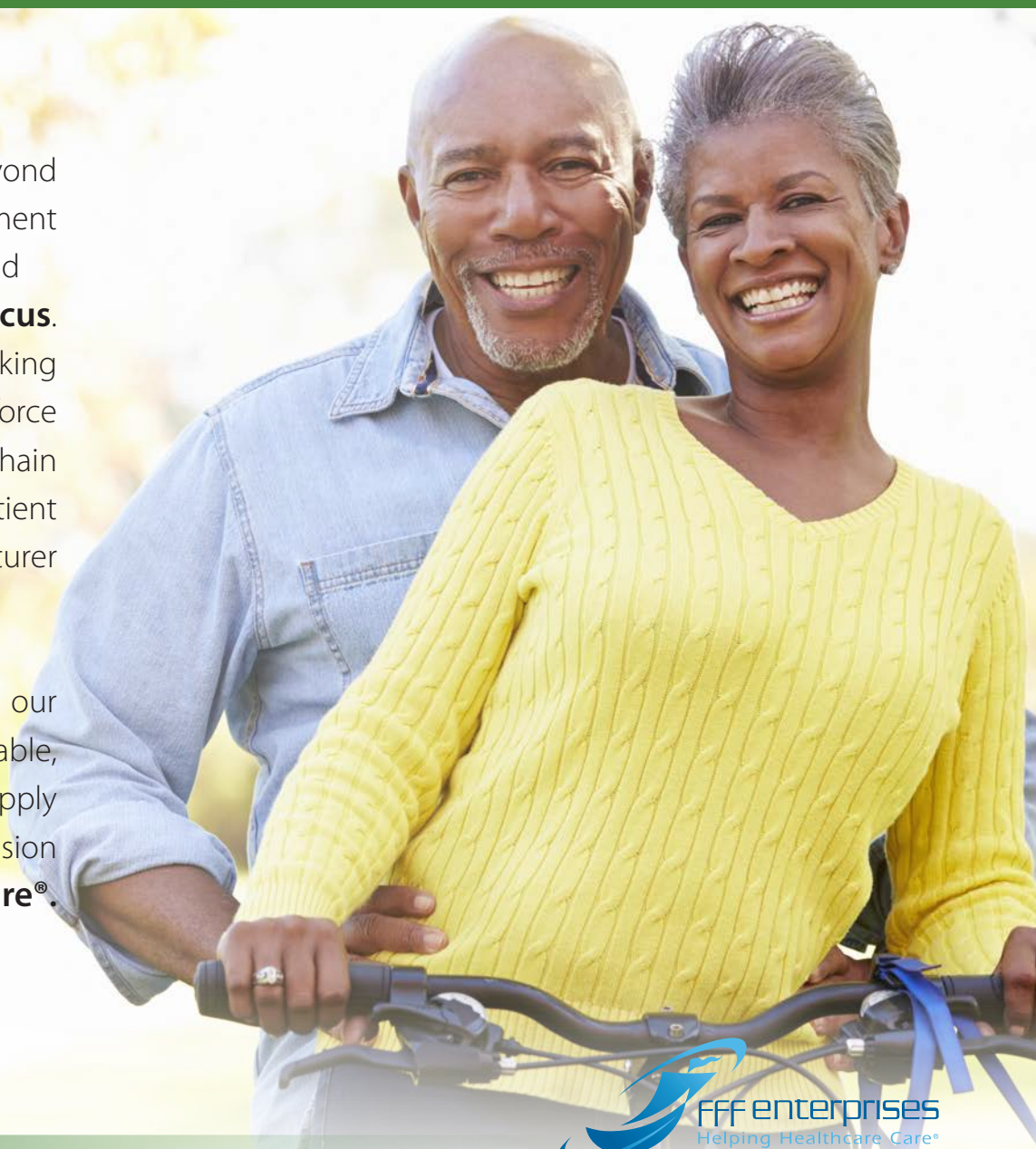


# Adult Vaccine Products Reference Guide

As always, FFF goes Beyond Distribution in its commitment to lead with integrity and a **patient-centered focus**. We are constantly seeking innovative solutions to reinforce the safety of the supply chain and add extra value to patient care to benefit our manufacturer partners and customers.

