2025 Adult Immunization Schedule: Updated Recommendations

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Ask An IP
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Disclosures

There is no commercial support for today's presentation

Neither the speakers nor planners for today's presentation have disclosed any financial interests related to the content of the meeting

Objectives

By the end of this presentation, participants will be able to:

- Describe the 2025 Adult Immunization Schedule updates
- Determine when influenza, pneumococcal, respiratory syncytial virus (RSV), and shingles vaccines are up to date
- Utilize the California Immunization Registry (CAIR) to look up vaccines
- Locate reliable immunization resources
- Apply effective strategies to improve adult vaccination rates

Disclaimer

- Information about vaccines changes frequently
- This presentation was current as of September 9, 2025
- This information is based on the recommendations from:
  - Advisory Committee on Immunization Practices (ACIP)
  - American College of Obstetrics and Gynecology
  - California Department of Public Health (CDPH)
  - LAC DPH

Prevention

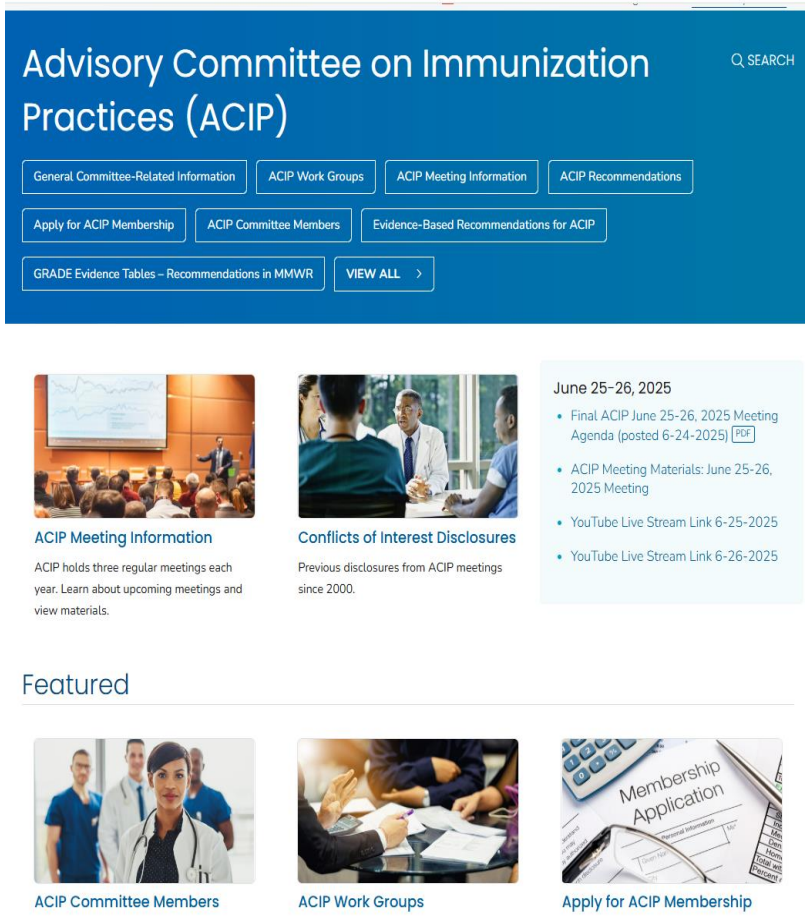
When should the protective gear go on?

A

B

Advisory Committee on Immunization Practices (ACIP)

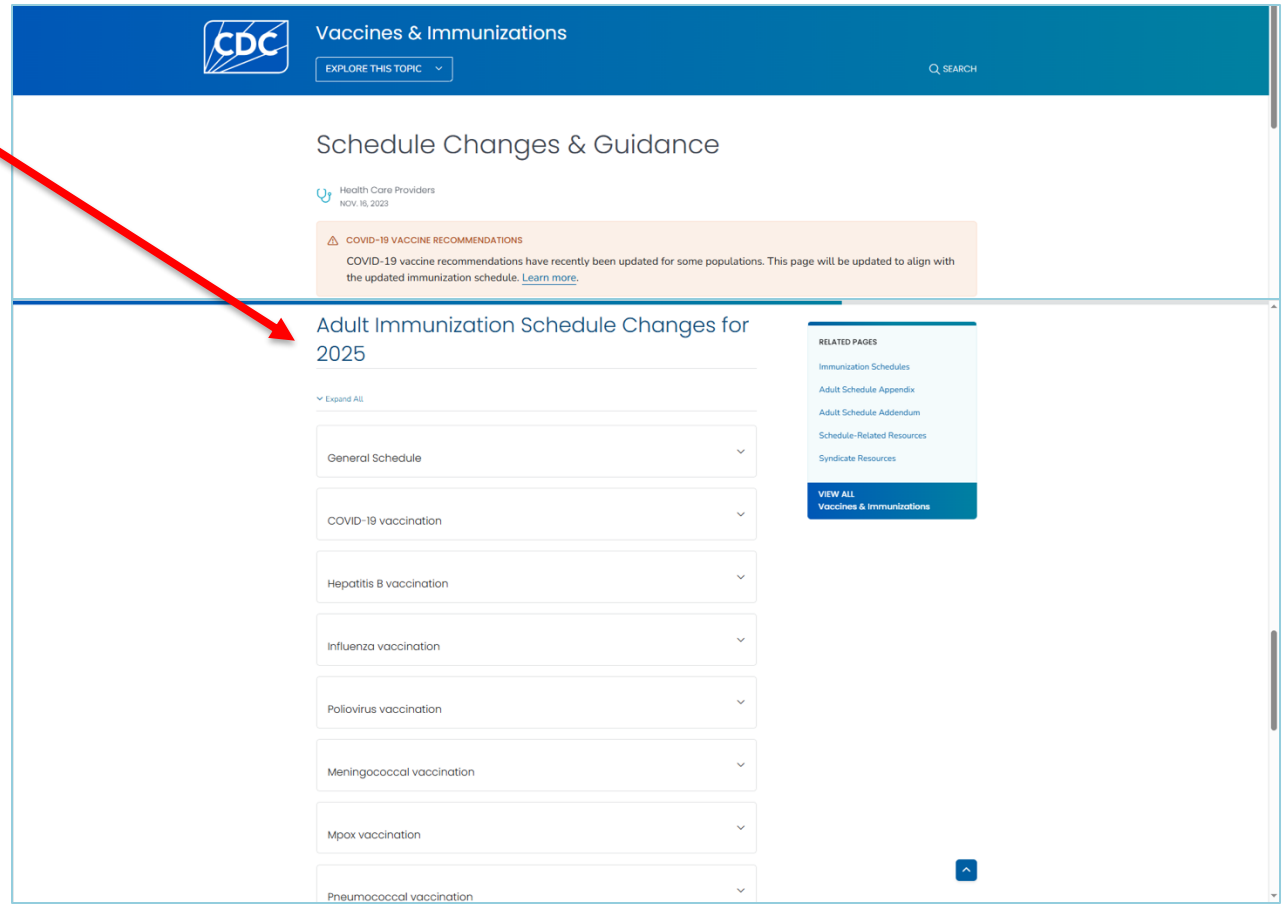
- An apolitical advisory group established in March 1964 by the U.S. Surgeon General to provide expert advice on vaccine use to the Centers for Disease Control & Prevention (CDC) and the Secretary of Health & Human Services (HHS).
  1. Recommends use of vaccines (schedule, intervals, targeted population) to CDC director, and eventually to vaccine providers
  2. Under Affordable Care Act, all ACIP recommended vaccines should be available to patients free



ACIP

2025 Adult Immunization Schedule, updated 8-7-25

Schedule Changes & Guidance



[CDC Schedule Changes]

Cover Page

Recommended Adult Immunization Schedule
for ages 19 years or older

UNITED STATES 2025

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine, Spikevax/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Haemophilus influenzae type b vaccine	Hib	ActHIB, Hiberix, PedvaxHIB
Hepatitis A vaccine	HepA	Havrix, Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B, Heplisav-B, PreHevbrio, Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated, egg-based)	IIV3	Multiple
	aIIV3	Fluad
	HD-IIV3	Fluzone High-Dose
Influenza vaccine (inactivated, cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II, Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
	PCV21	Capvaxive
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo, Arexvy, mReswia
Tetanus and diphtheria vaccine	Td	Tenivac
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel, Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix

*Administer recommended vaccines if vaccination history is incomplete or unknown.
Do not restart or add doses to vaccine series if there are extended intervals between doses.
The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Revised 07/02/2025

How to use the adult immunization schedule

1. Determine recommended vaccinations by age **(Table 1)**
2. Assess need for additional recommended vaccinations by medical condition or other indication **(Table 2)**
3. Review vaccine types, dosing frequencies and intervals, and considerations for special situations **(Notes)**
4. Review contraindications and precautions for vaccine types **(Appendix)**

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.-8 p.m. ET, Monday through Friday, excluding holidays.

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/hcp/imz-schedules/app.html.

