

2024 Recommended Adult Immunization Schedule (Maintains CPP Eligibility)

Manufacturer	Brand Name	Vaccine Age	19-26 yrs	27-49 yrs	50-6	54 yrs	>65 yrs	
Pfizer Moderna	Comirnaty [®] Spikevax	COVID-19		1 or more doses of updated vaccine				
Sanofi	Fluzone® Fluzone High Dose ®	Influenza inactivated (IIV)		1 dose annually				
	Flublok®	Influenza recombinant (RIV)						
OR			OR					
AstraZeneca	FluMist®	Influenza (LAIV)	1 dose annually	1 dose annually				
Pfizer	Abrysvo™	RSV	Seasonal administration du	ring each pregnancy		1 seasonal dose		
6	, Tenivac®	Tetanus, Diphtheria	1 dc	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management				
Sanofi	Adacel®	Tetanus, Diphtheria, Pertussis						
Merck	MMRII®	Measles, Mumps, Rubella	1 or 2 doses depending	on indication (if born 1957 c	or later)	p booster every 10 years ter) For healthcare personnel		
Merck	Varivax [®]	Varicella	2 doses (if born 198) or later)		2 doses		
GSK	Shingrix®	Zoster recombinant (RZV)	2 doses for immunocomp	romising conditions		2 doses		
Merck	Gardasil 9®	Human Papillomavirus (HPV)	2 or 3 doses depending on age at initi vaccination	al 27-45 years				
Pfizer	Prevnar 20™	Pneumococcal (PCV20)	1 dose PCV20 - OR -					
Merck	Vaxneuvance™	Pneumococcal (PCV15)		1 dose PCV15 followed by 1 dose PPSV23				
Merck	Pneumovax 23 [®]	Pneumococcal (PPSV23)						
Merck	Vaqta®	Hepatitis A		2, 3 or 4 doses depending on vaccine				
Merck Dynavax	Recombivax HB [®] Heplisav-B [®]	Hepatitis B	2, 3 or 4 doses dep	2, 3 or 4 doses depending on vaccine or condition				
Sanofi Pfizer	MenQuadfi® Penbraya™ ●	MenACWY MenABCWY	• 1 or 2 do	1 or 2 doses depending on indication, see notes for booster recommendations				
Pfizer	Trumenba® Penbraya™ ●	MenB MenABCWY	19-23 years 2 o	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations				
Sanofi	ActHIB®	Haemophilus Influenzae Type	3	1 or 3 doses depending on indication				
	JYNNEOS Vaccine	Monkeypox						
Range of Recommended Ages			High risk Population					

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