Everything we do affirms our dedication to forge a reliable, secure pharmaceutical supply chain in the pursuit of our mission of **Helping Healthcare Care®**.



**PATIENT SAFETY • PRODUCT EFFICACY • FAIR PRICING**



# Adult Vaccine Products

Product	Manufacturer	Size	NDC ‡	Code*	VIPc	340B
Haemophilus Influenzae Type B (Hib)						
HIBERIX®	GSK	0.5 mL SDV 10-pk	58160-0818-11	90648	TBD	Yes
Hepatitis A						
HAVRIX®	GSK	1440 EL.U./mL SDV 10-pk	58160-0826-11	90632	TBD	Yes
HAVRIX®	GSK	1440 EL.U./mL PFS	58160-0826-34	90632	TBD	Yes
HAVRIX®	GSK	1440 EL.U./mL PFS 10-pk	58160-0826-52	90632	TBD	Yes
VAQTA®	Merck†	50 U/1 mL SDV	00006-4841-00	90632	Yes	No
VAQTA®	Merck†	50 U/1 mL PFS 10-pk	00006-4096-02	90632	Yes	No
VAQTA®	Merck†	50 U/1 mL SDV 10-pk	00006-4841-41	90632	Yes	No
Hepatitis B						
ENGERIX-B®	GSK	20 mcg/mL SDV 10-pk	58160-0821-11	90746/90747	TBD	Yes
ENGERIX-B®	GSK	20 mcg/mL PFS	58160-0821-34	90746/90747	TBD	Yes
ENGERIX-B®	GSK	20 mcg/mL PFS 10-pk	58160-0821-52	90746/90747	TBD	Yes
HEPLISAV-B™	Dynavax	20 mcg	43528-0002-05	J3590	No	Yes
RECOMBIVAX HB®	Merck†	10 mcg/SDV	00006-4995-00	90743/90746	Yes	No
RECOMBIVAX HB®	Merck†	10 mcg vial 10-pk	00006-4995-41	90743/90746	Yes	No
RECOMBIVAX HB® Dialysis Formulation	Merck†	40 mcg	00006-4992-00	90740	Yes	No
Hepatitis A, Hepatitis B						
TWINRIX®	GSK	1 mL SDV 10-pk	58160-0815-11	90636	TBD	Yes
TWINRIX®	GSK	1 mL PFS	58160-0815-34	90636	TBD	Yes
TWINRIX®	GSK	1 mL PFS 10-pk	58160-0815-52	90636	TBD	Yes
Herpes Zoster (Shingles)						
SHINGRIX	GSK	0.5 mL SDV	58160-0819-12	90750	TBD	Yes
SHINGRIX	GSK	0.5 mL SDV 10-pk	58160-0823-11	90750	TBD	Yes
ZOSTAVAX®	Merck†	1 SDV w/diluent	00006-4963-00	90736	No	No
ZOSTAVAX®	Merck†	1 SDV w/diluent 10-pk	00006-4963-41	90736	No	No
Human Papillomavirus						
GARDASIL® 9	Merck†	0.5 mL PFS 10-pk	00006-4119-03	90651	Yes	No
Japanese Encephalitis						
IXIARO®	Valneva	0.5 mL PFS	42515-0002-01	90738	Yes	No
Measles, Mumps, Rubella						
M-M-R® II	Merck†	0.5 mL SDV 10-pk	00006-4681-00	90707	Yes	No

†Have questions about Merck vaccines, including reimbursement support? Call the Merck Vaccine Customer Center at (866) 675-8899 M-F.

\*All codes should be verified between the provider and the payer. | VIPc - Verified Inventory Program-Consignment (VIPc™) | 340B - Public Health Services 340B Pricing Available.

