Changes that impact multiple portions of the schedule
Removal of MenHibrix (Hib-MenCY)

- The manufacturing of MenHibrix has been discontinued and all doses expired mid-September 2017
- Mention of MenHibrix has been removed from:
  - Figure 1
  - Figure 2
  - Relevant footnotes (Hib and Meningococcal vaccines)
Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

- Consult relevant ACIP statements for detailed recommendations (www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- When a vaccine is not administered at the recommended age, administer at a subsequent visit.
- Use combination vaccines instead of separate injections when appropriate.
- Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) online (www.vaers.hhs.gov) or by telephone (800-822-7967).
- Report suspected cases of vaccine-preventable diseases to your state or local health department.
- For information about precautions and contraindications, see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Approved by the
Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip)
American Academy of Pediatrics (www.aap.org)
American Academy of Family Physicians (www.aafp.org)
American College of Obstetricians and Gynecologists (www.acog.org)

This schedule includes recommendations in effect as of January 1, 2018.

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Abbreviation</th>
<th>Brand(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis vaccine</td>
<td>DTap</td>
<td>Diphtherel, Infanrix</td>
</tr>
<tr>
<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>No Trade Name</td>
</tr>
<tr>
<td>Haemophilus influenza type b vaccine</td>
<td>Hib (PRP-T)</td>
<td>ActHib, Hibitrix</td>
</tr>
<tr>
<td>Haemophilus influenza type b vaccine</td>
<td>Hib (PRP-OMP)</td>
<td>PedvaxHib</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Nav hepatitis A</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Begerove-B Relcomvax HB</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9</td>
</tr>
<tr>
<td>Influenza Vaccine (inactivated)</td>
<td>IIV</td>
<td>Multipl</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R B</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenA/C/W/Y</td>
<td>MenA/C/W/бел</td>
</tr>
<tr>
<td>Meningococcal serogroup B Vaccine</td>
<td>MenB-4C, MenB-FcP</td>
<td>Bexsero Trumenba</td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevenar 13</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PCV23</td>
<td>Pneumovax</td>
</tr>
<tr>
<td>Poliovirus Vaccine (inactivated)</td>
<td>IPV</td>
<td>IPOL</td>
</tr>
<tr>
<td>Rotavirus Vaccine</td>
<td>RV1, RV5</td>
<td>Rotarix, Rotarix</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adsacel, Boostrix</td>
</tr>
<tr>
<td>Tetanus and diphtheria vaccine</td>
<td>Td</td>
<td>Tevrcov L, No Trade Name</td>
</tr>
<tr>
<td>Varicella Vaccine</td>
<td>VAR</td>
<td>Varivax</td>
</tr>
</tbody>
</table>

Combination Vaccines
- DTaP-HepB: Diphtheria and Hepatitis B vaccine
- DTaP-HepB-IPV: Diphtheria, Hepatitis B, and Poliovirus Vaccine
- DTaP-IPV: Diphtheria, Poliovirus Vaccine
- DTaP-Hib: Diphtheria, Hibitrix
- DTaP-Hibitrix: Diphtheria, Hibitrix
- Measles, mumps, rubella, and varicella vaccine: MMR/Varicella
Figure 1

Routine Immunization Schedule
Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2].)

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in grey.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mos</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yr</th>
<th>4-6 yr</th>
<th>7-10 yr</th>
<th>11-12yr</th>
<th>13-15yr</th>
<th>16 yr</th>
<th>17-18 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1 dose</td>
<td></td>
<td>2nd dose</td>
<td></td>
<td></td>
<td>3rd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus (RV) IV/IV (2-dose series); BIV (3-dose series)</td>
<td>1 dose</td>
<td>2nd dose</td>
<td>See footnote 1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis (DTaP)</td>
<td>1 dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td></td>
<td>4th dose</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b (HiB)</td>
<td>1 dose</td>
<td>2nd dose</td>
<td></td>
<td>4th dose</td>
<td>See footnote 3</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV)</td>
<td>1 dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus (IPV &lt;18 yrs)</td>
<td>1 dose</td>
<td>2nd dose</td>
<td></td>
<td>4th dose</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Influenza (IV)</td>
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<td>Annual vaccination (IV) 1 or 2 doses</td>
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<td>Measles, mumps, rubella (MMR)</td>
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<td>Varicella (VAR)</td>
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<td>1 dose</td>
<td>2nd dose</td>
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<tr>
<td>Hepatitis A (HepA)</td>
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<tr>
<td>Meningococcal (Meningococcal)</td>
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<td></td>
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<td></td>
<td>See footnote 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, acellular pertussis (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Meningococcal B</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>See footnote 11</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
Figure 2