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific/
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html
- *General Best Practice Guidelines for Immunization* www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/surv-manual/php/index.html

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Scan QR code for access to online schedule

2025 Adult Imz Schedule

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID–19	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024-2025 vaccine (See Notes)
Influenza inactivated (IIV3, ccIIV3) **Influenza recombinant** (RIV3)	1 dose annually			1 dose annually (HD–IIV3, RIV3, or aIIV3 preferred)
Influenza inactivated (aIIV3; HD–IIV3) **Influenza recombinant** (RIV3)	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3)	1 dose annually			
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy (See Notes)		60 through 74 years (See Notes)	≥75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For health care personnel (See Notes)
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)			See Notes	See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication (See Notes for booster recommendations)			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)		
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self–report of previous doses acceptable (See Notes)			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision–making

No Guidance/ Not Applicable

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Table 1

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2025

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

VACCINE	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count		Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End–stage renal disease or on dialysis	Chronic liver disease; alcoholism[a]	Diabetes	Health care Personnel[b]
			<15% or <200/mm³	≥15% and ≥200/mm³							
COVID–19		See Notes									
Influenza inactivated Influenza recombinant		Solid organ transplant (See Notes)	1 dose annually								
LAIV3					1 dose annually if age 19–49 years		1 dose annually if age 19–49 years				
RSV	Seasonal administration (See Notes)	See Notes				See Notes			Liver disease (See Notes)	See Notes	
Tdap or Td	Tdap: 1 dose each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	*										
VAR	*		See Notes								
RZV		See Notes									
HPV	*	3–dose series if indicated									
Pneumococcal											
HepA										Age ≥ 60 years	
Hep B	See Notes										
MenACWY											
MenB											
Hib		HSCT: 3 doses[c]				Asplenia: 1 dose					
Mpox	See Notes				See Notes						See Notes
IPV		Complete 3–dose series if incompletely vaccinated. Self–report of previous doses acceptable (See Notes)									

Recommended for all adults who lack documentation of vaccination, **OR** lack evidence of immunity

Not recommended for all adults, but recommended for some adults based on either age **OR** increased risk for or severe outcomes from disease

Recommended vaccination based on shared clinical decision–making

Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended *Vaccinate after pregnancy, if indicated

No Guidance/ Not Applicable

a. Precaution for LAIV3 does not apply to alcoholism.

b. See Notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant.

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Table 2

Notes — Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2025

For vaccination recommendations for persons ages 18 years or younger, see the Recommended Child and Adolescent Immunization Schedule, 2025: www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

Additional Information

- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3–2, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip–recs/general–recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8–1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip–recs/general–recs/immunocompetence.html
- For information about vaccination in the setting of a vaccine–preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no–fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the adult immunization schedule except PPSV23, RSV, RZV, Mpox, and COVID–19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). Mpox and COVID–19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID–19 vaccination

Routine vaccination

Age 19–64 years (not pregnant)

- **Unvaccinated:**
  - 1 dose 2024–25 Moderna or Pfizer-BioNTech
  - 2 doses 2024–25 Novavax at 0, 3–8 weeks
- **Previously vaccinated before 2024–25 vaccine with:**
  - **1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  - **1 dose Novavax:** 1 dose 2024–25 Novavax 3–8 weeks after most recent dose. If more than 8 weeks after most recent dose, administer 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.
  - **2 or more doses Novavax:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
  - **1 or more doses Janssen:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.

Age 65 years and older

- **Unvaccinated:** follow recommendations above for unvaccinated persons ages 19–64 years **and** administer dose 2 of 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).
- **Previously vaccinated before 2024–25 vaccine:** follow recommendations above for previously vaccinated persons ages 19–64 years **and** administer dose 2 of 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months).

Special situations

Persons who are moderately or severely immunocompromised. Use vaccine from the same manufacturer for all doses in the initial vaccination series.

- **Unvaccinated:**
  - 4 doses (**3-dose initial series 2024–25 Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*
  - 4 doses (**3-dose initial series 2024–25 Pfizer-BioNTech** at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*
  - 3 doses (**2-dose initial series 2024–25 Novavax** at 0, 3 weeks, followed by 1 dose Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*
- **Incomplete initial vaccination series before 2024–25 vaccine:**
  - **Previous vaccination with Moderna**
    - **1 dose Moderna:** complete initial series with 2 doses 2024–25 Moderna at least 4 weeks apart (administer dose 1 4 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses.*
    - **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses.*

Notes

Appendix Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2025

Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4–1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2024–25 Influenza Season | MMWR (cdc.gov), *and* Contraindications and Precautions for COVID–19 Vaccination

Vaccines and Other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
COVID–19 mRNA vaccines [Pfizer–BioNTech, Moderna]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID–19 vaccine[3]	• Diagnosed non–severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID–19 vaccine[3]; or non–severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID–19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID–19 vaccine • Multisystem inflammatory syndrome in children (MIS–C) or multisystem inflammatory syndrome in adults (MIS–A) • Moderate or severe acute illness, with or without fever
COVID–19 protein subunit vaccine [Novavax]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID–19 vaccine[3]	• Diagnosed non–severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID–19 vaccine[3]; or non–severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID–19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID–19 vaccine • Multisystem inflammatory syndrome in children (MIS–C) or multisystem inflammatory syndrome in adults (MIS–A) • Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV3)	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[4] (excluding egg)	• Guillain–Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Moderate or severe acute illness with or without fever
Influenza, cell culture–based inactivated injectable (ccIIV3) [Flucelvax]	• Severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency, or to any component[4] of ccIIV3	• Guillain–Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, recombinant injectable (RIV3) [Flublok]	• Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component[4] of RIV3	• Guillain–Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency. If using RIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, live attenuated (LAIV3) [Flumist]	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[4] (excluding egg) • Anatomic or functional asplenia • Immunocompromised due to any cause including, but not limited to, medications and HIV infection • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Cochlear implant • Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear, or any other cranial CSF leak • Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days.	• Guillain–Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Asthma in persons aged 5 years or older • Persons with underlying medical conditions (other than those listed under contraindications) that might predispose to complications after wild–type influenza virus infection [e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)] • Moderate or severe acute illness with or without fever

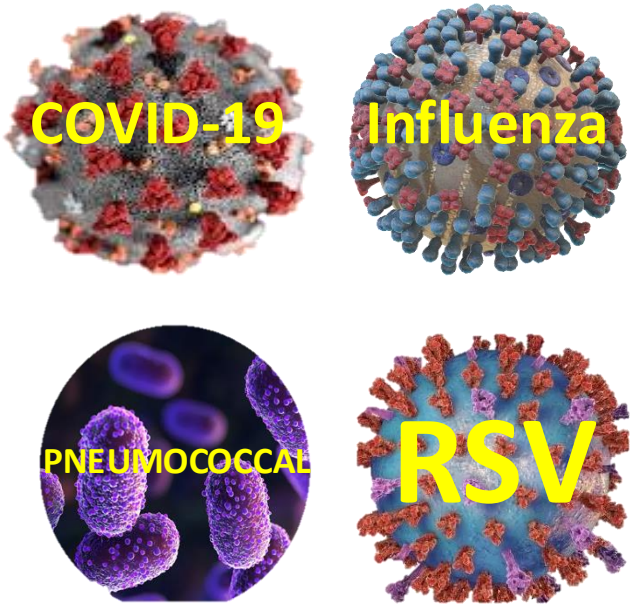
1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
3. See package inserts and FDA EUA fact sheets for a full list of vaccine ingredients. mRNA COVID–19 vaccines contain polyethylene glycol (PEG).
4. Vaccination providers should check FDA–approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for U.S.–licensed vaccines.

Appendix

Respiratory Illnesses

Respiratory Illnesses

- Caused by viruses & bacteria that can cause headache, fever, cough, difficulty breathing, fatigue, muscle pain, pneumonia and death
- Transmitted via airborne and direct contact
- Vaccination is the best prevention



