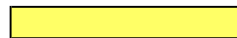




2024 Recommended Adult Immunization Schedule (Maintains CPP Eligibility)

| Manufacturer | Brand Name | Vaccine | Age | 19-26 yrs | 27-49 yrs | 50-64 yrs | >65 yrs |
|--------------------------|--|---|-----|---|---|-----------|--|
| Pfizer Moderna | Comirnaty® Spikevax | COVID-19 | | 1 or more doses of updated vaccine | | | |
| Sanofi | Fluzone® Fluzone High Dose® Flublok® | Influenza inactivated (IIV) Influenza recombinant (RIV) | | 1 dose annually | | | |
| OR | | | | OR | | | |
| AstraZeneca | FluMist® | Influenza (LAIV) | | 1 dose annually | | | |
| Pfizer | Abrysvo™ | RSV | | Seasonal administration during each pregnancy | | | 1 seasonal dose |
| Sanofi | Tenivac® Adacel® | Tetanus, Diphtheria Tetanus, Diphtheria, Pertussis | | 1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management | | | |
| | | | | 1 dose Tdap, then Td or Tdap booster every 10 years | | | |
| Merck | MMRII® | Measles, Mumps, Rubella | | 1 or 2 doses depending on indication (if born 1957 or later) | | | For healthcare personnel |
| Merck | Varivax® | Varicella | | 2 doses (if born 1980 or later) | | 2 doses | |
| GSK | Shingrix® | Zoster recombinant (RZV) | | 2 doses for immunocompromising conditions | | | 2 doses |
| Merck | Gardasil 9® | Human Papillomavirus (HPV) | | 2 or 3 doses depending on age at initial vaccination | 27-45 years | | |
| Pfizer Merck Merck | Prevnar 20™ Vaxneuvance™ Pneumovax 23® | Pneumococcal (PCV20) Pneumococcal (PCV15) Pneumococcal (PPSV23) | | | | | 1 dose PCV20 - OR - 1 dose PCV15 followed by 1 dose PPSV23 |
| Merck | Vaqta® | Hepatitis A | | 2, 3 or 4 doses depending on vaccine | | | |
| Merck Dynavax | Recombivax HB® Hepilisav-B® | Hepatitis B | | 2, 3 or 4 doses depending on vaccine or condition | | | |
| Sanofi Pfizer | MenQuadfi® Penbraya™ ● | MenACWY MenABCWY | | 1 or 2 doses depending on indication, see notes for booster recommendations | | | |
| Pfizer | Trumenba® Penbraya™ ● | MenB MenABCWY | | 19-23 years | 2 or 3 doses depending on vaccine and indication, see notes for booster recommendations | | |
| Sanofi | ActHIB® | Haemophilus Influenzae Type B | | 1 or 3 doses depending on indication | | | |
| | JYNNEOS Vaccine | Monkeypox | | | | | |



Range of
Recommended Ages



High risk
Population



Non-high-risk groups may
receive vaccine, subject to
shared clinical decision making