



# Maryland 2010 Recommended Adult Immunization Schedule

Age Group →	19-26 Years	27-49 Years	50-59 Years	60-64 Years	65 Years and Older
<b>Vaccine ↓</b>					
<b>Tetanus, diphtheria, pertussis (Tdap)<sup>1</sup></b>	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs.				Td dose booster every 10 yrs.
<b>Human Papillomavirus (HPV)<sup>2</sup></b>	3 doses				
<b>Varicella<sup>3</sup></b>	2 doses				
<b>Herpes Zoster<sup>4</sup></b>				1 dose	
<b>Measles, Mumps, Rubella (MMR)<sup>5</sup></b>	1 or 2 doses		1 dose		
<b>Influenza<sup>6</sup></b>	1 dose annually				
<b>Pneumococcal (polysaccharide)<sup>7</sup></b>	1 or 2 doses				1 dose
<b>Hepatitis A<sup>8</sup></b>	2 doses				
<b>Hepatitis B<sup>9</sup></b>	3 doses				
<b>Meningococcal<sup>10</sup></b>	1 or more doses				

Recommended for all persons who meet age indications for the vaccine and lack evidence of immunity

Recommended for persons in certain risk groups

## 2010 Maryland Adult Immunization Schedule Footnotes\*

- Adults 19—64 who received their last dose of Td vaccine  $\geq$  10 years ago should be vaccinated with a single dose of Tdap. Intervals shorter than 10 years since the last Td vaccination may be used; a 2 year interval between Td and Tdap is suggested to reduce the risk of reaction to vaccination. Tdap is also recommended for any adult (i.e. parents, household contacts, child care providers, healthcare providers, etc) who has or anticipates close contact with an infant less than 12 months of age. There is no minimum interval to wait between Td and Tdap when it is given to protect infants or vulnerable patients. See *MMWR* 12/15/2006; 55(RR17).
- Three doses should be administered at 0,1-2 and 6 months. Ideally, the vaccine should be administered before onset of sexual activity. HPV4 or HPV2 can be administered to persons with a history of genital warts, abnormal Papanicolaou (PAP) test, or positive HPV DNA test, because these conditions are not evidence of prior infection with all vaccine HPV types. HPV4 may be administered to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts. HPV2 is not licensed for use in males. HPV vaccine is not recommended for use in pregnant women. *MMWR* 03/23/2007; 56(RR-2):1-24.
- Recommended for all adults without evidence of immunity to varicella. Not recommended for women who are pregnant or might become pregnant within 4 weeks of receiving the vaccine. *MMWR* 06/22/2007; 56(RR04):1-40.
- A single dose of zoster vaccine is recommended for adults aged 60 years and older regardless of whether they report a prior episode of herpes zoster (shingles). Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication. *MMWR* 06/06/2008; 57(RR-5).

5. Adults born before 1957 generally are considered immune to measles and mumps. Measles component: Adults born during or after 1957 should receive 1 or more doses of MMR vaccine unless they have 1) a medical contraindication; 2) documentation of vaccination with 1 or more doses of MMR vaccine; 3) laboratory evidence of immunity; or 4) documentation of physician diagnosed measles. A second dose of MMR vaccine, administered 4 weeks after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) have been vaccinated previously with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a health-care facility; or 6) plan to travel internationally. Mumps component: Adults born during or after 1957 should receive dose of MMR vaccine unless they have 1) a medical contraindication; 2) documentation of vaccination with 1 or more doses of MMR vaccine; 3) laboratory evidence of immunity; or 4) documentation of physician diagnosed mumps. A second dose of MMR vaccine, administered 4 weeks after the first dose, is recommended for adults who 1) live in a community experiencing mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally. Rubella component: 1 dose of MMR vaccine is recommended for women who do not have documentation of rubella vaccination, or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, rubella immunity should be determined, and women should be counseled regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. Health-care personnel born before 1957: For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval (for measles and mumps) and dose of MMR vaccine (for rubella), respectively. During outbreaks, health-care facilities should recommend that unvaccinated health-care personnel born before 1957, who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, receive 2 doses of MMR vaccine during an outbreak of measles or mumps, and 1 dose during an outbreak of rubella. Reference *MMWR* 05/22/1998; 47(RR-8):1-57. Complete information about evidence of immunity is available at <http://www.cdc.gov/vaccines/recs/provisional/default.htm>.
6. Beginning in the 2010-11 Influenza season, all people age 6 months and older are recommended to receive annual Influenza vaccination. Depending on the flu season a tiered vaccination system may be issued. Non-pregnant healthy persons aged 2-49 years without high risk conditions who are not contacts of severely immuno-compromised persons in special care units, may received Live Attenuated Influenza Vaccine (LAIV) in lieu of inactivated vaccine. TIV is recommended for pregnant women. See *MMWR* 08/08/2008; 57(RR07).
7. Pneumococcal Polysaccharide is recommended for persons with certain chronic medical conditions, including asthma and smoking, and residents of nursing homes. Unvaccinated persons should receive one dose at age 65. One time revaccination of persons who were vaccinated 5 or more years previously and with certain chronic medical conditions. For persons 65 and older, one-time revaccination if they were vaccinated 5 or more years previously and were aged less than 65 years at the time of primary vaccination. Reference *MMWR* 1997; 46 (RR-8):1-24.
8. Unvaccinated persons who anticipate close personal contact (e.g., household contact or regular babysitting) with an international adoptee from a country of high or intermediate endemicity during the first 60 days after arrival of the adoptee in the United States should consider vaccination. The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally >2 weeks before the arrival of the adoptee. Reference *MMWR* 12/08/2006; 55(RR-16):1-25
9. Hep B vaccination is recommended for all unvaccinated adults at risk for hepatitis B virus infection and all adults seeking protection from HBV infection. Hepatitis B vaccination is recommended for 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 daycare facilities for persons with developmental disabilities. Administer or complete a 3-dose series of hepatitis B vaccine to those persons not previously vaccinated. The second dose should be administered 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, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule, administered on days 0, 7, and 21–30 followed by a booster dose at month 12 may be used. *MMWR* 01/09/2009; 57(53):Q-1-Q-4.
10. Consider vaccination for persons with medical indications and all students enrolled in institutions of higher learning. **Proof of vaccination is required for individuals living in on-campus student housing at Maryland institutions of higher learning (COMAR 10.06.05)**. Two meningococcal vaccines are licensed for use. Meningococcal conjugate (MCV4) recommended for routine use in persons 11-55 years of age. MPSV4 is preferred for adults 56 years and older. Revaccination with MCV4 after 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. *MMWR* 12/07/2007; 56(48):1265-1266.
11. Hib vaccine generally is not recommended for persons aged >5 years. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had a splenectomy. Administering 1 dose of Hib vaccine to these high-risk persons who have not previously received Hib vaccine is not contraindicated.