

2016 Adult Immunization Schedule

**Current Issues in Immunization NetConference
March 16, 2016**

**David Kim, MD
Immunization Services Division
National Center for Immunization and Respiratory Diseases**



Disclaimer

The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of the Centers for Disease Control and Prevention

Disclosure

The presenter has no conflict of interest to disclose

Adult Immunization Schedule

- ❑ **Advisory Committee on Immunization Practices (ACIP) annually updates adult immunization schedule**
 - Represents approved policy changes from ACIP meetings and current ACIP policy and updates
 - ACIP Adult Immunization Work Group of vaccine subject matter experts drafts adult immunization schedule
- ❑ **Updates in adult immunization schedule approved by**
 - American College of Physicians
 - American Academy of Family Physicians
 - American College of Obstetricians and Gynecologists
 - American College of Nurse-Midwives
- ❑ **Adult immunization schedule published in**
 - *Annals of Internal Medicine*
 - *MMWR*– announcement

2016 Adult Immunization Schedule Updates

- ❑ **Use of 9-Valent Human Papillomavirus(HPV)Vaccine:Updated HPV Vaccination Recommendations of the ACIP**
 - MMWR March 27, 2015 / 64(11);300–304
 - www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm
- ❑ **Use of Serogroup B Meningococcal Vaccines in Persons Aged ≥ 10 Years at Increased Risk for Serogroup B Meningococcal Disease: Recommendations of the ACIP, 2015**
 - MMWR June 12, 2015 / 64(22);608–612
 - www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm
- ❑ **Intervals Between PCV13 and PPSV23 Vaccines: Recommendations of the ACIP**
 - MMWR September 4, 2015 / 64(34);944–947
 - www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a4.htm
- ❑ **Use of Serogroup B Meningococcal Vaccines in Adolescents and Young Adults: Recommendations of the ACIP, 2015**
 - MMWR October 23, 2015 / 64(41);1171–1176
 - www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm

Updates in Pneumococcal Vaccination

❑ Intervals between PCV13 and PPSV23

- PCV13 → PPSV23 interval is at least 1 year for immunocompetent adults aged ≥ 65 years
 - For adults with immunocompromising conditions, asplenia, CSF leak, or cochlear implant, the interval remains at least 8 weeks

❑ Correction of errata

- “Adults aged ≥ 19 years with immunocompromising conditions” replaced “adults aged 19 through 64 years with immunocompromising conditions”
- “Adults aged 19 through 64 years who smoke cigarettes or reside in nursing home or long-term care facilities: Administer PPSV23” removed from list of adults recommended for PPSV23
 - “Adults aged 19 through 64 years who smoke cigarettes” remains indication for PPSV23

Updates in Meningococcal Vaccination

- ❑ MenACWY/MPSV4 and MenB vaccines listed separately in figures in schedule
- ❑ Recommendation for either 2-dose series MenB-4C or 3-dose series MenB-FHbp
 - Asplenia or complement deficiencies, microbiologists, outbreak settings
 - MenB not recommended for travelers
 - No recommendation for MenB revaccination
- ❑ **Category B recommendation for MenB vaccine**
 - “Young adults aged 16–23 years (preferred age 16–18 years) may be vaccinated to provide short-term protection against most strains of MenB disease”

Updates in Meningococcal Vaccination (2)

□ Additional notes

- HIV infection is not indication for routine vaccination with MenACWY or MenB vaccine
- MenB-4C or MenB-FHbp vaccine may be administered concomitantly with MenACWY vaccine, but at a different anatomic site if feasible
- The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses

□ MenB added to Contraindications and Precautions Table

- Contraindications: Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
- Precautions: Moderate or severe acute illness with or without fever

Updates in HPV Vaccination

- ❑ **Available HPV vaccines**
 - Females: 2vHPV, 4vHPV, 9vHPV
 - Males: 4vHPV, 9vHPV
- ❑ **For females aged 19–26 years, 2vHPV, 4vHPV, or 9vHPV is recommended**
- ❑ **For males aged 19–21 years, 4vHPV or 9vHPV is recommended; through age 26 for MSM**
- ❑ **Immunocompromised men and women (including HIV infection) through age 26 years**

Updates in Influenza Vaccination

□ Language for egg allergies clarified

- Persons ≥ 18 with egg allergy of any severity may receive recombinant influenza vaccine (RIV) because it does not contain egg protein
- Persons with hives-only allergy to eggs may receive inactivated influenza vaccine (IIV) with additional safety measures