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Product	Manufacturer	Size	NDC ‡	Code*	VIPc	340B
Meningococcal						
BEXSERO®	GSK	0.5 mL PFS	58160-0976-06	90620	TBD	Yes
BEXSERO®	GSK	0.5 mL PFS 10-pk	58160-0976-20	90620	TBD	Yes
Menactra®	Sanofi Pasteur	1 SDV 5-pk	49281-0589-05	90734	Yes	No
MENVEO® Lyophilized	GSK	0.5 mL SDV 10-pk	58160-0958-01	90734	TBD	Yes
TRUMENBA®	Pfizer	0.5 mL PFS 5-pk	00005-0100-05	90621	No	No
TRUMENBA®	Pfizer	0.5 mL PFS 10-pk	00005-0100-10	90621	No	No
Pneumococcal						
Pneumovax® 23	Merck†	0.5 mL PFS 10-pk	00006-4837-03	90732	Yes	No
Pneumovax® 23	Merck†	0.5 mL SDV 10-pk	00006-4943-00	90732	Yes	No
PREVNAR 13®	Pfizer	0.5 mL PFS 10-pk	00005-1971-02	90670	Yes	No
Rabies						
Imovax® Rabies	Sanofi Pasteur	1 SDV w/diluent	49281-0250-51	90675	Yes	No
RabAvert®	GSK	1.0 mL single dose kit	58160-0964-12	90675	TBD	Yes
Tetanus, Diphtheria, Pertussis						
Adacel® (Tdap)	Sanofi Pasteur	5 PFS/bx	49281-0400-15	90715	Yes	No
Adacel® (Tdap)	Sanofi Pasteur	10 SDV/bx	49281-0400-10	90715	Yes	No
Tetanus, Diphtheria, Pertussis cont.						
BOOSTRIX®	GSK	0.5 mL SDV 10-pk	58160-0842-11	90715	TBD	Yes
BOOSTRIX®	GSK	0.5 mL PFS	58160-0842-34	90715	TBD	Yes
BOOSTRIX®	GSK	0.5 mL PFS 10-pk	58160-0842-52	90715	TBD	Yes
Tetanus, Diphtheria						
TENIVAC®	Sanofi Pasteur	10 PFS/bx	49281-0215-15	90714	Yes	No
Tetanus and Diphtheria Toxoids Adsorbed	Grifols	0.5 mL vial 10-pk	13533-0131-01	90714	No	No
Tuberculosis Testing						
TUBERSOL®†	Sanofi Pasteur	1 mL vial 10 test	49281-0752-21	86580	Yes	No
TUBERSOL®†	Sanofi Pasteur	5 mL vial 50 test	49281-0752-22	86580	Yes	No
Typhoid						
Typhim Vi®	Sanofi Pasteur	0.5 mL MDV	49281-0790-20	90691	Yes	No
Typhim Vi®	Sanofi Pasteur	0.5 mL PFS	49281-0790-51	90691	Yes	No
Vivotif®	PaxVax	4 capsule blister pack	69401-0000-01	90690	Yes	No
Varicella						
VARIVAX®	Merck†	0.5 mL SDV 10-pk	00006-4827-00	90716	No	No

†TUBERSOL® is used for intradermal tuberculin testing in humans. It is not a vaccine.

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# Adult Vaccine Products

Product	Manufacturer	Size	NDC ‡	Code*	VIPc	340B
Influenza - [TRIVALENT]						
Fluad®	Seqirus	0.5 mL PFS 10-bx	70461-0018-03	90653	No	No
Fluzone® High-Dose	Sanofi Pasteur	0.5 mL PFS 10-bx	49281-0403-65	90662	No	No
Influenza - [QUADRIVALENT]						
Flucelvax®	Seqirus	0.5 mL PFS 10-bx	70461-0318-03	90674	No	No
Flucelvax®	Seqirus	5 mL MDV	70461-0418-10	90756	No	No
Afluria®	Seqirus	0.5 mL PFS 10-bx	33332-0318-01	90686	No	No
Afluria®	Seqirus	5 mL MDV	33332-0418-10	90688	No	No
Fluzone®	Sanofi Pasteur	0.5 mL PFS 10-bx	49281-0418-50	90686	No	No
Fluzone®	Sanofi Pasteur	0.5 mL SDV 10-bx	49281-0418-10	90686	No	No
Fluzone®	Sanofi Pasteur	5 mL MDV	49281-0629-15	90688	No	No
Flublok®	Sanofi Pasteur	0.5 mL PFS 10-bx	49281-0718-10	90682	No	No
FLULAVAL®	GSK	0.5 mL PFS 10-bx	19515-0909-52	90686	No	Yes
FLULAVAL®	GSK	5 mL MDV	19515-0900-11	90688	No	Yes
FLUARIX®	GSK	0.5 mL PFS 10-bx	58160-0898-52	90686	No	Yes
FluMist®	MedImmune	0.2 mL spray 10-bx	66019-0305-10	90672	No	No