COVID-19 Vaccines

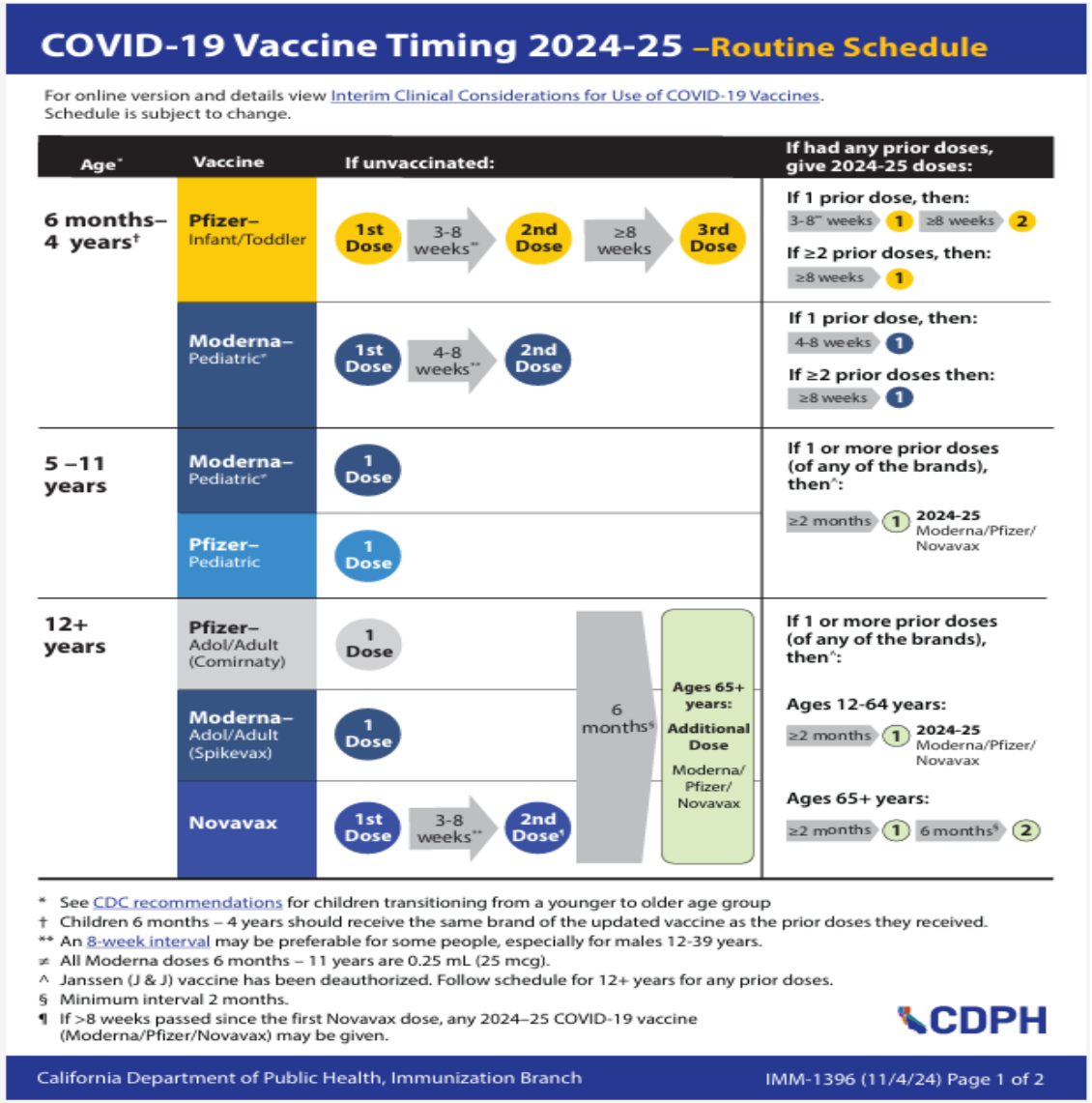
COVID-19 Vaccine Recommendations

- LAC DPH aligns with California Department of Public Health in endorsing guidance from the American Academy of Pediatrics (AAP) and American College of Obstetrics and Gynecology (ACOG) which recommends that all individuals aged 6 months and older be offered updated COVID-19 vaccines as they become available, with priority for those at highest risk: **infants aged 6-23 months, persons aged 65 years and older, pregnant and lactating individuals, and people with underlying risk factors.**
  - COVID-19 vaccines can be administered with other vaccines

COVID-19 Vaccine Effectiveness

- Overall vaccine effectives against ER/urgent care encounters for the 2023-2024 season was:
  - 79% for 9 months-4 y/o
  - 57% for 5-17 years
  - 34% for 18+ years
- Maternal vaccination showed protection against hospitalization:
  - 35% protection for infants 0-5 months
  - 54% for infants 0-2 months

Vaccine Effectiveness



COVID-19 Vaccine Timing 2024-25 –Routine Schedule

For online version and details view Interim Clinical Considerations for Use of COVID-19 Vaccines.
Schedule is subject to change.

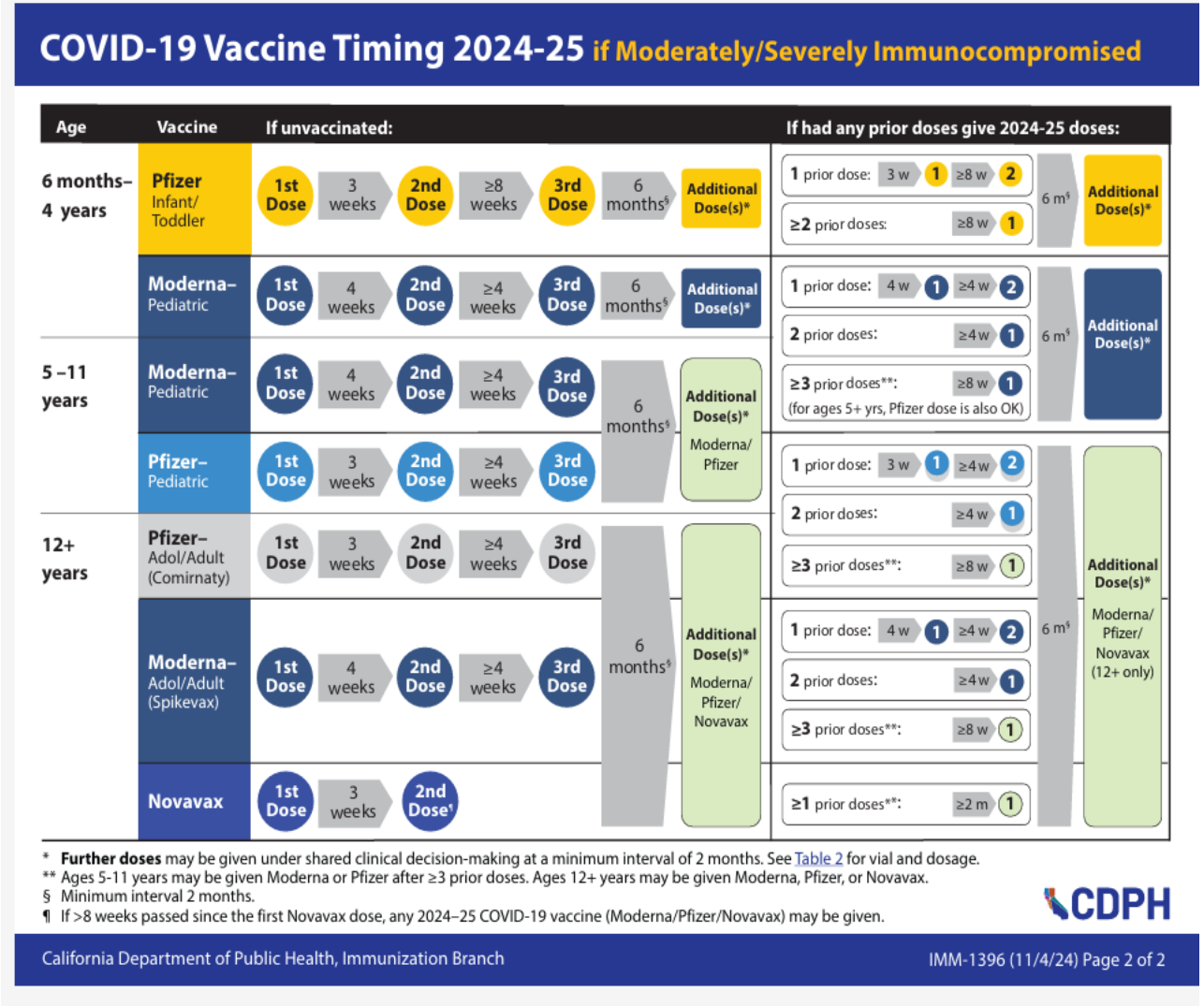
Age*	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:
6 months–4 years†	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks** → 2nd Dose → ≥8 weeks → 3rd Dose	If 1 prior dose, then: 3-8** weeks → 1 → ≥8 weeks → 2 If ≥2 prior doses, then: ≥8 weeks → 1
	Moderna–Pediatric≠	1st Dose → 4-8 weeks** → 2nd Dose	If 1 prior dose, then: 4-8 weeks → 1 If ≥2 prior doses then: ≥8 weeks → 1
5–11 years	Moderna–Pediatric≠	1 Dose	If 1 or more prior doses (of any of the brands), then^: ≥2 months → 1 → 2024-25 Moderna/Pfizer/Novavax
	Pfizer–Pediatric	1 Dose	
12+ years	Pfizer–Adol/Adult (Comirnaty)	1 Dose → 6 months§ → Ages 65+ years: Additional Dose Moderna/Pfizer/Novavax	If 1 or more prior doses (of any of the brands), then^: Ages 12-64 years: ≥2 months → 1 → 2024-25 Moderna/Pfizer/Novavax Ages 65+ years: ≥2 months → 1 → 6 months§ → 2
	Moderna–Adol/Adult (Spikevax)	1 Dose	
	Novavax	1st Dose → 3-8 weeks** → 2nd Dose¶	

* See CDC recommendations for children transitioning from a younger to older age group
† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.
** An 8-week interval may be preferable for some people, especially for males 12-39 years.
≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).
^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.
§ Minimum interval 2 months.
¶ If >8 weeks passed since the first Novavax dose, any 2024–25 COVID-19 vaccine (Moderna/Pfizer/Novavax) may be given.

CDPH

California Department of Public Health, Immunization Branch IMM-1396 (11/4/24) Page 1 of 2

COVID-19 Vaccine Timing



COVID-19 Vaccine Timing

Influenza

2025-26 Influenza Vaccine: Adult Recommendations

- Everyone should receive annual flu vaccination
- **September and October** are the best times for most people to get vaccinated
  - Pregnant people in their 3rd trimester can get vaccinated anytime during their pregnancy
  - We never want to miss an opportunity to vaccinate.