The Catch-Up Figure
FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure below provides catchup schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. See the section appended for the child’s age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

### Children aged 4 months through 2 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for First Dose</th>
<th>Minimum Interval Between Doses</th>
<th>Dose Yet Dose 1</th>
<th>Dose Yet Dose 2</th>
<th>Dose Yet Dose 3</th>
<th>Dose Yet Dose 4</th>
<th>Dose Yet Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6 weeks</td>
<td>Maximum age for first dose is 14 weeks, 6 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diptheria, tetanus, and pertussis</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemophilus influenza type b</td>
<td>6 weeks</td>
<td>Maximum age for first dose is 14 weeks, 6 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>6 weeks</td>
<td>4 weeks before the 1st birthday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>6 weeks</td>
<td>Maximum age is 4 years for final dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps, mumps, rubella</td>
<td>12 months</td>
<td>6 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12 months</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b</td>
<td>6 weeks</td>
<td>See footnote 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Children and adolescents aged 2 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for First Dose</th>
<th>Minimum Interval Between Doses</th>
<th>Dose Yet Dose 1</th>
<th>Dose Yet Dose 2</th>
<th>Dose Yet Dose 3</th>
<th>Dose Yet Dose 4</th>
<th>Dose Yet Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemophilus influenza type b</td>
<td>N/A</td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, tetanus, diphtheria, and pertussis</td>
<td>7 years</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td>6 months</td>
<td>Routine dosing intervals are recommended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>N/A</td>
<td>4 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps, mumps, rubella</td>
<td>N/A</td>
<td>3 months if younger than age 13 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>N/A</td>
<td>4 weeks if age 13 years or older</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The above recommendations must be read along with the footnotes of this schedule.
**FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.**

The figure below shows catchup schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. See the section appended for the child’s age. Always use the table in conjunction with Figure 2 and the footnotes that follow.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>If current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>6 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>6 months; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6 months (as final dose)</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Measles; mumps; rubella</td>
<td>6 weeks</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>6 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>6 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>6 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>6 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
</tr>
<tr>
<td>Hemophilus influenzae type b</td>
<td>4 weeks</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td>4 weeks</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
</tr>
<tr>
<td>Poliovirus</td>
<td>4 weeks</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>4 weeks</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
<td>4 weeks; if current age is &lt; 4 years, 6 months; if current age is 4 years or older, 4 weeks if first dose was administered at age 12 through 14 months, no further doses needed if second dose was administered at age 12 through 14 months.</td>
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**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.
Figure 3

The High-Risk Figure
Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>INJECTION</th>
<th>Pregnancy</th>
<th>Immune-compromised status (excluding HIV infection)</th>
<th>HIV infection (CD4+ count)</th>
<th>Elderly or failure, end-stage renal disease, on hemodialysis</th>
<th>Heart disease, chronic lung disease</th>
<th>CSF leaks/cerebral implants</th>
<th>Asplenia and persistent complement component deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
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<tr>
<td>Hepatitis B†</td>
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†For additional information regarding HIV laboratory parameters and use of live vaccines; see the General Best Practice Guidelines for Immunization “Altered Immunocompetence” at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Table 4-1 (footnote D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Note: The above recommendations must be read along with the footnotes of this schedule.