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- No minimum purchase
- Hassle-free
- Guaranteed booking for the products you need



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# Adult Immunization Schedule

Vaccine	19-21 Years	22-26 Years	27-49 Years	50-64 Years	≥65 Years
<b>Influenza<sup>1</sup></b>	1 dose annually				
<b>Tdap<sup>2</sup> or Td<sup>2</sup></b> (Tetanus, Diphtheria & Acellular Pertussis OR Tetanus & Diphtheria)	1 dose Tdap, then Td booster every 10 years				
<b>MMR<sup>3</sup></b> (Measles, Mumps & Rubella)	1 or 2 doses depending on indication (if born in 1957 or later)				
<b>VAR<sup>4</sup></b> (Varicella)	2 doses				
<b>RZV<sup>5</sup> (preferred)</b> (Recombinant Zoster Vaccine)				2 doses RZV (preferred)	
<b>or ZVL<sup>5</sup></b> (Zoster Vaccine Live)				or 1 dose ZVL	
<b>HPV-Female<sup>6</sup></b> (Human Papillomavirus)	2 or 3 doses depending on age at series initiation				
<b>HPV-Male<sup>6</sup></b> (Human Papillomavirus)	2 or 3 doses	depending on age at series initiation			
<b>PCV13<sup>7</sup></b> (Pneumococcal Conjugate Vaccine 13-valent)				1	dose
<b>PPSV23<sup>7</sup></b> (Pneumococcal Polysaccharide Vaccine 23-valent)	1 or 2 doses depending on indication				1 dose
<b>HepA<sup>8</sup></b> (Hepatitis A)	2 of 3 doses depending on vaccine				
<b>HepB<sup>9</sup></b> (Hepatitis B)	3 doses				
<b>MenACWY<sup>10</sup></b> (Meningococcal Conjugate)	1 or 2 doses depending on indication, then booster every 5 years if risk remains				
<b>MenB<sup>10</sup></b> (Serogroup B Meningococcal)	2 or 3 doses depending on vaccine				
<b>Hib<sup>11</sup></b> (Haemophilus Influenzae Type B)	1 or 3 doses depending on vaccine				

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection.

Recommended for adults with other indications.

No recommendation.

**Per the Centers for Disease Control and Prevention, the above recommendations should be reviewed with the accompanying footnotes.**

Content Source: Centers for Disease Control and Prevention - Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018 - [www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)

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## Footnotes. Recommended immunization schedule for adults aged 19 years or older, United States, 2018

### 1. Influenza vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)

#### General information

- Administer 1 dose of age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) annually
- Live attenuated influenza vaccine (LAIV) is not recommended for the 2017–2018 influenza season
- A list of currently available influenza vaccines is available at [www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm)

#### Special populations

- Administer age-appropriate IIV or RIV to:
  - **Pregnant women**
  - Adults with **hives-only egg allergy**
  - Adults with **egg allergy other than hives** (e.g., angioedema or respiratory distress): Administer IIV or RIV in a medical setting under supervision of a health care provider who can recognize and manage severe allergic conditions

### 2. Tetanus, diphtheria, and pertussis vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html)

#### General information

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11–12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years
- Information on the use of Tdap or Td as tetanus prophylaxis in wound management is available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm)

#### Special populations

- **Pregnant women:** Administer 1 dose of Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36

### 3. Measles, mumps, and rubella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html)

#### General information

- Administer 1 dose of measles, mumps, and rubella vaccine (MMR) to adults with no evidence of immunity to measles, mumps, or rubella
- Evidence of immunity is:
  - Born before 1957 (except for health care personnel, see below)
  - Documentation of receipt of MMR

- Laboratory evidence of immunity or disease
- Documentation of a health care provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity

#### Special populations

- **Pregnant women and nonpregnant women of childbearing age** with no evidence of immunity to rubella: Administer 1 dose of MMR (if pregnant, administer MMR after pregnancy and before discharge from health care facility)

- **HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu\text{L}$  for at least 6 months** and no evidence of immunity to measles, mumps, or rubella: Administer 2 doses of MMR at least 28 days apart