- All flu vaccines in the United States are:
  - Single-dose formulations free of thimerosal for everyone
  - Trivalent: A(H1N1), A(H3N2), and B/Victoria.
  - No preference over other age-appropriate trivalent inactivated or recombinant influenza vaccines
- 2024-25 vaccine effectiveness was 56%

CDC Schedule Changes

Vaccine Effectiveness

Composition of 2025-26 Flu Vaccines

Egg-based vaccines

- **Fluad®, Fluzone®, Flumist®**
- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Croatia/10136RV/2023 (H3N2)-like virus; and (Updated)
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus

Cell-or recombinant-based vaccines

- **Flucelvax®** is the only cell-based flu vaccine in the U.S
- **Flublok®** recombinant
- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an A/District of Columbia/27/2023 (H3N2)-like virus; and (Updated)
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus

2025–2026 Flu Season | Influenza (Flu) | CDC

Adults with an egg allergy who have experienced angioedema, respiratory distress or required epinephrine or another emergency medical intervention after eating eggs should **NOT** receive any egg-based influenza vaccines.

True OR False

Rationale:

Starting in the 2023–2024 season, no extra safety measures are needed for flu vaccination in people with egg allergies, regardless of past reaction severity. All vaccines should still be given in settings equipped to manage allergic reactions. Most flu vaccines, including the nasal spray, are made using egg-based technology and contain small amounts of egg protein. However, studies show that severe allergic reactions in egg-allergic individuals are unlikely.

Egg Allergies

2025-26 Influenza Vaccine Adult Recommendations

18-64 y/o

- Flumist ® live, attenuated self or caregiver administration is available for 2-49 y/o
- HD-IIV3 or aIIV3
  - Optional use in 18–64 y/o who are solid organ transplant recipients on immunosuppressive medications

65+ years

- CDC preferentially recommends:
  - Fluad® Trivalent egg-based adjuvant vaccine (Seqirus) or
  - Flublok® Trivalent recombinant vaccine (Sanofi) or
  - Fluzone® High-dose Trivalent egg-based inactivated (Sanofi)

CDC Schedule Changes

Pneumococcal

Pneumococcal Vaccine Adult Recommendations

- Universal recommendation for adults aged ≥ 50 years
- **Special Situations Section**
  - Outlines risk-based & recommendations for adults aged 19–49 years-old with certain risk factors
  - Adults 19 y/o & older who received PCV20 or PCV21: No additional pneumococcal vaccine dose recommended
  - Pregnancy: No pneumococcal vaccine recommendation due to limited data
  - Situations when PPSV23 is unavailable
    - Adults who received PCV15 may complete the series with 1 dose of PCV20 or PCV21

CDC Schedule Changes

Pneumococcal Vaccine Vaccine Effectiveness

Vaccine	Invasive pneumococcal disease (IPD)	Pneumococcal pneumonia
PCV13	**75%** in adults 65+	**46%** in adults 65+ **45%** in adults 65+ (virus associated)
PCV15	Data shows an immune response comparable to PCV13 or PPSV23	Data shows an immune response comparable to PCV13
PCV20	Data shows an immune response comparable to PCV13 or PPSV23	Offers broader serotype coverage than PCV13
PCV21	Data shows an immune response comparable to PCV15, PCV20 or PPSV23	Offers broader serotype coverage than PCV20
PPSV23	**60% to 70%**	

PCV13, 15, 20, PPSV23 Vaccine Effectiveness
PCV21 Vaccine Effectiveness

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥50 years old
Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	**PCV20 or PCV21**	**PCV15** → ≥1 year† → **PPSV23¶**
PCV15 only at any age	≥1 year† → **PPSV23¶**	NO OPTION B
PCV15 & **PPSV23** OR **PCV20** OR **PCV21** at any age	**No vaccines** recommended; schedule is complete.	
PPSV23 only at any age	≥1 year → **PCV20 or PCV21**	≥1 year → **PCV15**
PCV13 only at any age	≥1 year → **PCV20 or PCV21**	NO OPTION B
PCV13 at any age & **PPSV23** at <65 yrs	≥5 years → **PCV20 or PCV21**	

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines
¶ If PPSV23 is not available, PCV20 or PCV21 may be used
† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak
§ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option for adults ≥65 years old	
Complete series: PCV13 at any age & **PPSV23** at ≥65 yrs	≥5 years → **PCV20 or PCV21**	Together, with the patient, vaccine providers **may choose** to administer PCV20 or PCV21 to adults ≥65 years old who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of 65 years old.

[Pneumococcal-Vaccine Timing-Adults]

Adults 19–49 years old with a cochlear implant or cerebrospinal fluid leak
Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20 or PCV21	PCV15 → ≥8 weeks → PPSV23[1]
PCV15 only at any age	≥8 weeks → PPSV23[1]	NO OPTION B
PCV15 & **PPSV23** OR **PCV20** OR **PCV21** at any age	**No vaccines** recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 50 years old.	
PPSV23 only at any age	≥1 year → PCV20 or PCV21	≥1 year → PCV15
PCV13 only at any age	≥1 year → PCV20 or PCV21	NO OPTION B
PCV13 and **1 dose of PPSV23** at any age	≥5 years → PCV20 or PCV21	**No vaccines** recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 50 years old.

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

[1] If PPSV23 is not available, PCV20 or PCV21 may be used

Adults 19–49 years old with specified immunocompromising conditions
Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20 or PCV21	PCV15 → ≥8 weeks → PPSV23[1]
PCV15 only at any age	≥8 weeks → PPSV23[1]	NO OPTION B
PCV15 & **PPSV23** OR **PCV20** OR **PCV21** at any age	**No vaccines** recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 50 years old.	
PPSV23 only at any age	≥1 year → PCV20 or PCV21	≥1 year → PCV15
PCV13 only at any age	≥1 year → PCV20 or PCV21	NO OPTION B
PCV13 and **1 dose of PPSV23** at any age	≥5 years → PCV20 or PCV21	
PCV13 and **2 doses of PPSV23** at any age	≥5 years → PCV20 or PCV21	**No vaccines** recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 50 years old.
Immunocompromising conditions	• Chronic renal failure • Congenital or acquired asplenia • Congenital or acquired immunodeficiency[§] • Generalized malignancy • HIV infection • Hodgkin disease • Iatrogenic immunosuppression[¶] • Leukemia • Lymphoma • Multiple myeloma • Nephrotic syndrome • Sickle cell disease/other hemoglobinopathies • Solid organ transplant	

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

[1] If PPSV23 is not available, PCV20 or PCV21 may be used

[§] Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)

[¶] Includes diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

[Pneumococcal-Vaccine Timing-Adults]

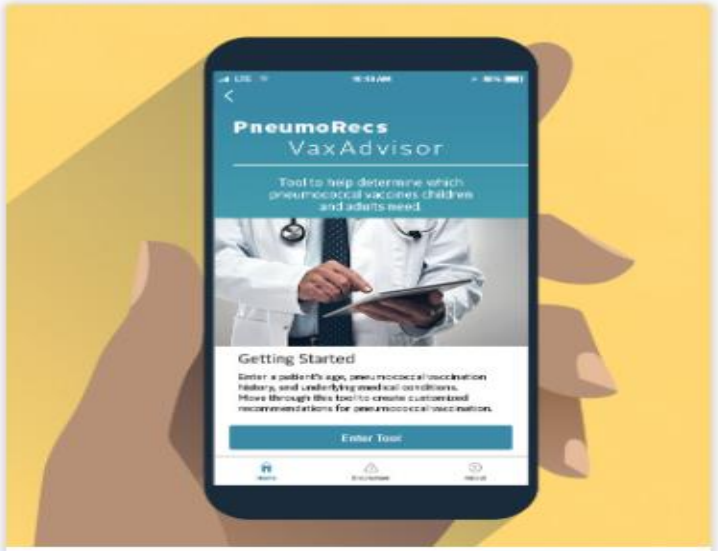
Pneumococcal Vaccine Resources

The ***PneumoRecs VaxAdvisor*** mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

Users simply:

- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

Then the app provides patient-specific guidance consistent with the immunization schedule recommended by the U.S. Advisory Committee on Immunization Practices (ACIP).



PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.

Download the App Today

Download PneumoRecs VaxAdvisor for free:

- iOS devices
- Android devices

Updates: CDC will release guideline changes and enhancements to the app itself through app updates.

Web Access Tool

Access the desktop version of ***PneumoRecs VaxAdvisor*** to use the tool without a device that supports the app.

Pneumococcal App

Knowledge Check

In 2025, which statement did the ACIP make?

A. Pregnant women should receive pneumococcal conjugate vaccine (PCV) or pneumococcal polysaccharide vaccine (PPSV23) vaccine

B. Adults 50 years + who have not previously received a pneumococcal vaccine should receive one dose of PCV15 + PPSV23 or 1 dose PCV20, or 1 dose of PCV21.

