

2024 Recommended Adult Immunization Schedule (Maintains CPP Eligibility)

BUYING GROUP									
Manufacturer	Brand Name	Vaccine	Age	19-26 yrs	27-49 yrs	50-64	l yrs	65-74 yrs	> 75 yrs
Pfizer	Comirnaty®								
Moderna	Spikevax™	COVID-19		1 or more doses of updated vaccine					
Novavax	COVID-19								
	Afluria®								
Seqirus	Flucelvax®								
	Fluad®	Influenza inactivated (IIV)		1 dose annually					
	Fluzone®								
Sanofi	Fluzone High Dose ®								
	Flublok®	Influenza recombinant (RIV)							
OR				OR					
AstraZeneca	FluMist [®]	Influenza (LAIV)		1 dose annually					
Pfizer	Abrysvo®	RSV adult & materi	nal	Seasonal administration during each pregnancy			1 d	lose	1 dose
Moderna	mResvia™	RSV adult							
Sanofi	Tenivac [®]	Tetanus, Diphtheria		1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management					
Sanon	Adacel®	Tetanus, Diphtheria, Pertussis		1 dose Tdap, then Td or Tdap booster every 10 years					
Merck	MMRII®	Measles, Mumps, F	Rubella	1 or 2 doses depending on indication (if born 1957 or late		later)	For healthcare personnel		
Merck	Varivax®	Varicella		2 doses (if born 1980 or later)		2 doses			
GSK	Shingrix®	Zoster recombinan	t (RZV)	2 doses for immunocompror	nising conditions		2 doses		
Merck	Gardasil 9®	Human Papillomav	irus (HPV)	2 or 3 doses depending on age at initial vaccination	27-45 years				
Pfizer	Prevnar 20®	Pneumococcal (PCV20)							
	Capvaxive™	Pneumococcal (PCV21)						1 dose PCV20 or PCV21 - OR - 1 dose PCV15 followed by 1 dose PPSV23	
Merck	Vaxneuvance®	Pneumococcal (PCV15)							
	Pneumovax 23®	Pneumococcal (PPSV23)		2 3 3 5 1 6 7 1 3 1 0 1 0 W Cu by 1 0 3 C 1 1 3 7 2 3					
Merck	Vaqta®	Hepatitis A			doses depending on va	accine			
Merck	Recombivax HB®	Hepatitis B		2, 3 or 4 doses depending on vaccine or condition		,			
Dynavax	Heplisav-B®	перациз в				'			
Sanofi	MenQuadfi®	MenACWY		1 or 2 doses depending on indication, see notes for booster recommendations					
Pfizer	Penbraya™ 🛑	MenABCWY		1 of 2 doses depending on indication, see notes for booster recommendations					
Pfizer	Trumenba®	MenB		2 or 3 doses depending on vaccine and indication, see notes for booster recommendations					
	Penbraya™ ●	MenABCWY		19-23 years					
Sanofi	ActHIB®	Haemophilus Influe	enzae Type B	1 or 3 doses depending on indication					
	JYNNEOS Vaccine	Monkeypox							
	Range of		High risk Non-high-risk groups may						
	Recommended Ages			Population receive vaccine, subject to					
				shared clinical decision making					
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