Recommended Adult Immunization Schedule—United States - 2016

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

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group¹

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza ^{*,2}		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) ^{*,3}		Substitute Tdap for Td once, then Td booster every 10 yrs					
Varicella ^{*,4}		2 doses					
Human papillomavirus (HPV) Female ^{*,5}		3 doses					
Human papillomavirus (HPV) Male ^{*,5}		3 doses					
Zoster ⁶						1 dose	
Measles, mumps, rubella (MMR) ^{*,7}		1 or 2 doses depending on indication					
Pneumococcal 13-valent conjugate (PCV13) ^{*,8}						1 dose	
Pneumococcal 23-valent polysaccharide (PPSV23) ⁸				1 or 2 doses depending on indication			1 dose
Hepatitis A ⁹				2 or 3 doses depending on vaccine			
Hepatitis B ^{*,10}				3 doses			
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ^{*,11}				1 or more doses depending on indication			
Meningococcal B (MenB) ¹¹				2 or 3 doses depending on vaccine			
<i>Haemophilus influenzae</i> type b (Hib) ^{*,12}				1 or 3 doses depending on indication			

*Covered by the Vaccine Injury Compensation Program

- Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster
- Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)
- 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, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

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

Figure 2. Vaccines that might be indicated for adults aged 19 years or older based on medical and other indications¹

VACCINE ▼	INDICATION ►	Pregnancy	Immuno-compromising conditions (excluding HIV infection) ^{4,6,7,8,13}	HIV infection CD4+ count (cells/ μ L) ^{4,6,7,8,13}		Men who have sex with men (MSM)	Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease, chronic alcoholism	Asplenia and persistent complement deficiencies ^{8,11,12}	Chronic liver disease	Diabetes	Healthcare personnel
				< 200	\geq 200							
Influenza ^{*,2}												1 dose annually
Tetanus, diphtheria, pertussis (Td/Tdap) ^{*,3}		1 dose Tdap each pregnancy										Substitute Tdap for Td once, then Td booster every 10 yrs
Varicella ^{*,4}			Contraindicated									2 doses
Human papillomavirus (HPV) Female ^{*,5}												3 doses through age 26 yrs
Human papillomavirus (HPV) Male ^{*,5}												3 doses through age 21 yrs
Zoster ⁶			Contraindicated									1 dose
Measles, mumps, rubella (MMR) ^{*,7}			Contraindicated									1 or 2 doses depending on indication
Pneumococcal 13-valent conjugate (PCV13) ^{*,8}												1 dose
Pneumococcal polysaccharide (PPSV23) ⁸												1, 2, or 3 doses depending on indication
Hepatitis A ^{*,9}												2 or 3 doses depending on vaccine
Hepatitis B ^{*,10}												3 doses
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ^{*,11}												1 or more doses depending on indication
Meningococcal B (MenB) ¹¹												2 or 3 doses depending on vaccine
<i>Haemophilus influenzae</i> type b (Hib) ^{*,12}												3 doses post-HSCT recipients only
												1 dose

*Covered by the Vaccine Injury Compensation Program

Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster
 Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)
 No recommendation
 Contraindicated

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults aged \geq 19 years, as of February 2016. 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 manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). 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.



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

Footnotes—Recommended Immunization Schedule for Adults Aged 19 Years or Older: United States, 2016