C. If a patient only received 1 dose of PCV20 they will also need PPSV23

Respiratory Syncytial Virus (RSV)

RSV Vaccine Recommendations: Adults

- **Age 75 years or older**
  - **Unvaccinated:** 1 dose (Arexvy or Abrysvo or mResvia). Additional doses not recommended
  - **Previously vaccinated:** Additional doses not recommended

- **Age 50–74 years:**
  - **Unvaccinated and at increased risk of severe RSV disease****
    - 1 dose (Arexvy or Abrysvo or mResvia). Additional doses not recommended.
  - **Previously vaccinated:** additional doses not recommended. No data are available to inform whether additional doses are needed

- May receive RSV vaccine anytime, ideally August–October before seasonal spread

see www.cdc.gov/mmwr/volumes/73/wr/mm7332e1.htm

RSV Recommendations

RSV Vaccine Recommendations: Adults

- **Pregnant women of any age**
  - Pregnant at 32–36 weeks (Sep–Jan):
    - 1 dose Abrysvo, regardless of prior RSV infection
  - Recommend either maternal Abrysvo or infant nirsevimab to prevent severe RSV in infants
  - RSV vaccine not recommended for all other pregnant women:
  - No Abrysvo in subsequent pregnancies; give nirsevimab to infants if maternal RSV vaccine was given previously

Notes

RSV Vaccine Effectiveness

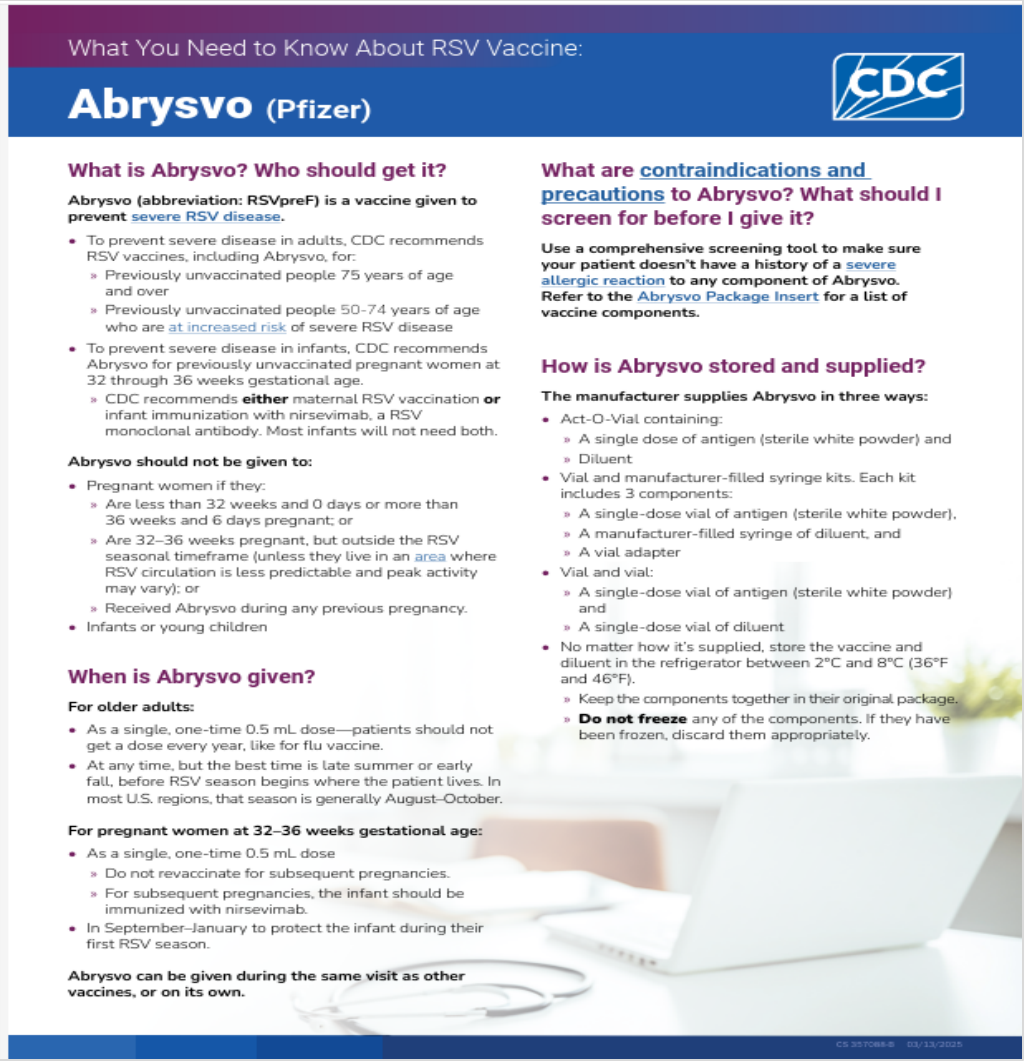
- **Arexvy & Abrysvo** were **75% - 82%** effective against RSV-associated hospitalization in immunocompetent adults ≥60 y/o
- **mRESVIA 81%** effective against RSV-associated lower respiratory tract disease with ≥3 signs/symptoms in adults ≥60 y/o
- **Nirsevimab** was **90%** effective against RSV-associated hospitalization in infants in their first RSV season

Arexvy & Abrysvo

mRESVIA

Nirsevimab

CDC At-A-Glance Resources for RSV



What You Need to Know About RSV Vaccine:

Abrysvo (Pfizer)

What is Abrysvo? Who should get it?

Abrysvo (abbreviation: RSVpreF) is a vaccine given to prevent severe RSV disease.

- To prevent severe disease in adults, CDC recommends RSV vaccines, including Abrysvo, for:
  - Previously unvaccinated people 75 years of age and over
  - Previously unvaccinated people 50–74 years of age who are at increased risk of severe RSV disease
- To prevent severe disease in infants, CDC recommends Abrysvo for previously unvaccinated pregnant women at 32 through 36 weeks gestational age.
  - CDC recommends **either** maternal RSV vaccination **or** infant immunization with nirsevimab, a RSV monoclonal antibody. Most infants will not need both.

Abrysvo should not be given to:

- Pregnant women if they:
  - Are less than 32 weeks and 0 days or more than 36 weeks and 6 days pregnant; or
  - Are 32–36 weeks pregnant, but outside the RSV seasonal timeframe (unless they live in an area where RSV circulation is less predictable and peak activity may vary); or
  - Received Abrysvo during any previous pregnancy.
- Infants or young children

When is Abrysvo given?

For older adults:

- As a single, one-time 0.5 mL dose—patients should not get a dose every year, like for flu vaccine.
- At any time, but the best time is late summer or early fall, before RSV season begins where the patient lives. In most U.S. regions, that season is generally August–October.

For pregnant women at 32–36 weeks gestational age:

- As a single, one-time 0.5 mL dose
  - Do not revaccinate for subsequent pregnancies.
  - For subsequent pregnancies, the infant should be immunized with nirsevimab.
- In September–January to protect the infant during their first RSV season.

Abrysvo can be given during the same visit as other vaccines, or on its own.

What are contraindications and precautions to Abrysvo? What should I screen for before I give it?

Use a comprehensive screening tool to make sure your patient doesn't have a history of a severe allergic reaction to any component of Abrysvo. Refer to the Abrysvo Package Insert for a list of vaccine components.

How is Abrysvo stored and supplied?

The manufacturer supplies Abrysvo in three ways:

- Act-O-Vial containing:
  - A single dose of antigen (sterile white powder) and
  - Diluent
- Vial and manufacturer-filled syringe kits. Each kit includes 3 components:
  - A single-dose vial of antigen (sterile white powder),
  - A manufacturer-filled syringe of diluent, and
  - A vial adapter
- Vial and vial:
  - A single-dose vial of antigen (sterile white powder) and
  - A single-dose vial of diluent
- No matter how it's supplied, store the vaccine and diluent in the refrigerator between 2°C and 8°C (36°F and 46°F).
  - Keep the components together in their original package.
  - **Do not freeze** any of the components. If they have been frozen, discard them appropriately.

- CDC: Abrysvo (PDF)
- CDC: Arexvy (PDF)
- CDC: mResvia (PDF)
- CDC: Nirsevimab (PDF)

Shingles

Recombinant Zoster Vaccine (Shingles) Recommendations: Adults

2-dose series (Shingrix)

- 2–6 months apart (minimum interval: 4 weeks)
- Regardless of prior shingles or Zostavax vaccination
  - 50 y/o or older
  - 19+ y/o with immunocompromising conditions
- Over 90% effective at preventing shingles and complications

- **Pregnancy:** No ACIP recommendation; consider delaying until postpartum

CDC Schedule Changes

Immunocompromised

Knowledge Check

King B is 80 years old and previously received the original zoster vaccine (Zostavax) before Shingrix became available. How many doses of Shingrix should King B receive?