*See Combined Immunodeficiency For additional information regarding HIV laboratory parameters and use of vaccines; see the General Best Practice Guidelines for Immunization “Altered Immunocompetence” at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Table 4-1 (footnote D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
Footnote simplification

- Remove unnecessary text while preserving all pertinent information and maintaining clarity
  - Transition from complete sentences to bullets
  - Removal of unnecessary or redundant language
  - Formatting changes
Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

Routine vaccination:
Administer a series of RV vaccine to all infants as follows:
1. If Rotarix is used, administer a 2-dose series at ages 2 and 4 months.
2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

Catch-up vaccination:
• The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days, or older.
• The maximum age for the final dose in the series is 8 months, 0 days.
• For other catch-up guidance, see Figure 2.

Proposed 2018 Rotavirus and MMR footnotes

Rotavirus vaccines. (minimum age: 6 weeks)

Routine vaccination:
• Rotarix: 2-dose series at 2 and 4 months.
• RotaTeq: 3-dose series at 2, 4, and 6 months.
If any dose in the series is either RotaTeq or unknown, default to 3-dose series.

Catch-up vaccination:
• Do not start the series on or after age 15 weeks, 0 days.
• The maximum age for the final dose is 8 months, 0 days.
• For other catch-up guidance, see Figure 2.
### 2017 Hepatitis B (HepB) footnote

**Hepatitis B (HepB) vaccine. (Minimum age: birth)**

**Routine vaccination:**

**At birth**
- Administer monovalent HepB vaccine to all newborns within 24 hours of birth.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 12 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series if the series was delayed.
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother’s HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

**Doses following the birth dose**
- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible (see Figure 2).
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

**Catch-up vaccination:**
- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

### Proposed 2018 Hepatitis B (HepB) footnote

**Hepatitis B (HepB) vaccine. (Minimum age: birth)**

**Birth Dose (Monovalent HepB vaccine only):**
- **Mother is HBsAg-Negative:** 1 dose within 24 hours of birth for medically stable infants >2,000 grams. Infants <2,000 grams: administer 1 dose at chronological age 1 month or hospital discharge.
- **Mother is HBsAg-Positive:**
  - Give HepB vaccine and 0.5 mL of HBIG (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
  - Test for HBsAg and anti-HBs at age 9 through 12 months. If HepB series is delayed, test 1-2 months after final dose.
- **Mother’s HBsAg status is unknown:**
  - Give HepB vaccine within 12 hours of birth, regardless of birth weight.
  - For infants <2,000 grams, give HBIG in addition to HepB vaccine within 12 hours of birth.
  - Determine mother’s HBsAg status as soon as possible. If mother is HBsAg-positive, give HBIG to infants >2,000 grams as soon as possible, but no later than 7 days of age.

**Routine Series:**
- A complete series is 3 doses at 0, 1-2, and 6 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)
- Infants who did not get a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (third or fourth) dose: 24 weeks.
- **Minimum Intervals:** Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute “Dose 4” for “Dose 3” in these calculations.)

**Catch-up vaccination:**
- Unvaccinated persons should complete a 3-dose series at 0, 1-2, and 6 months.
- Adolescents 11 through 15 years of age may use an alternative 2-dose series, with at least 4 months between doses (adult formulation Recombivax HB only).
- For other catch-up guidance, see Figure 2.
**2017 HPV footnote**

**Human papillomavirus (HPV) vaccine.** *(Minimum age: 9 years)*

**Routine and catch-up vaccination:**
- Administer a 2-dose series of HPV vaccine on a schedule of 0, 6-12 months to all adolescents aged 11 or 12 years. The vaccination series can start at age 9 years.
- Administer HPV vaccine to all adolescents through age 18 years who were not previously adequately vaccinated. The number of recommended doses is based on age at administration of the first dose.
- For persons initiating vaccination before age 15, the recommended immunization schedule is 2 doses of HPV vaccine at 0, 6-12 months.
- For persons initiating vaccination at age 15 years or older, the recommended immunization schedule is 3 doses of HPV vaccine at 0, 1–2, 6 months.
- A vaccine dose administered at a shorter interval should be readministered at the recommended interval.
  - In a 2-dose schedule of HPV vaccine, the minimum interval is 5 months between the first and second dose. If the second dose is administered at a shorter interval, a third dose should be administered a minimum of 12 weeks after the second dose and a minimum of 5 months after the first dose.
  - In a 3-dose schedule of HPV vaccine, the minimum intervals are 4 weeks between the first and second dose, 12 weeks between the second and third dose, and 5 months between the first and third dose. If a vaccine dose is administered at a shorter interval, it should be readministered after another minimum interval has been met since the most recent dose.
- Persons who have completed an age-appropriate HPV vaccine series (i.e., either 2 or 3 doses of 2vHPV, 4vHPV, or 9vHPV at the recommended intervals) are considered adequately vaccinated.

