

Vaccine Timing & Co-Administration

Certain routine vaccines can be administered throughout the year. Proactive communication may help prevent delayed or missed vaccinations.

In some cases, patients may batch their vaccinations.

While this may be convenient, it may cause delays in getting protection from vaccine-preventable diseases.

Impact of Missed Vaccinations

Increased risk of illness and complications from vaccine-preventable diseases[1]

Infection with vaccine-preventable diseases increases the risk of complications for adults with chronic health conditions[2]

Avoid missing immunization opportunities and increase year-round vaccinations in your practice by:

Offering co-administration of vaccines when appropriate[3]

Ensuring patients' vaccine needs are routinely reviewed and patients get reminders about vaccines they need[4]

Confirming that patients receive their recommended vaccines if you refer them to other immunizing providers[4]

Patients may be overwhelmed by the number of recommended vaccines. Utilizing the full calendar year can help address vaccination fatigue.

The CDC and ACIP recommend the following adult immunizations and schedule[5]:

	Vaccine	Age (yrs)	Schedule
Any time of the year (routine*)	RSV‡	≥75‡	1 dose
	Shingles	≥50	2 doses
	Tdap	≥19	1 dose Tdap, then Td or Tdap booster every 10 years§
	HepB	19-59	Complete 2, 3, or 4 doses depending on vaccine or condition.‖ If ≥60, vaccinate if HepB risk factors
	HPV	19-27	2 or 3 doses depending on age at initial vaccination
	COVID-19	≥19	1 or more doses of updated (2024-2025 season) vaccine
	Pneumococcal	≥50	1 or 2 doses depending on vaccine and vaccination history
Any time of the year (special situations†)	HepA	≥19	Complete 2, 3, or 4 doses depending on vaccine or schedule
	HPV	27-45	2 or 3 doses depending on age at initial vaccination or condition (SCDM)
	MenB¶	19–23	2 doses
	MenACWY¶	≥19	1 dose and every 5 years if risk remains
	MenABCWY¶	≥19	When both MenACWY and MenB are indicated at the same visit, one dose of the MenABCWY combination vaccine may be used
	Hib	≥19	1 or 3 doses depending on indication
	MMR	19-64	1 or 2 doses depending on indication, if born in or after 1957
	Varicella	≥19	2 doses if born in or after 1980
Fall	Influenza# (inactivated, recombinant, or live attenuated**)	≥19	1 dose annually

Please refer to the CDC Adult Immunization Schedule for additional information and full list of recommendations.

Not all vaccines are seasonal. Help your patients stay up to date and avoid vaccine fatigue by leveraging year-round immunization opportunities.

*Recommended immunization for adults who meet age requirement, lack documentation of immunization, or lack evidence of past infection.
†Recommended immunization for adults with additional risk factors or other indication.
‡RSV: One-time vaccination is recommended for adults ≥75 YOA and recommended for adults 50–74 YOA with CDC-defined risk factors for severe RSV disease (eg, chronic cardiovascular and respiratory conditions, immunocompromise). Additional doses not recommended. Preferably, administer in late summer or early fall before respiratory season.[5,6]
§Every pregnancy and Td or Tdap for wound management.
‖HepB: Among adults ≥60 YOA, vaccination is recommended for those with risk factors and may also be given upon either request or shared clinical decision-making to those without identified risk factors.
¶MenABCWY: A single dose of the combination vaccine may replace separate MenACWY + MenB products when both are indicated at the same visit for (a) healthy adults 16–23 YOA choosing MenB under shared clinical decision-making or (b) persons ≥10 YOA at increased meningococcal risk (persistent complement deficiencies, complement-inhibitor therapy, functional or anatomic asplenia).
#Ideally, flu vaccination should be completed by the end of October. However, if it is not, seasonal flu vaccination should continue as long as flu viruses are circulating.[7]
**Maximum age for live, attenuated influenza vaccine is 49 years.[5]

ACIP=Advisory Committee on Immunization Practices; CDC=Centers for Disease Control and Prevention; HepA=hepatitis A; HepB=hepatitis B; Hib=*Haemophilus influenzae* type b; MenACWY=meningococcal serogroups A,C,W,Y; MenABCWY=meningococcal serogroups A,B,C,W, & Y; MenB=meningococcal serogroup B; MMR=measles, mumps, and rubella; RSV=respiratory syncytial virus; SCDM=shared clinical decision-making; Td=tetanus and diphtheria; Tdap=tetanus, diphtheria, acellular pertussis; YOA=years of age.

References: 1. CDC. 5 reasons it is important for adults to get vaccinated. Reviewed July 1, 2024. Accessed July 8, 2025. https://www.cdc.gov/vaccines-adults/reasons/index.html **2.** Tan L. Adult vaccination: now is the time to realize an unfulfilled potential. *Hum Vaccin Immunother.* 2015;11(9):2158-66. **3.** CDC. Getting a flu vaccine and other recommended vaccines at the same time. Reviewed September 17, 2024. Accessed July 8, 2025. https://www.cdc.gov/flu/vaccines/coadministration.html **4.** CDC. Adult immunization standards. Reviewed August 9, 2024. Accessed July 8, 2025. https://www.cdc.gov/vaccines-adults/hcp/imz-standards/index.html **5.** CDC. Recommended adult immunization schedule for ages 19 years or older. Published July 2, 2025. Accessed July 7, 2025. https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf **6.** CDC. RSV vaccine guidance for adults. Updated July 8, 2025. Accessed August 13, 2025. https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html **7.** Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season. *MMWR*. 2023;72(2);1–25. https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm

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