- have not received PCV13 but have received 2 doses of PPSV23: administer PCV13 at least 1 year after the most recent dose of PPSV23.
- have received PCV13 but not received PPSV23: administer PPSV23 at least 8 weeks after PCV13. Administer a second dose of PPSV23 at least 5 years after the first dose of PPSV23.
- have received PCV13 and 1 dose of PPSV23: administer a second dose of PPSV23 at least 8 weeks after PCV13 and at least 5 years after the first dose of PPSV23.
- If the most recent dose of PPSV23 was administered at age <65 years, at age ≥65 years, administer a dose of PPSV23 at least 8 weeks after PCV13 and at least 5 years after the last dose of PPSV23.
- Immunocompromising conditions that are indications for pneumococcal vaccination are: congenital or acquired immunodeficiency (including B- or T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders excluding chronic granulomatous disease), HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, multiple myeloma, solid organ transplant, and iatrogenic immunosuppression (including long-term systemic corticosteroids and radiation therapy).
- Anatomical or functional asplenia that are indications for pneumococcal vaccination are: sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, and splenectomy. Administer pneumococcal vaccines at least 2 weeks before immunosuppressive therapy or an elective splenectomy, and as soon as possible to adults who are newly diagnosed with asymptomatic or symptomatic HIV infection.
- Adults aged ≥19 years with cerebrospinal fluid leaks or cochlear implants: administer PCV13 followed by PPSV23 at least 3 weeks after PCV13; no additional dose of PPSV23 is indicated if aged <65 years. If PPSV23 was administered at age <65 years, at age ≥65 years, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23.
- Adults aged 19 through 64 years with chronic heart disease (including congestive heart failure and cardiomyopathies, excluding hypertension), chronic lung disease (including chronic obstructive lung disease, emphysema, and asthma), chronic liver disease (including cirrhosis), alcoholism, or diabetes mellitus, or who smoke cigarettes: administer PPSV23. At age ≥65 years, administer PCV13 at least 1 year after PPSV23, followed by another dose of PPSV23 at least 1 year after PCV13 and at least 5 years after the last dose of PPSV23.
- Routine pneumococcal vaccination is not recommended for American Indian/Alaska Native or other adults unless they have an indication as above; however, public health authorities may consider recommending the use of pneumococcal vaccines for American Indians/Alaska Natives or other adults who live in areas with increased risk for invasive pneumococcal disease.

9. 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;
 - 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 consume clotting factor concentrates;
 - persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (see footnote 1); 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 of hepatitis A (see footnote 1). 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 6–12 months (Havrix), or 0 and 6–18 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 21–30 followed by a booster dose at 12 months.

10. Hepatitis B vaccination

- Vaccinate any person seeking protection from hepatitis B virus (HBV) infection and persons with any of the following indications:
 - 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 who are aged <60 years with diabetes as soon as feasible after diagnosis; persons with diabetes who are aged ≥60 years at the discretion of the treating clinician based on the likelihood of acquiring HBV infection, including the risk posed by an increased need for assisted blood glucose monitoring in long-term care facilities, the likelihood of experiencing chronic sequelae if infected with HBV, and the 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 regions with high or intermediate levels of endemic HBV infection (see footnote 1); 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 at least 1 month after the first dose; the third dose should be administered 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 may be used, administered on days 0, 7, and 21–30, followed by a booster dose at 12 months.
- Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 mcg/mL (Recombinax HB) administered on a 3-dose schedule at 0, 1, and 6 months or 2 doses of 20 mcg/mL (Engerix-B)

11. Meningococcal vaccination

- General information
 - Serogroup A, C, W, and Y meningococcal vaccine is available as a conjugate (MenACWY [Menactra, Menveo]) or a polysaccharide (MPSV4 [Menomune]) vaccine.
 - Serogroup B meningococcal (MenB) vaccine is available as a 2-dose series of MenB-4C vaccine (Bexsero) administered at least 1 month apart or a 3-dose series of MenB-FHbp (Trumenal) vaccine administered at 0, 2, and 6 months; the two MenB vaccines are not interchangeable, i.e., the same MenB vaccine product must be used for all doses.
 - MenACWY vaccine is preferred for adults with serogroup A, C, W, and Y meningococcal vaccine indications who are aged ≤55 years, and for adults aged ≥56 years: 1) who were vaccinated previously with MenACWY vaccine and are recommended for revaccination or 2) for whom multiple doses of vaccine are anticipated; MPSV4 vaccine is preferred for adults aged ≥56 years who have not received MenACWY vaccine previously and who require a single dose only (e.g., persons at risk because of an outbreak).
 - Revaccination with MenACWY vaccine every 5 years is recommended for adults previously vaccinated with MenACWY or MPSV4 vaccine who remain at increased risk for infection (e.g., adults with anatomical or functional asplenia or persistent complement component deficiencies, or microbiological asplenia who are routinely exposed to isolates of *Neisseria meningitidis*).
 - MenB vaccine is approved for use in persons aged 10 through 25 years; however, because there is no theoretical difference in safety for persons aged >25 years compared to those aged 10 through 25 years, MenB vaccine is recommended for routine use in persons aged ≥10 years who are at increased risk for serogroup B meningococcal disease.
 - There is no recommendation for MenB revaccination at this time.
 - MenB vaccine may be administered concomitantly with MenACWY vaccine but at a different anatomic site, if feasible.
 - HIV infection is not an indication for routine vaccination with MenACWY or MenB vaccine; if an HIV-infected person of any age is to be vaccinated, administer 2 doses of MenACWY vaccine at least 2 months apart.
- Adults with anatomical or functional asplenia or persistent complement component deficiencies: administer 2 doses of MenACWY vaccine at least 2 months apart and revaccinate every 5 years. Also administer a series of MenB vaccine.
- Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*: administer a single dose of MenACWY vaccine; revaccinate with MenACWY vaccine every 5 years if remain at increased risk for infection. Also administer a series of MenB vaccine.
- Persons at risk because of a meningococcal disease outbreak: if the outbreak is attributable to serogroup A, C, W, or Y, administer a single dose of MenACWY vaccine; if the outbreak is attributable to serogroup B, administer a series of MenB vaccine.
- Persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic: administer a single dose of MenACWY vaccine and revaccinate with MenACWY vaccine every 5 years if the increased risk for infection remains (see footnote 1); MenB vaccine is not recommended because meningococcal disease in these countries is generally not caused by serogroup B.
- Military recruits: administer a single dose of MenACWY vaccine.
- First-year college students aged ≥21 years who live in residence halls: administer a single dose of MenACWY vaccine if they have not received a dose on or after their 16th birthday.
- Young adults aged 16 through 23 years (preferred age range is 16 through 18 years): may be vaccinated with a series of MenB vaccine to provide short-term protection against most strains of serogroup B meningococcal disease.