**Special populations:**
- For children with history of sexual abuse or assault, administer HPV vaccine beginning at age 9 years.
- Immunocompromised persons* aged 9–26 years, including those with human immunodeficiency virus (HIV) infection, should receive a 3-dose series at 0, 1–2, and 6 months.

Note: HPV vaccination is not recommended during pregnancy, although there is no evidence that the vaccine poses harm. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remaining vaccine doses should be delayed until after the pregnancy. Pregnancy testing is not needed before vaccination.

*See MMWR, December 16, 2016;65(49):1405–1408, at www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf.

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**Proposed 2018 HPV footnote**

**Human papillomavirus (HPV) vaccine (minimum age: 9 years)**

**Routine and catch-up vaccination:**
- Routine vaccination at 11–12 years (can start at age 9) and through age 18 if not previously adequately vaccinated. Number of doses dependent on age at initial vaccination:
  - Age 9–14 years at initiation: 2-dose series at 0 and 6–12 months. **Minimum interval:** 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
  - Age 15 years or older at initiation: 3-dose series at 0, 1–2 months, and 6 months. **Minimum intervals:** 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose/s given too soon).
- Persons who have completed a valid series with any HPV vaccine do not need any additional doses.

**Special situations:**
- **History of sexual abuse or assault:** Begin series at age 9 years.
- **Immunocompromised* (including human immunodeficiency virus [HIV]) aged 9–26 years:** 3-dose series at 0, 1–2 months, and 6 months.
- **Pregnancy:** Vaccination not recommended, but there is no evidence the vaccine is harmful and no intervention needed for women who inadvertently received a dose of HPV vaccine while pregnant. Delay remaining doses until after pregnancy. Pregnancy testing not needed before vaccination.

*See MMWR, December 16, 2016;65(49):1405–1408, at www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf.
Footnoted content edits
Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-reCs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

Additional information

- For information on contraindications and precautions for the use of a vaccine, consult the ACP General Recommendations on Immunization and the relevant ACP statement, available online at www.cdc.gov/vaccines/hcp/acip-reCs/index.html.
- For calculating intervals between doses: 4 weeks = 28 days; intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- ACIP does not express a preference for any vaccine product where 1 or more products may be appropriate and considered for use.
- Vaccine doses administered ≥4 days before the minimum interval are considered valid. Doses of any vaccine administered ≥25 days earlier than the minimum interval for minimum age should not be counted as valid doses and should be regarded as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and Minimum Ages and Intervals between Vaccine Doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-reCs/general-reCs/immin.html.
- Information on travel vaccine requirements and recommendations is available at www.cdc.gov/travel/.
- Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the legal system for resolving vaccine injury petitions. All vaccines included in the childhood immunization schedule are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Catch-up vaccination:
- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 9 days.
- For other catch-up guidance, see Figure 2.

Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- ACIP does not express a preference for any vaccine product where 1 or more products may be appropriate and considered for use.

- Give HepB vaccine within 12 hours of birth, regardless of birth weight.
- For infants <2,000 grams give HBIG in addition to HepB vaccine within 12 hours of birth.
- Determine mother’s HBsAg status as soon as possible. If mother is HBsAg-positive, give HBIG to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

Routine Series:
A complete series is 3 doses at 0, 1-2, and 6 months. Monovalent HepB vaccine should be used for doses given before age 6 weeks.

- Tetanus: Infants 1-15 years of age may receive an alternative 2-dose series, with at least 4 months between doses (adult formulation Recombivax HB only).
- For other catch-up guidance, see Figure 2.