1

2

None

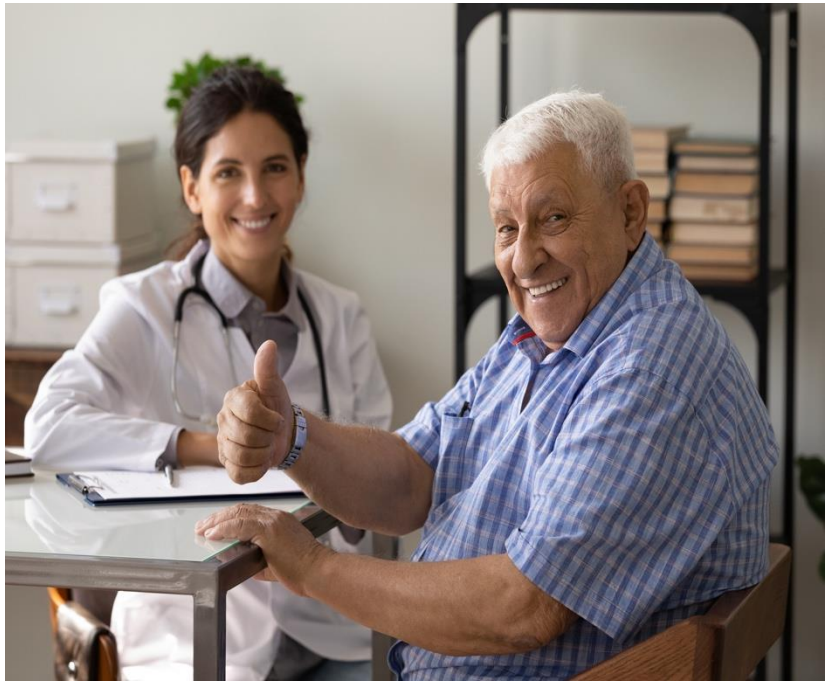
Rationale:

He will need 2 doses. Pts. 50 y/o & older who received Zostavax should routinely receive the Shingrix. Patients should wait **at least 8 weeks after receiving Zostavax before receiving Shingrix**. **Shingrix**

Strategies to Improve Vaccination Rates

Standards & Strategies for Adult Immunization Practice

1. Assess immunization status at every visit
2. Strongly recommend needed vaccines
3. Administer or refer for vaccination
4. Document all vaccinations in CAIR (required by law)



Adult Standards

Trusted Messengers

- Medical experts
- Personal doctors
- Promotoras, health navigators, trusted community members
- Community health workers and cultural centers
- Family members and caregivers
- Community activist
- Health agencies & Institutions
- Word of mouth
- Celebrities that feature health experts
- Race/Ethnic Concordance

Ad Council and COVID Collaborative, 2021

LANGUAGE DO'S & DONT'S

Do Say	Don't Say
• Vaccination	• Injection or shot
• A safe & effective vaccine	• A vaccine developed quickly
• Authorized by FDA based on clinical testing	• Approved by FDA, Operation Warp Speed; Emergency Use Authorization[1]
• Get the latest information	• There are things we still don't know
• Keep your family safe; keep those most vulnerable safe	• Keep your country safe
• Public Health	• Government
• Health/medical experts & doctors	• Scientists
• People who have questions	• People who are hesitant, skeptical, resistant, or "anti vaxxers"

1. The perceived speed of vaccine development is a current barrier among many audiences

Ad Council and COVID Collaborative, 2021

California Immunization Registry (CAIR)

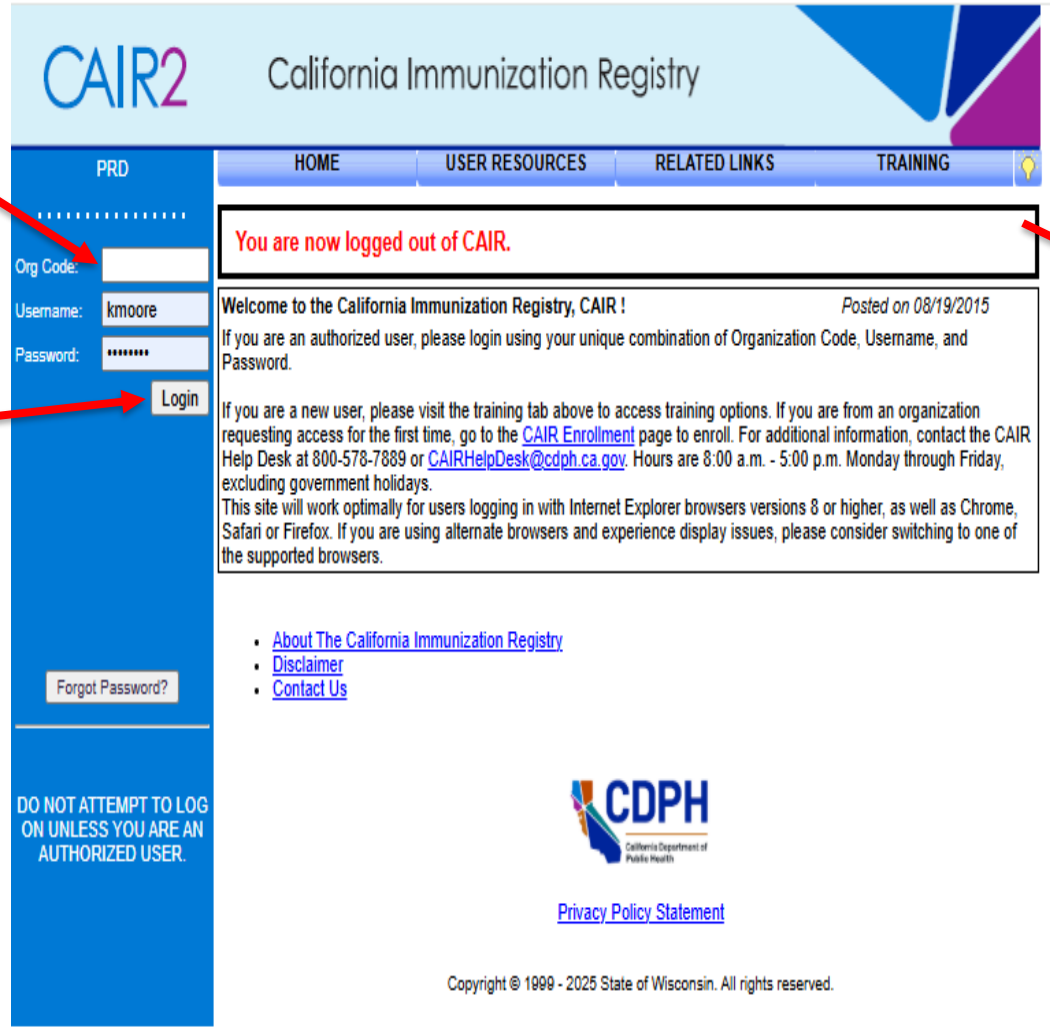
STEP 1

County of Los Angeles Public Health

CAIR Region	Local CAIR Reps (LCRs):	Counties and Cities in Region
CAIR2 – Los Angeles Region	**Leanne Alarid** Phone: 213-359 -4555 Email: leanne.alarid@cdph.ca.gov	West Los Angeles San Fernando Valley Santa Clarita Valley South Bay City of Long Beach Health Plans **(Service Planning Areas 2, 5, and 8)**
CAIR2 – Los Angeles Region	**Grissel Barrios** Phone: 213-905-9009 Email: grissel.barrios@cdph.ca.gov	Antelope Valley East Los Angeles Central/Downtown Los Angeles Hollywood South Los Angeles LA Unified School District **(Service Planning Areas 1,4,6, and 7)**
CAIR2 – Los Angeles Region	**Ashley Diaz** Phone: 213-393-9204 Email: ashley.diaz@cdph.ca.gov	City of Pasadena San Gabriel Valley **(Service Planning Area 3)**