- One dose of Hib vaccine should be administered to persons who have anatomical or functional asplenia or sickle cell disease or are undergoing elective splenectomy if they have not previously received Hib vaccine. Hib vaccination 14 or more days before splenectomy is suggested.
- Recipients of a hematopoietic stem cell transplant (HSCT) should be vaccinated with a 3-dose regimen 6–12 months after a successful transplant, regardless of vaccination history; at least 4 weeks should separate doses.
- Hib vaccine is not recommended for adults with HIV infection since their risk for Hib infection is low.

13. Immunocompromising conditions

- Inactivated vaccines (e.g., pneumococcal meningococcal, and inactivated influenza vaccines) generally are acceptable and live vaccines generally should be avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Changes in Footnotes

- Influenza
 - Egg allergy
- HV
 - New 9vHPV
- Pneumococcal
 - Simplified interval PCV13-to-PPSV23
- Meningococcal
 - New MenB

Vaccines for Earl Lee Riser

- 20yo college student, type I diabetes x4y, post-MVA splenectomy 8y ago, MSM, smoker x2y, works part time as hospital orderly, seen as new adult patient
- Child vaccination current 3y ago except HPV vaccination; last vaccines received – IIV and MenACWY age 17, Tdap at age 12

Which vaccines should you talk about with Earl Lee?

