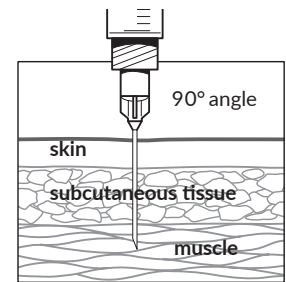


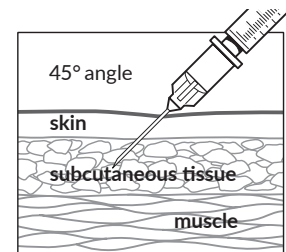
Administering Vaccines to Adults: Dose, Route, Site, and Needle Size

| Vaccine | Dose | Route |
|---|---|---|
| COVID-19 For product and dosage information for COVID-19 vaccine primary series and booster doses for both immunocompetent and immunocompromised adults, see CDC's "COVID-19 Vaccine Interim COVID-19 Immunization Schedule for Persons 6 Months of Age and Older." ¹ | | IM |
| Hepatitis A (HepA) | ≤18 yrs: 0.5 mL; ≥19 yrs: 1.0 mL | IM |
| Hepatitis B (HepB) | <i>Enerix-B; Recombivax HB</i> ≤19 yrs: 0.5 mL; ≥20 yrs: 1.0 mL <i>Heplisav-B</i> <i>PreHevbrio</i> ≥18 yrs: 0.5 mL ≥18 yrs: 1.0 mL | IM |
| HepA-HepB (Twinrix) | ≥18 yrs: 1.0 mL | IM |
| Human papillomavirus (HPV) | 0.5 mL | IM |
| Influenza, live attenuated (LAIV4) | 0.2 mL (0.1 mL in each nostril) | Intranasal spray |
| Influenza, inactivated (IIV4) and • Cell-culture based (ccIIV4, Flucelvax), 3+ yrs • Recombinant (RIV4, Flublok) 18+ yrs • Adjuvanted (aIIV4, Fludac) 65+ yrs | 0.5 mL | IM |
| Influenza, inactivated, high-dose (IIV4-HD) 65+ yrs | 0.7 mL | IM |
| Measles, Mumps, Rubella (MMR) | 0.5 mL | <i>MMR II (Merck)</i> IM or Subcut <i>Priorix (GSK)</i> Subcut |
| Meningococcal serogroups A, C, W, Y (MenACWY) | 0.5 mL | IM |
| Meningococcal serogroup B (MenB) | 0.5 mL | IM |
| Mpox (Jynneos) | 0.5 mL | Subcut ² |
| Pneumococcal conjugate (PCV) | 0.5 mL | IM |
| Pneumococcal polysaccharide (PPSV23) | 0.5 mL | IM or Subcut |
| Respiratory Syncytial Virus (RSV) vaccine | 0.5 mL | IM |
| Tetanus, Diphtheria (Td) with Pertussis (Tdap) | 0.5 mL | IM |
| Varicella (VAR) | 0.5 mL | IM or Subcut |
| Zoster (RZV, Shingrix) | 0.5 ³ mL | IM |

Intramuscular (IM) injection



Subcutaneous (Subcut) injection



Intranasal (NAS) administration of Flumist (LAIV) vaccine



¹ www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf

² Administer mpox vaccine (Jynneos) 0.5 mL subcut or, in adults, 0.1 mL intradermally. Subcut is the route indicated on the package insert. Intradermal administration to adults is permitted under FDA emergency use authorization (see www.fda.gov/media/160774/download).

³ The Shingrix (RZV) vial may contain more than 0.5 mL. Do not administer more than 0.5 mL.

Injection Site and Needle Size

[§]Alternate needle lengths may be used if the skin is stretched tightly and subcutaneous tissues are not bunched, as follows:
a) a 3/8" needle for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for administration in the anterolateral thigh muscle for adults of any weight.

| Subcutaneous (Subcut) injection – Use a 23–25 gauge, 5/8" needle. Inject in fatty tissue over triceps. | | |
|---|-----------------------|-----------------------|
| Intramuscular (IM) injection – Use a 22–25 gauge needle. Choose the needle length and site as indicated below: | | |
| BIOLOGICAL SEX AND WEIGHT OF PATIENT | NEEDLE LENGTH | INJECTION SITE |
| Female or male less than 130 lbs | 5/8" [§] –1" | Deltoid muscle of arm |
| Female or male 130–152 lbs | 1" | |
| Female 153–200 lbs | 1"–1½" | |
| Male 153–260 lbs | | |
| Female 200+ lbs | 1½" | |
| Male 260+ lbs | | |
| Female or male, any weight | 1" [§] –1½" | Anterolateral thigh |

NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

