

Ages 19 Years or Older

Legend

- 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 Guidance/Not Applicable

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
COVID-19 ⓘ	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024-2025 vaccine (See Notes)
Influenza inactivated (IIV3, cIIV3) Influenza recombinant (RIV3) ⓘ	1 dose annually			1 dose annually (HD-IIV3, RIV3, or aIIV3 preferred)
Influenza inactivated (aIIV3; HD-IIV3) Influenza recombinant (RIV3) ⓘ	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3) ⓘ	1 dose annually			
Respiratory Syncytial Virus (RSV) ⓘ	Seasonal administration during pregnancy. (See Notes)		50 through 74 years (See Notes)	≥75 years
Tetanus, diphtheria, pertussis (Tdap or Td) ⓘ	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			
Measles, mumps, rubella (MMR) ⓘ	1 or 2 doses depending on indication (if born in 1957 or later)			For health care personnel (See Notes)
Varicella (VAR) ⓘ	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) ⓘ	2 doses for immunocompromising conditions (See Notes)		2 doses	
Human papillomavirus (HPV) ⓘ	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PCV21, PPSV23) ⓘ				See Notes
				See Notes
Hepatitis A (HepA) ⓘ	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB) ⓘ	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY) ⓘ	1 or 2 doses depending on indication (See Notes for booster recommendations)			
Meningococcal B (MenB) ⓘ	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)			
	19 through 23 years			
Haemophilus influenzae type b (Hib) ⓘ	1 or 3 doses depending on indication			
Mpox ⓘ	2 doses			
Inactivated poliovirus (IPV) ⓘ	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)			

To make vaccination recommendations, healthcare providers should:

1. Determine recommended vaccine by age ([Table 1 - By Age](#))
2. Assess need for additional recommended vaccinations by medical condition or other indication ([Table 2 - By Medical Condition](#))
3. Review vaccine types, dosing frequencies and intervals, and considerations for special situations ([Notes](#))