

Recommended immunization schedule for adults in Korea, by the Korean Society of Infectious Diseases, 2012

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No potential conflict of interest relevant to this article was reported.

This guideline contains the recommended immunization schedule for adults in Korea, updated in 2012. In 2007, the Korean Society of Infectious Diseases (KSID) published a textbook on adult immunization, titled 'Vaccination for Adult.' In 2012, when the second edition of the book was published, the KSID revised its previous recommendations on adult immunization.

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References

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Vaccine	Age group	19-29	30-39	40-49	50-64	≥65
Tetanus-diphtheria-pertussis		1-time dose of Tdap for Td booster; then boost with Td every 10 yr (strength I)		First dose with Tdap, Td at 1-, and 6-mo; then Td booster every 10 yr (strength I) (Tdap only for age of 65 or less)		
Influenza		1 dose annually (strength III)			1 dose annually (strength I)	
Hepatitis A		2 doses (at 0 and 6 mo) (strength II)	For seronegative, 2 doses (at 0 and 6 mo) (strength II)		For high-risk group ^{a)} , seronegative, 2 doses (at 0 and 6 mo) (strength II)	
Hepatitis B		When 3 doses of immunization uncertain, check HBsAb and vaccinate seronegatives (strength III)			For high-risk group ^{b)} with uncertain immunization history, check HBsAb and vaccinate seronegative (strength III)	
Measles-mumps-rubella		For high-risk group ^{c)} , at least 1 dose; check rubella IgG for women who is planning pregnancy (strength III)				
Varicella		For high-risk group ^{d)} , check serology; 2 doses for seronegatives (strength II)				
Human papillomavirus		Female (strength II)				
Meningococcal		For high-risk group ^{e)} , 1 or 2 doses				
Pneumococcal		For high-risk group ^{f)} , 1 dose (strength I)				1 dose (strength I)
Zoster					1 dose (strength U)	1 dose (strength III)
<i>Strength of recommendation</i>						
I. Very strongly recommended; Immunization may reduce mortality, have cost-benefit effect. Most countries recommend the vaccination.						
II. Strongly recommended; Immunization may reduce mortality, Cost-benefit effect in Korea is unknown, Most of developed countries recommend the vaccination.						
III. Recommended; Immunization may reduce morbidity rather than mortality. Cost-benefit effect in Korea is unknown.						
U. Recommendation reserved; Limited evidence for recommendation.						
<i>Color code</i>		For all persons in this category who meet the age requirement		Recommended if some other risk factor is present		No recommendation

Fig. 1. Adult immunization schedule 2012, recommended by the Korean Society of Infectious Diseases.

Td, tetanus and diphtheria toxoid; Tdap, tetanus, reduced diphtheria, acellular pertussis; HBsAb, hepatitis B surface antibody; IgG, immunoglobulin G.

^{a)}Hepatitis A (high-risk group): persons with chronic liver disease; persons working at child-care facilities; medical personnel and laboratory workers with potential risk of exposure to hepatitis A virus; food handlers working at restaurants; persons traveling to or working in countries where hepatitis A is endemic; persons who receive blood products frequently; men sex with men; IV drug users; persons who contact with acute hepatitis A patients within 2 wk.

^{b)}Hepatitis B (high-risk group): men sex with men; sexually active persons with more than one partner; human immunodeficiency virus (HIV) patients; IV drug users; household contacts and sexual partners of persons with hepatitis B virus (HBV) carrier; patients with chronic renal failure; patients with chronic liver disease; workers who are frequently exposed to HBV; clients and staff members of institutions for persons with developmental disabilities.

^{c)}Measles-mumps-rubella (vaccination recommended for high-risk group): Although serological test (especially, for measles) can be done for laboratory evidence of immunity, vaccination without serologic test would be cost saving. High-risk group: healthcare personnel (serological test required, 2 doses); persons traveling to developing countries; family member who take care of immunocompromised patient; students who dwell in dormitory.

^{d)}Varicella: vaccination recommended for high-risk group if serological test reveal no evidence of immunity. High-risk group: healthcare worker; family contacts of immunocompromised patients; teachers and child-care employees; students; military personnel; residents of correctional institutions; non-pregnant women with expecting pregnancy; adolescent and adult living in households with children; international travelers.

^{e)}Meningococcal (high-risk group): persons with anatomical or functional asplenia; persons with complement component deficiencies; military personnel; (especially for recruits); laboratory workers exposed to meningococcus; persons who travel or live in an endemic area, particularly if their contact with local populations will be prolonged; college students living in dormitories. 2 dose series is recommended for adults with anatomical or functional asplenia, complement component deficiency, HIV infection; 2 doses should be administered at 0 and 2 mo. Revaccination with meningococcal conjugate vaccine every 5 yr for adults who remain at increased risk for infection.

^{f)}Pneumococcal (high-risk group): chronic lung disease (including asthma); chronic cardiovascular disease; diabetes; chronic liver disease; chronic renal failure; nephrotic syndrome; functional or anatomical asplenia; immunocompromised patients (congenital immunodeficiency, HIV infection; leukemia, lymphoma, Hodgkin's disease, multiple myeloma, other malignancy; solid organ transplantation), (vaccinate with 3 or 4 doses of protein conjugate vaccine for hematopoietic stem cell transplants); prolonged use of high-dose corticosteroids or immunosuppressive agents; cochlear implant. One-time revaccination is recommended for persons aged 65 years or older if they were vaccinated 5 or more years previously and they were less than 65 years of age at the time of primary vaccination. One-time revaccination after 5 years is recommended for patients with chronic renal failure, nephrotic syndrome, functional or anatomical asplenia, immunocompromised conditions, prolonged use of immunosuppressive agents.

Source: adapted from Korean Society of Infectious Diseases. Vaccination for adult. 2nd ed. Seoul: MIP; 2012.

CLINICAL AND EXPERIMENTAL VACCINE RESEARCH

Guideline: Immunization schedule for adults in Korea

	Chronic liver diseases	Chronic kidney disease	Chronic lung diseases	Chronic Cardio-vascular diseases	Diabetes	Solid organ Cancers receiving chemotherapy	Solid organ transplantation	Stem cell transplantation	Recipients of immunosuppressants other than transplantation	Asplenia	HIV infection		Pregnancy	Soldiers on duty
											CD4< 200/ μ L	CD4 \geq 200/ μ L		
Influenza														
Pneumococcal														
Td/Tdap							Tdap	DTap/Tdap						
Hepatitis A							a)							
Hepatitis B														
Varicella								b)						
MMR								b)						
Meningococcal														
Zoster														
Hib														

- Vaccinations indicated based on medical and other conditions
- Vaccinations based on general recommended schedule
- Contraindicated
- No recommendation

a) Hepatitis A vaccination is indicated for adult patients for liver transplantation.

b) Vaccinations may be considered 24 months after transplantation provided there is no evidence of graft-versus-host reaction.

Fig. 2. Vaccinations indicated for adults based on medical conditions and other indications. HIV, human immunodeficiency virus; Td, diphtheria, tetanus, pertussis; MMR, measles-mumps-rubella.