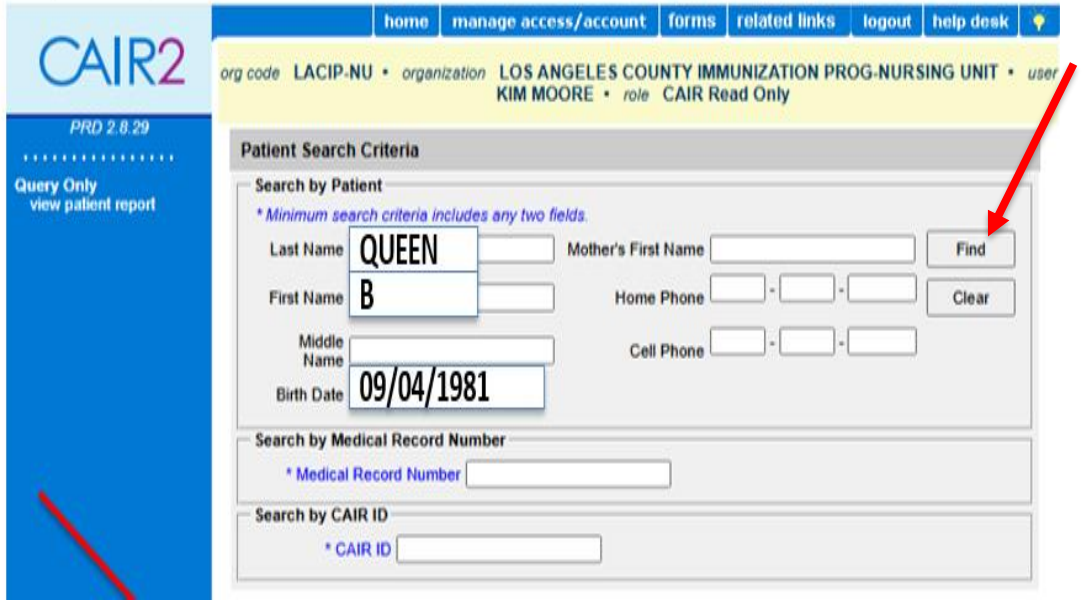
CAIR

STEP 2: https://cair.cdph.ca.gov

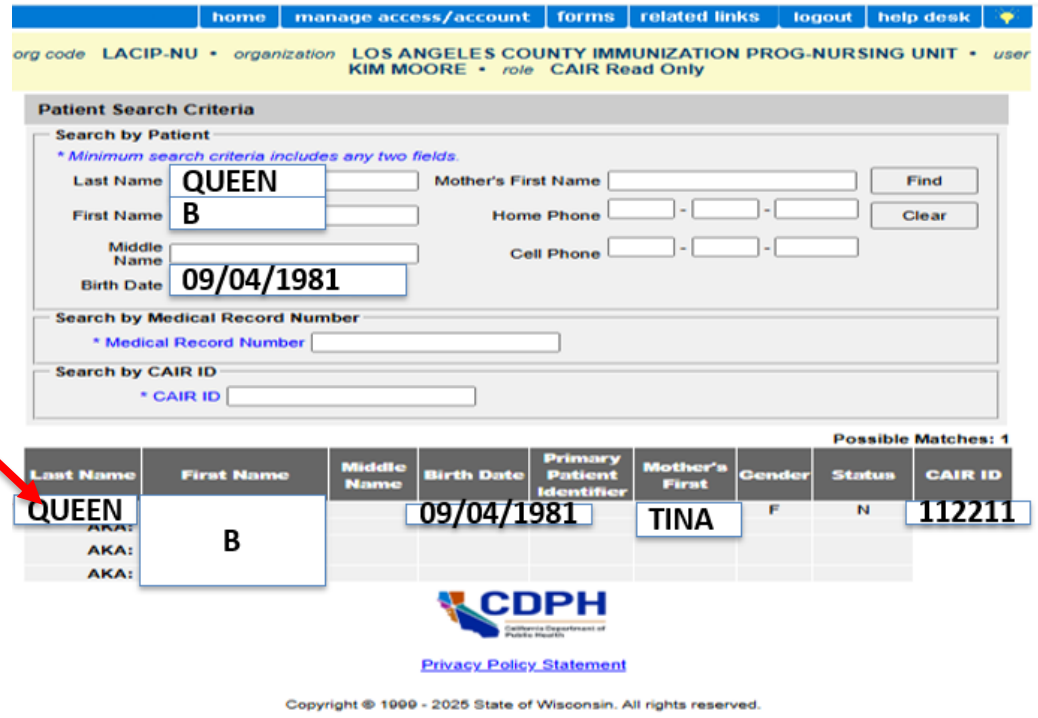


STEP 3: View patient record

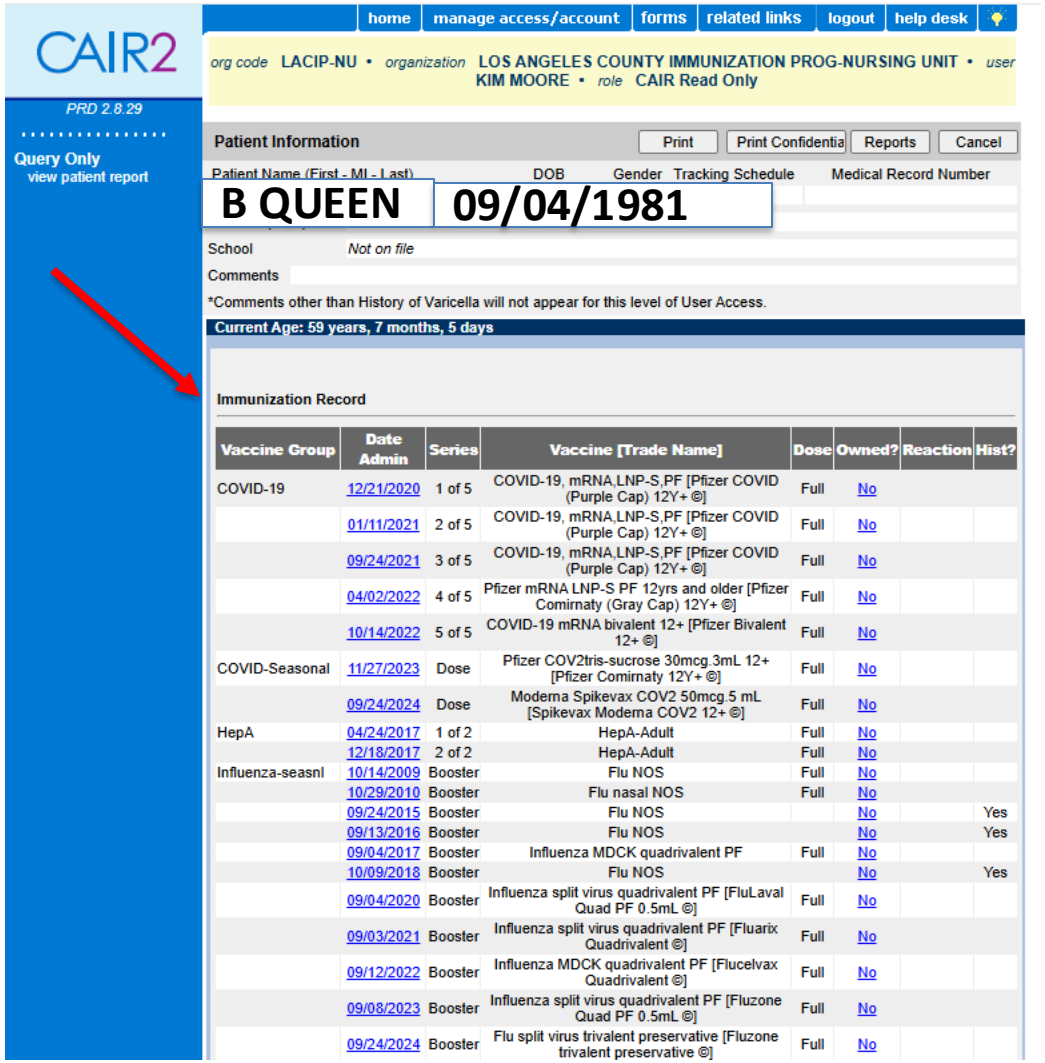
STEP 4: Enter demographic information



STEP 5: Click on patient's last name



STEP 6: Review vaccines received vs vaccines



CAIR2

PRD 2.8.29

Query Only
view patient report

home | manage access/account | forms | related links | logout | help desk

org code LACIP-NU • organization LOS ANGELES COUNTY IMMUNIZATION PROG-NURSING UNIT • user KIM MOORE • role CAIR Read Only

Patient Information — Print | Print Confidentia | Reports | Cancel

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number
B QUEEN	09/04/1981			

School: Not on file

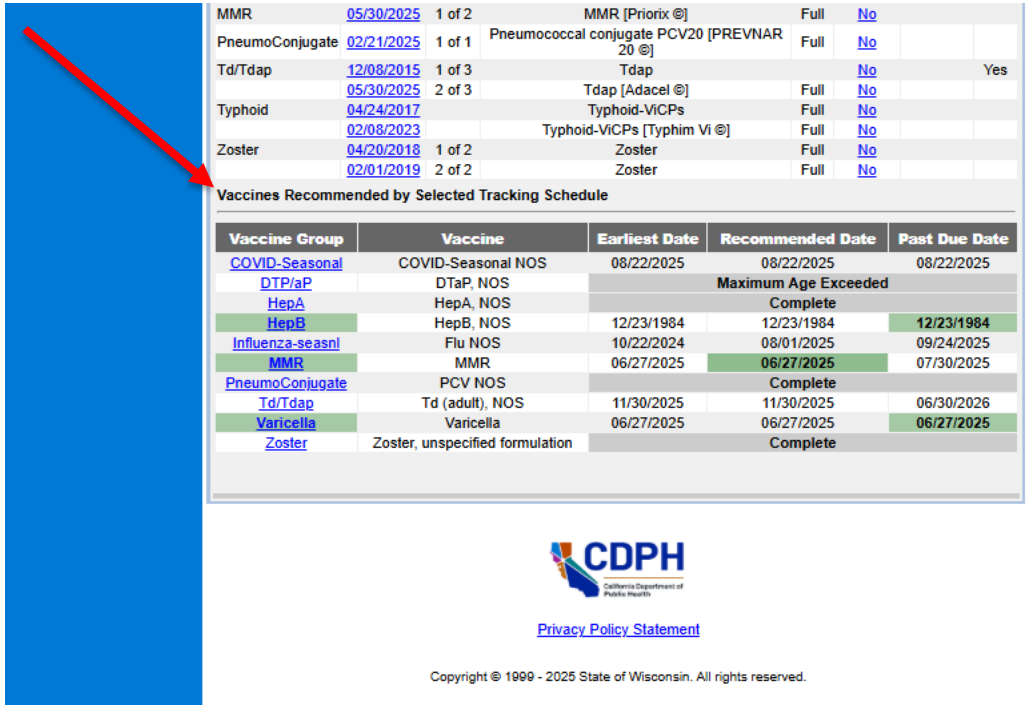
Comments:

*Comments other than History of Varicella will not appear for this level of User Access.

