

# Immunization in adults

## CDC 2020 recommendations for influenza, shingles, and tetanus\*<sup>1</sup>

See other side for recommendations on pneumococcal pneumonia vaccines.

Vaccine	Age	Dose
<b>Influenza</b> (inactivated or recombinant)	≥19 years	1 dose annually
<b>Shingles</b> (zoster, recombinant [Shingrix])	≥50 years	2 doses, at least 2 months apart
<b>Tetanus, diphtheria, pertussis</b> (Tdap or Td)	≥19 years	1 dose of Tdap, then Td or Tdap booster every 10 years

\* Full adult vaccine schedule is at [cdc.gov/vaccines/schedules](https://cdc.gov/vaccines/schedules). Travel related vaccine recommendations are at [cdc.gov/travel](https://cdc.gov/travel).

## Key changes for 2020

- New quadrivalent flu vaccines—high-dose (Fluzone), adjuvanted (Fluad), and recombinant (Flublok)—are now available for adults 65 and over.
- The live zoster vaccine (Zostavax) has been discontinued and replaced with the recombinant product Shingrix.
- For tetanus booster, either Tdap (tetanus, diphtheria, pertussis) or Td (tetanus, diphtheria) is recommended; Td is no longer preferred over Tdap.

**The “twindemic” crisis:** During the Covid-19 pandemic, influenza immunization is especially important to avoid the need for hospitalization and prevent resource scarcity.

(1) Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2020. [cdc.gov/vaccines/schedules/hcp/imz/adult.html#table-age](https://cdc.gov/vaccines/schedules/hcp/imz/adult.html#table-age). Published February 3, 2020. Accessed October 20, 2020. (2) Matanock A, Lee G, Gierke R, Kobayashi M, Leidner A, Pilishvili T. Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged ≥65 Years: Updated Recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(46):1069-1075. (3) Shah AA, Wallace MR, Fields H. Shared Decision-Making for Administering PCV13 in Older Adults. *Am Fam Physician.* 2020;101(3):134-135.



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## Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at [AlosaHealth.org](https://AlosaHealth.org).

# When to give pneumococcal immunization

CDC recommendations based on patient factors and age

	Age 19-64	Age ≥65
Healthy adult	Not routinely indicated	<b>Pneumovax</b>
Underlying medical conditions <sup>a</sup>	<b>Pneumovax</b>	<b>Pneumovax</b> (optional) + <b>Pneumovax</b>
Immunocompromising conditions <sup>b</sup>	<b>Pneumovax</b> + <b>Pneumovax</b> ≥8 weeks later + <b>Pneumovax</b> 5 years later	<b>Pneumovax<sup>c</sup></b>

<sup>a</sup> e.g., smoking, alcoholism, chronic heart disease, chronic liver disease, chronic lung disease, diabetes

<sup>b</sup> Including, but not limited to: chronic renal failure, HIV, solid organ transplant, malignancy and other cancers, asplenia, and use of immunocompromising medications.

<sup>c</sup> Patients with immunocompromising conditions who did not receive pneumococcal vaccination before the age of 65 should receive Prevnar at the age of 65 followed by Pneumovax at least 8 weeks later.

## Not all patients need Prevnar (PCV 13).

**Routinely adding Prevnar to the immunization regimen of older patients did decrease the risk of invasive pneumococcal disease for some patients.**

Those who are more likely to benefit:<sup>2,3</sup>

- have other chronic conditions (e.g., smoking, alcoholism, heart disease, liver disease, lung disease, diabetes)
- reside in group living (e.g., nursing homes, assisted living)
- use PPIs or other medications that increase risk of pneumonia
- live in areas with low rates of childhood PCV 13 immunization

Visit [AlosaHealth.org/Immunizations](https://www.AlosaHealth.org/Immunizations) for more information and resources.