

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

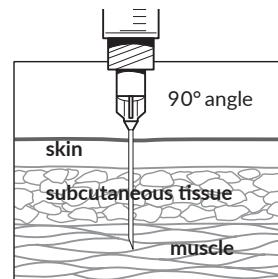
Vaccine	Dose		Route	
COVID-19 For product and dosage information for COVID-19 vaccine, see Immunize.org's "Checklist of Current Versions of U.S. COVID-19 Vaccination Guidance and Clinic Supply Tools" at www.immunize.org/catg.d/p3130.pdf			IM	
Hepatitis A (HepA)	$\leq 18 \text{ yrs}: 0.5 \text{ mL}; \geq 19 \text{ yrs}: 1.0 \text{ mL}$		IM	
Hepatitis B (HepB)	<i>Engerix-B; Recombivax HB</i> $\leq 19 \text{ yrs}: 0.5 \text{ mL}; \geq 20 \text{ yrs}: 1.0 \text{ mL}$	<i>Heplisav-B</i> $\geq 18 \text{ yrs}: 0.5 \text{ mL}$	IM	
	<i>PreHevBrio</i> $\geq 18 \text{ yrs}: 1.0 \text{ mL}$			
HepA-HepB (Twinrix)	$\geq 18 \text{ yrs}: 1.0 \text{ mL}$		IM	
Human papillomavirus (HPV)	0.5 mL		IM	
Influenza, live attenuated (LAIV)	0.2 mL (0.1 mL in each nostril)		Intranasal spray	
Influenza, inactivated (IIV) and	0.5 mL		IM	
<ul style="list-style-type: none"> • Cell-culture based (cIIV, Flucelvax), 3+ yrs • Recombinant (IIV, Flublok) 18+ yrs • Adjuvanted (allIV, Fluad) 65+ yrs¹ • High-dose (HD-IIV, Fluzone High Dose) 65+ yrs¹ 				
Measles, Mumps, Rubella (MMR)	0.5 mL	<i>MMR II (Merck)</i> <i>Priorix (GSK)</i>	IM or Subcut	
Meningococcal serogroups A, C, W, Y (MenACWY)	0.5 mL		IM	
Meningococcal serogroup B (MenB)	0.5 mL		IM	
Meningococcal serogroups A, B, C, W, Y (MenABCWY)	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	

¹ HD-IIV or allIV are also options for solid organ transplant recipients 18–64 yrs on an immunosuppressive medication regimen.

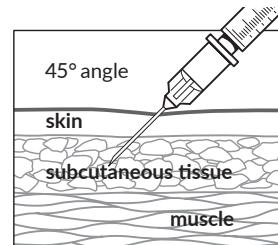
² Administration of Jynneos subcut (0.5 mL) is preferred. If an adult patient desires intradermal administration (0.1 mL) it is permitted under FDA emergency use authorization (see www.fda.gov/media/160774/download).

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

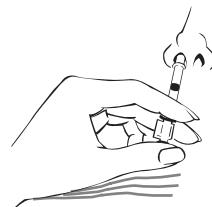
Intramuscular (IM) injection



Subcutaneous (Subcut) injection



Intranasal (NAS) administration of Flumist (LAIV) vaccine



NOTE: Always refer to the package insert (found at www.immunize.org/official-guidance/fda/pkg-inserts) 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/official-guidance/cdc/acip-recs/vaccines.

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 $\frac{5}{8}$ " needle for patients weighing less than 130 lbs (< 60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for IM injection in the antero-lateral thigh muscle for adults of any weight.

Subcutaneous (Subcut) injection – Use a 23–25 gauge, $\frac{5}{8}$ " 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	$\frac{5}{8}^* - 1"$	Deltoid muscle of arm	
Female or male 130–152 lbs	1"		
Female 153–200 lbs	1"- $1\frac{1}{2}"$		
Male 153–260 lbs			
Female 200+ lbs	$1\frac{1}{2}"$		
Male 260+ lbs			
Female or male, any weight	$1^* - 1\frac{1}{2}"$	Anterolateral thigh	