Current Age: 59 years, 7 months, 5 days

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
COVID-19	12/21/2020	1 of 5	COVID-19, mRNA,LNP-S,PF [Pfizer COVID (Purple Cap) 12Y+ ©]	Full	No		
	01/11/2021	2 of 5	COVID-19, mRNA,LNP-S,PF [Pfizer COVID (Purple Cap) 12Y+ ©]	Full	No		
	09/24/2021	3 of 5	COVID-19, mRNA,LNP-S,PF [Pfizer COVID (Purple Cap) 12Y+ ©]	Full	No		
	04/02/2022	4 of 5	Pfizer mRNA LNP-S PF 12yrs and older [Pfizer Comirnaty (Gray Cap) 12Y+ ©]	Full	No		
	10/14/2022	5 of 5	COVID-19 mRNA bivalent 12+ [Pfizer Bivalent 12+ ©]	Full	No		
COVID-Seasonal	11/27/2023	Dose	Pfizer COV2tris-sucrose 30mcg.3mL 12+ [Pfizer Comirnaty 12Y+ ©]	Full	No		
	09/24/2024	Dose	Moderna Spikevax COV2 50mcg.5 mL [Spikevax Moderna COV2 12+ ©]	Full	No		
HepA	04/24/2017	1 of 2	HepA-Adult	Full	No		
	12/18/2017	2 of 2	HepA-Adult	Full	No		
Influenza-seasnl	10/14/2009	Booster	Flu NOS	Full	No		
	10/29/2010	Booster	Flu nasal NOS	Full	No		
	09/24/2015	Booster	Flu NOS		No		Yes
	09/13/2016	Booster	Flu NOS		No		Yes
	09/04/2017	Booster	Influenza MDCK quadrivalent PF	Full	No		
	10/09/2018	Booster	Flu NOS		No		Yes
	09/04/2020	Booster	Influenza split virus quadrivalent PF [FluLaval Quad PF 0.5mL ©]	Full	No		
	09/03/2021	Booster	Influenza split virus quadrivalent PF [Fluarix Quadrivalent ©]	Full	No		
	09/12/2022	Booster	Influenza MDCK quadrivalent PF [Flucelvax Quadrivalent ©]	Full	No		
	09/08/2023	Booster	Influenza split virus quadrivalent PF [Fluzone Quad PF 0.5mL ©]	Full	No		
	09/24/2024	Booster	Flu split virus trivalent preservative [Fluzone trivalent preservative ©]	Full	No		



MMR	05/30/2025	1 of 2	MMR [Priorix ©]	Full	No		
PneumoConjugate	02/21/2025	1 of 1	Pneumococcal conjugate PCV20 [PREVNAR 20 ©]	Full	No		
Td/Tdap	12/08/2015	1 of 3	Tdap		No		Yes
	05/30/2025	2 of 3	Tdap [Adacel ©]	Full	No		
Typhoid	04/24/2017		Typhoid-ViCPs	Full	No		
	02/08/2023		Typhoid-ViCPs [Typhim Vi ©]	Full	No		
Zoster	04/20/2018	1 of 2	Zoster	Full	No		
	02/01/2019	2 of 2	Zoster	Full	No		

Vaccines Recommended by Selected Tracking Schedule

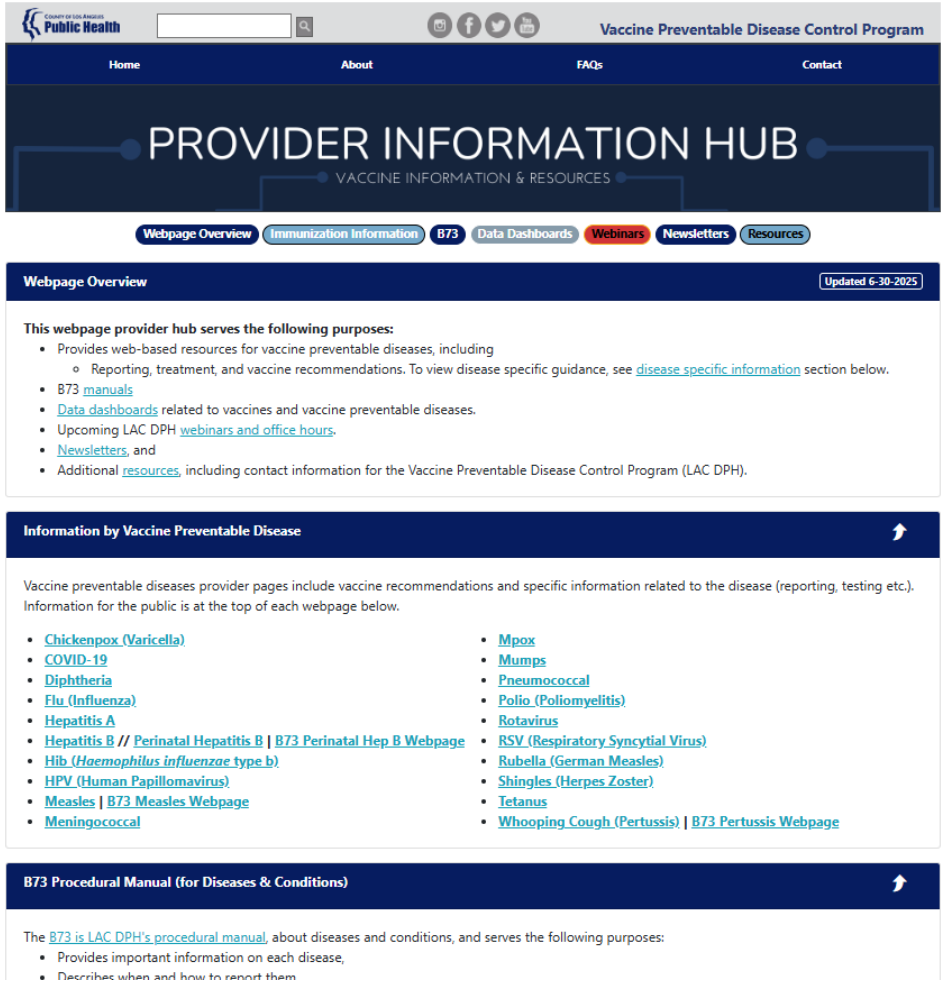
Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
COVID-Seasonal	COVID-Seasonal NOS	08/22/2025	08/22/2025	08/22/2025
DTP/aP	DTaP, NOS	Maximum Age Exceeded		
HepA	HepA, NOS	Complete		
HepB	HepB, NOS	12/23/1984	12/23/1984	12/23/1984
Influenza-seasnl	Flu NOS	10/22/2024	08/01/2025	09/24/2025
MMR	MMR	06/27/2025	06/27/2025	07/30/2025
PneumoConjugate	PCV NOS	Complete		
Td/Tdap	Td (adult), NOS	11/30/2025	11/30/2025	06/30/2026
Varicella	Varicella	06/27/2025	06/27/2025	06/27/2025
Zoster	Zoster, unspecified formulation	Complete		

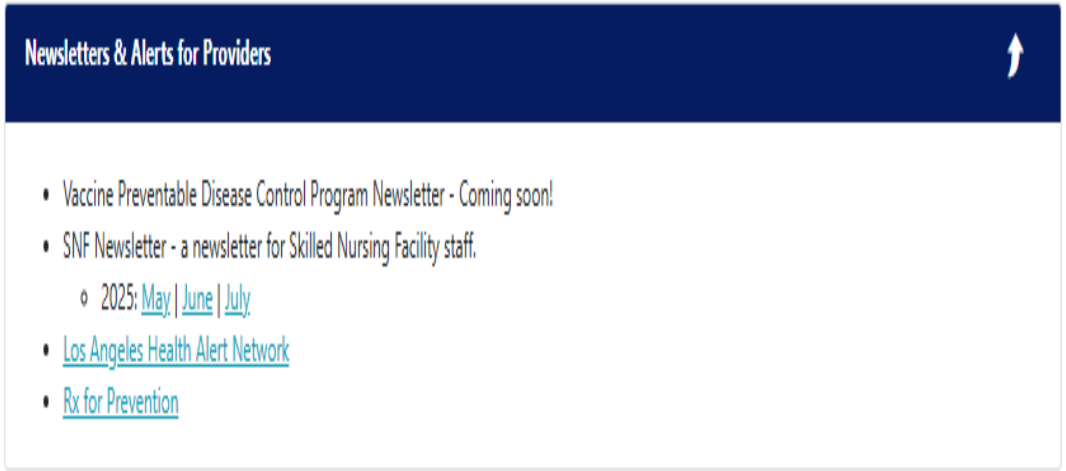
CDPH

Privacy Policy Statement

Additional Immunization Resources

Provider Hub Webpage





Provider Hub Webpage

Vaccine Confidence Webpage

We want to hear from you!

Use this form to ask questions or share what types of false information you have encountered recently.

[Vaccine Confidence Webpage]