- **Students in postsecondary educational institutions, international travelers, and household contacts of immunocompromised persons:** Administer 2 doses of MMR at least 28 days apart (or 1 dose of MMR if previously administered 1 dose of MMR)

- **Health care personnel born in 1957 or later** with no evidence of immunity: Administer 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella (if born before 1957, consider MMR vaccination)
- Adults who **previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak:** Administer 1 dose of MMR
- MMR is contraindicated for pregnant women and adults with severe immunodeficiency

### 4. Varicella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html)

#### General information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose)
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and health care personnel, see below)
  - Documentation of receipt of 2 doses of varicella or varicella-containing vaccine at least 4 weeks apart
  - Diagnosis or verification of history of varicella or herpes zoster by a health care provider
  - Laboratory evidence of immunity or disease

#### Special populations

- Administer 2 doses of VAR 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose) to:
  - **Pregnant women without evidence of immunity:** Administer the first of the 2 doses or the second dose after pregnancy and before discharge from health care facility
  - **Health care personnel without evidence of immunity**
- Adults with **HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu\text{L}$ :** May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
- VAR is contraindicated for pregnant women and adults with severe immunodeficiency

### 5. Zoster vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html)

#### General information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL)

- Administer 2 doses of RZV 2–6 months apart to adults who previously received ZVL at least 2 months after ZVL
- For adults aged 60 years or older, administer either RZV or ZVL (RZV is preferred)

#### Special populations

- ZVL is contraindicated for pregnant women and adults with severe immunodeficiency

### 6. Human papillomavirus vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html)

#### General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years** and **males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
  - **No previous dose of HPV vaccine:** Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)
  - **Aged 9–14 years at HPV vaccine series initiation and received 1 dose or 2 doses less than 5 months apart:** Administer 1 dose
  - **Aged 9–14 years at HPV vaccine series initiation and received 2 doses at least 5 months apart:** No additional dose is needed

#### Special populations

- Adults with **immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Men who have sex with men** through age 26 years: Administer 2- or 3-dose series depending on age at initial vaccination (see above); if no history of HPV vaccine, administer 3-dose series at 0, 1–2, and 6 months
- **Pregnant women** through age 26 years: HPV vaccination is not recommended during pregnancy, but there is no evidence that the vaccine is harmful and no intervention needed for women who inadvertently receive HPV vaccine while pregnant; delay remaining doses until after pregnancy; pregnancy testing is not needed before vaccination

### 7. Pneumococcal vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html)

#### General information

- Administer to immunocompetent adults aged 65 years or older 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit); additional information on vaccine timing is available at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf)

### Special populations

- Administer to adults aged 19 through 64 years with the following chronic conditions 1 dose of PPSV23 (at age 65 years or older, administer 1 dose of PCV13, if not previously received, and another dose of PPSV23 at least 1 year after PCV13 and at least 5 years after PPSV23):
  - **Chronic heart disease** (excluding hypertension)
  - **Chronic lung disease**
  - **Chronic liver disease**
  - **Alcoholism**
  - **Diabetes mellitus**
  - **Cigarette smoking**
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13, and a second dose of PPSV23 at least 5 years after the first dose of PPSV23 (if the most recent dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):
  - **Immunodeficiency disorders** (including B- and T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders)
  - **HIV infection**
  - **Anatomical or functional asplenia** (including sickle cell disease and other hemoglobinopathies)
  - **Chronic renal failure and nephrotic syndrome**
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13 (if the dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):
  - **Cerebrospinal fluid leak**
  - **Cochlear implant**

### 8. Hepatitis A vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html)

#### General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 2-dose series of single antigen hepatitis A vaccine (HepA; Havrix at 0 and 6–12 months or Vaqta at 0 and 6–18 months; minimum interval: 6 months) or a 3-dose series of combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months; minimum intervals: 4 weeks between first and second doses, 5 months between second and third doses

#### Special populations

- Administer HepA or HepA-HepB to adults with the following indications:
  - **Travel** to or work in countries with high or intermediate hepatitis A endemicity
  - **Men who have sex with men**
  - **Injection or noninjection drug use**
  - **Work with hepatitis A virus in a research laboratory or with nonhuman primates infected with hepatitis A virus**
  - **Clotting factor disorders**
  - **Chronic liver disease**