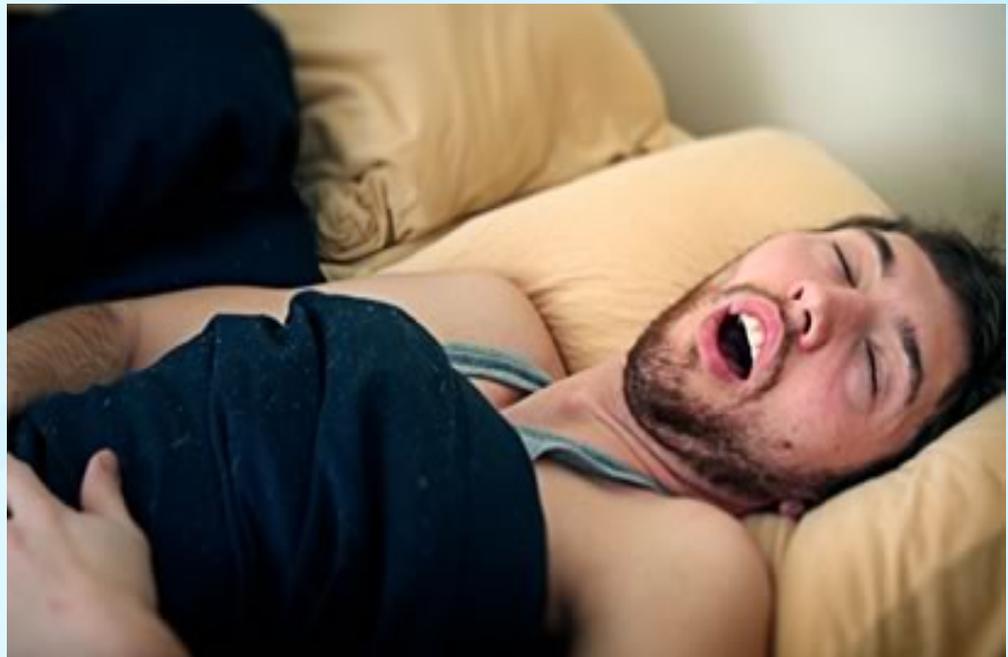


Figure 2. Vaccines that might be indicated for adults aged 19 years or older based on medical and other indications¹

VACCINE ▼ for Earl Lee	INDICATION ►	Pregnancy	Immuno-compromising conditions (excluding HIV infection) ^{4,6,7,8,13}	HIV infection CD4+ count (cells/ μ L) ^{4,6,7,8,13}		Men who have sex with men (MSM)	Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease, chronic alcoholism	Asplenia and persistent complement deficiencies ^{8,11,12}	Chronic liver disease	Diabetes	Healthcare personnel	
				< 200	\geq 200								
Influenza ^{*,2}													1 dose annually
Tetanus, diphtheria, pertussis (Td/Tdap) ^{*,3}		1 dose Tdap each pregnancy											Substitute Tdap for Td once, then Td booster every 10 yrs
Varicella ^{*,4}			Contraindicated										2 doses
Human papillomavirus (HPV) Female ^{*,5}													3 doses through age 26 yrs
Human papillomavirus (HPV) Male ^{*,5}													3 doses through age 21 yrs
Zoster ⁶			Contraindicated										1 dose
Measles, mumps, rubella (MMR) ^{*,7}			Contraindicated										1 or 2 doses depending on indication
Pneumococcal 13-valent conjugate (PCV13) ^{*,8}													1 dose
Pneumococcal polysaccharide (PPSV23) ⁸													1, 2, or 3 doses depending on indication
Hepatitis A ^{*,9}													2 or 3 doses depending on vaccine
Hepatitis B ^{*,10}													3 doses
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ^{*,11}													1 or more doses depending on indication
Meningococcal B (MenB) ¹¹													2 or 3 doses depending on vaccine
<i>Haemophilus influenzae</i> type b (Hib) ^{*,12}													3 doses post-HSCT recipients only
													1 dose

*Covered by the Vaccine Injury Compensation Program

Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster
 Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)
 No recommendation
 Contraindicated

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults aged \geq 19 years, as of February 2016. 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 manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). 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.



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

Adult Immunization Practice Standards

- All providers, including those who don't provide vaccine services, have role in ensuring patients up-to-date on vaccines
- Call to action for healthcare professionals to
 - Assess immunization status of all patients at every clinical encounter
 - Strongly recommend vaccines that patients need
 - Administer needed vaccines or refer to a provider who can immunize
 - Document vaccines received by patients in state vaccine registries



- **Assess**
- **Recommend**
- **Administer or refer**
- **Document**

Opportunities to Improve Adult Immunization

- Adults not aware there are vaccines recommended for adults... **but most patients will accept vaccines if recommended by trusted healthcare provider**
- Healthcare providers for adults too busy and have competing priorities... **but primary care providers think immunizations are important for their patients**
- Not all providers stock all vaccines for adults... **but there is increasing access to vaccines**
- Adults frequently see multiple providers and recordkeeping is difficult... **but state vaccine registries include adult immunizations**
- **Most insurance covers vaccines for adults – particularly important to reach newly insured who may not be aware of vaccination benefits**

Hurley, et al. Annals of Internal Medicine, 2014

Guide to community preventive services: www.thecommunityguide.org/vaccines/index.html

Adult non-influenza vaccine coverage: www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm

Adult Immunization Resources

- ❑ **CDC**
www.cdc.gov/vaccines/adultstandards
www.cdc.gov/vaccines/schedules/hcp/adult.htm
- ❑ **National Adult and Influenza Immunization Summit and Immunization Action Coalition (IAC)**
www.izsummitpartners.org
- ❑ **National Foundation for Infectious Diseases**
www.adultvaccination.org
- ❑ **National Adult Immunization Coordinators' Partnership (NAICP)**
www.izsummitpartners.org/naicp/
- ❑ **Association of Immunization Managers (AIM)**
www.immunizationmanagers.org

