

2025 Recommended Adult Immunization Schedule (Maintains CPP Eligibility)

Manufacturer	Brand Name	Vaccine	Age	19-26 yrs	27-49 yrs	50-6	4 yrs	65-74 yrs	> 75 yrs	
Pfizer	Comirnaty [®]			1 or more doses of updated vaccine						
Moderna	Spikevax™	COVID-19								
Sanofi	COVID-19									
Sanofi	Fluzone®	annual								
	Flublok®	Influenza recombinant (RIV3)		1 dose annually						
Seqirus	Afluria®	Influenza inactivated (IIV3)						1 dose annually		
	Flucelvax®	Influenza inactivated (ccIIV3)						(HD-IIV3, RIV3 or allV3 preferred)		
Sanofi	Fluzone High Dose ®	Influenza inactivated (HD-IIV3)						(III) III V 3, TII V 3 OT UII V 3 PTETETTEU,		
	Flublok®	Influenza recombinant (RIV3)		Solid organ transplant						
Seqirus	Fluad®	Influenza inactivated (allV3)								
AstraZeneca	FluMist®	Influenza live atten	uated (LAIV3)	1 dose annually						
Pfizer	Abrysvo®	RSV adult & maternal		Seasonal administration during	ng each pregnancy	1.6		loso	1 dose	
Moderna	mResvia™	RSV adult					1 dose 1 dose		1 dose	
Sanofi	Tenivac®	Tetanus, Diphtheria		1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound n				d management		
Salloll	Adacel®	Tetanus, Diphtheria, Pertussis		1 dose Tdap, then Td or Tdap booster ev			every 10 years			
Merck	MMRII®	Measles, Mumps, Rubella		1 or 2 doses depending on indication (if born 1957 or late		ter)	For healthcare personnel			
Merck	Varivax®	Varicella		2 doses (if born 1980 or later)			2 doses			
GSK	Shingrix®	Zoster recombinant (RZV)		2 doses for immunocompro	mising conditions		2 doses			
Merck	Gardasil 9®	Human Papillomavi	rus (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)					1 dose PCV13 followed by 1 dose PP3V23			
Merck	Vaqta®	Hepatitis A		2, 3 or 4 doses depending on vaccine						
Merck	Recombivax HB®	Hepatitis B		2, 3 or 4 doses depending on vaccine or condition						
Dynavax	Heplisav-B®									
Sanofi	MenQuadfi®	MenACWY				L t				
Pfizer	Penbraya™ 🛑	MenABCWY		1 or 2 doses depending on indication, see notes for booster recommendations						
Pfizer	Trumenba®	MenB MenABCWY		2 or 2 decor depending on vaccine and indication, are naturally because and attitude						
	Penbraya™ 🛑			2 or 3 doses depending on vaccine and indication, see notes for booster recommendations 19-23 years						
Sanofi	ActHIB®	Haemophilus Influenzae Type B		1 or 3 doses depending on indication						
	JYNNEOS Vaccine	Monkeypox								
Sanofi	IPOL	Inactivated Polio		Complete 3-dose series if incompletely vaccinated.						
	Range of Recommended Ages			High risk Non-high-risk groups may Population receive vaccine, subject to						
				shared clinical decision making						