b>Varicella (VAR)</b>  | 2 doses (if born in 1980 or later)   |             |             |             |                                 |
| <b>Zoster recombinant (RZV) (preferred)</b> <sup>or</sup>                       |  |             |             |             | 2 doses <sup>or</sup><br>1 dose |
| <b>Zoster live (ZVL)</b>  |  |             |             |             |                                 |
| <b>Human papillomavirus (HPV) Female</b>  | 2 or 3 doses depending on age at initial vaccination                           |             |             |             |                                 |
| <b>Human papillomavirus (HPV) Male</b>  | 2 or 3 doses depending on age at initial vaccination                           |             |             |             |                                 |
| <b>Pneumococcal conjugate (PCV13)</b>   |  |             |             |             | 1 dose                          |
| <b>Pneumococcal polysaccharide (PPSV23)</b>                                     | 1 or 2 doses depending on indication   |             |             |             | 1 dose                          |
| <b>Hepatitis A (HepA)</b>   | 2 or 3 doses depending on vaccine  |             |             |             |                                 |
| <b>Hepatitis B (HepB)</b>   | 2 or 3 doses depending on vaccine  |             |             |             |                                 |
| <b>Meningococcal A, C, W, Y (MenACWY)</b>                                       | 1 or 2 doses depending on indication, then booster every 5 yrs if risk remains |             |             |             |                                 |
| <b>Meningococcal B (MenB)</b>   | 2 or 3 doses depending on vaccine and indication                               |             |             |             |                                 |
| <b>Haemophilus influenzae type b (Hib)</b>                                      | 1 or 3 doses depending on indication   |             |             |             |                                 |

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
  Recommended vaccination for adults with an additional risk factor or another indication
  No recommendation