

2025 Recommended Adult Immunization Schedule (Maintains CPP Eligibility)

Manufacturer	Brand Name	Vaccine	Age	19-26 yrs	27-49 yrs	50-64	4 yrs	65-74 yrs	> 75 yrs	
Pfizer Moderna Sanofi	Comirnaty® Spikevax™ COVID-19	COVID-19		1 or more doses of updated vaccine						
Sanofi	Fluzone® Flublok®	Influenza recombinant (RIV3)		1 dose annually Solid organ transplant						
Seqirus	Afluria® Flucelvax®	Influenza inactivated (IIV3) Influenza inactivated (ccIIV3)						1 dose annually (HD-IIV3, RIV3 or allV3 preferred)		
Sanofi	Fluzone High Dose ® Flublok®	Influenza inactivated (HD-IIV3) Influenza recombinant (RIV3)						, ,, ,, ,, ,, ,,		
Seqirus	Fluad®	Influenza inactivated (allV3)								
AstraZeneca	FluMist®	Influenza live attenuated (LAIV3)		1 dose annually						
Pfizer	Abrysvo®	RSV adult & maternal		Seasonal administration durin	ng each pregnancy	1 d		ose	1 dose	
Moderna	mResvia™	RSV adult								
Sanofi	Tenivac®	Tetanus, Diphtheria		1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management						
	Adacel®	Tetanus, Diphtheria, Pertussis		1 dose Tdap, then Td or Tdap booster						
Merck	MMRII®	Measles, Mumps, Rubella		1 or 2 doses depending on indication (if born 1957 or late		er)	For healthcare personnel			
Merck	Varivax®	Varicella		2 doses (if born 1980 or later)		_	2 doses 2 doses			
GSK	Shingrix®	Zoster recombinant (RZV)		2 doses for immunocompror	mising conditions	ons				
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 dos	se PCV20 or PCV21		
Merck	Vaxneuvance®	Pneumococcal (PCV15)				- OR - 1 dose PCV15 followed by 1 dose PPSV23				
	Pneumovax 23®	Pneumococcal (PPSV23)					1 dose revis followed by 1 dose Prsvzs			
Merck	Vaqta®	Hepatitis A	•	2, 3 or 4 doses depending on vaccine						
Merck	Recombivax HB®	Honotitic P		2.2 or 4 docse depending on vession or condition						
Dynavax	Heplisav-B®	Hepatitis B		2, 3 or 4 doses depending on vaccine or condition						
Sanofi	MenQuadfi®	MenACWY		1 or 2 doses depending an indication, see notes for heaster recommendations						
Pfizer	Penbraya™ 🛑	MenABCWY		1 or 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 re					dations	
C f:	Penbraya™ ●	MenABCWY		19-23 years						
Sanofi	ActHIB®	Haemophilus Influenzae Type B		1 or 3 doses depending on indication						
c c:	JYNNEOS Vaccine	Monkeypox		Complete 2 dans revies if incompletely unasingted						
Sanofi	IPOL	Inactivated Polio	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						
	0			shared clinical decision making						

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