- Close, personal **contact with an international adoptee** (e.g., household or regular babysitting) during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the first dose as soon as the adoption is planned)
- Healthy adults **through age 40 years who have recently been exposed to hepatitis A virus**: adults older than age 40 years may receive HepA if hepatitis A immunoglobulin cannot be obtained

### 9. Hepatitis B vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html)

#### General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 3-dose series of single antigen hepatitis B vaccine (HepB) or combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months (minimum intervals: 4 weeks between doses 1 and 2 for HepB and HepA-HepB; between doses 2 and 3, 8 weeks for HepB and 5 months for HepA-HepB)

#### Special populations

- Administer HepB or HepA-HepB to adults with the following indications:
  - **Chronic liver disease** (e.g., hepatitis C infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - **HIV infection**
  - **Percutaneous or mucosal risk of exposure to blood** (e.g., household contacts of hepatitis B surface antigen [HBsAg]-positive persons; adults younger than age 60 years with **diabetes mellitus** or aged 60 years or older with diabetes mellitus based on individual clinical decision; adults in predialysis care or receiving **hemodialysis or peritoneal dialysis**; recent or current **injection drug users**; **health care and public safety workers** at risk for exposure to blood or blood-contaminated body fluids)
  - **Sexual exposure risk** (e.g., sex partners of HBsAg-positive persons; sexually active persons not in a mutually monogamous relationship; persons seeking evaluation or treatment for a sexually transmitted infection; and **men who have sex with men** [MSM])
  - Receive care in **settings where a high proportion of adults have risks for hepatitis B infection** (e.g., facilities providing sexually transmitted disease treatment, drug-abuse treatment and prevention services, hemodialysis and end-stage renal disease programs, institutions for developmentally disabled persons, health care settings targeting services to injection drug users or MSM, HIV testing and treatment facilities, and correctional facilities)
  - **Travel** to countries with high or intermediate hepatitis B endemicity

### 10. Meningococcal vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html)

#### Special populations: Serogroups A, C, W, and Y

#### meningococcal vaccine (MenACWY)

- Administer 2 doses of MenACWY at least 8 weeks apart and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease and other hemoglobinopathies)
  - **HIV infection**
  - **Persistent complement component deficiency**
  - **Eculizumab use**

- Administer 1 dose of MenACWY and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:

- **Travel to or live in countries where meningococcal disease is hyperendemic or epidemic**, including countries in the African meningitis belt or during the Hajj
- At risk from a **meningococcal disease outbreak attributed to serogroup A, C, W, or Y**
- **Microbiologists** routinely exposed to *Neisseria meningitidis*
- **Military recruits**
- **First-year college students who live in residential housing** (if they did not receive MenACWY at age 16 years or older)

#### General information: Serogroup B meningococcal vaccine

##### (MenB)

- May administer, based on individual clinical decision, to young adults and adolescents aged 16–23 years (preferred age is 16–18 years) who are not at increased risk. 2-dose series of MenB-4C (Bexsero) at least 1 month apart or 2-dose series of MenB-FHbp (Trumenba) at least 6 months apart
- MenB-4C and MenB-FHbp are not interchangeable

#### Special populations: MenB

- Administer 2-dose series of MenB-4C at least 1 month apart or 3-dose series of MenB-FHbp at 0, 1–2, and 6 months to adults with the following indications:
    - **Anatomical or functional asplenia** (including sickle cell disease)
    - **Persistent complement component deficiency**
    - **Eculizumab use**
    - At risk from a **meningococcal disease outbreak attributed to serogroup B**
    - **Microbiologists** routinely exposed to *Neisseria meningitidis*
- ### 11. Haemophilus influenzae type b vaccination
- [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html)
- #### Special populations
- Administer *Haemophilus influenzae* type b vaccine (Hib) to adults with the following indications:
    - **Anatomical or functional asplenia** (including sickle cell disease) or undergoing elective splenectomy: Administer 1 dose if not previously vaccinated (preferably at least 14 days before elective splenectomy)
    - **Hematopoietic stem cell transplant** (HSCT): Administer 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history



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