2. Rotavirus vaccine:
Routine vaccination:
- Rotarix: 3-dose series at 2 and 4 months.
- Rotarix: 2-dose series at 2, 4, and 6 months.
- For any dose in the series is either Rotarix or unknown, default to 3-dose series.

Routine vaccination:
- For infants 6-11 months: 1 dose at 2, 4, and 6 months.
- For infants ≥12 months: 1 dose at 2 months.

- Retrospectively: A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since the 3rd dose.

Catch-up vaccination:
- The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
- For other catch-up guidance, see Figure 2.

Routine vaccination:
- For infants 2 months: 3 doses at 2, 4, and 6 months.
- For infants ≥12 months: 1 dose at 2 months.

- For infants 6-11 months: 1 dose at 2, 4, and 6 months.
- For infants ≥12 months: 1 dose at 2 months.

- Retrospectively: A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since the 3rd dose.

Catch-up vaccination:
- The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
- For other catch-up guidance, see Figure 2.
1. Hepatitis B (HepB) vaccine. (minimum age: birth)

   **Birth Dose (Monovalent HepB vaccine only):**
   - **Mother is HBsAg-Negative:** One dose within 24 hours of birth, for medically stable infants > 2,000 grams. Infants < 2,000 grams administer 1 dose at chronological age 1 month or hospital discharge.
   - **Mother is HBsAg-Positive:**
     a. Give HepB vaccine and 0.5 mL of HBIG at separate anatomic sites within 12 hours of birth, regardless of birth weight.
     b. Test for HBsAg and anti-HBs at age 9-12 months. If HepB series is delayed, test 1-2 months after final dose.
   - **Mother’s HBsAg status is unknown:**
     a. Give HepB vaccine within 12 hours of birth, regardless of birth weight.
     b. For infants < 2,000 grams give HBIG in addition to HepB vaccine within 12 hours of birth.
     c. Determine mother’s HBsAg status as soon as possible. If mother is HBsAg-positive, give HBIG to infants > 2,000 grams as soon as possible, but no later than 7 days of age.

   **Routine Series:**
   - A complete series is 3 doses at 0, 1-2, and 6 months. Monovalent HepB vaccine should be used for doses given before age 6 weeks.

   - Infants who did not receive a birth dose should begin the series as soon as possible (see Figure 2).
   - Administration of 4 doses is permitted when a combination vaccine containing HepB is used in the birth dose.
   - Minimum age to Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 4 weeks / Dose 3 to Dose 4: 4 weeks (When 4 doses are given, wait 4 weeks after Dose 3 in these calculations).
   - Minimum age to Dose 4: 24 weeks.

   **Catch-up vaccination:**
   - Do not start the series on or after age 15 weeks, 6 days.
   - The maximum age for the final dose is 8 months, 3 days.
   - For other catch-up guidance, see Figure 2.

   **DTaP vaccine. (minimum age: 6 weeks [4 years for Kinko or Quadracel]):

2. Rotavirus vaccine:

   **Routine vaccine: Rotarix:**
   - Rotarix: 3-dose series at 2, 4, and 6 months. If any dose in the series is either Rotarix or unknown, default to 3-dose series.

3. Haemophilus Influenzae type b (HiB) vaccine. (minimum age: 6 weeks)

   **Routine vaccination:**
6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)

Routine vaccination:
- 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination:
- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- If 4 or more doses were given before the 4th birthday, give one more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 and older.

Series Containing Oral Polio Vaccine (OPV), either mixed OPV/IPV or OPV-only series:
- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6600a7.htm?s_cid=mm6600a7_w.
- For other catch-up guidance, see Figure 2.

7. Influenza vaccines. (minimum age: 6 months)

Routine vaccination:
- Administer an age-appropriate dose of influenza vaccine to children 6 months of age and older before July 1 of each year. (See Section 2: Persons 6 months of age and older.
- Live attenuated vaccines are not recommended for children younger than 9 years. (See Section 3: Children younger than 9 years.
- For additional guidance on influenza vaccine, see August 26, 2016 volumes/65/mm6511p0 (For the 2016–17 influenza vaccine recommendation).

8. Measles, mumps, rubella (MMR).

Routine vaccination:
- 2-dose series at ages 12–15 months and 4–6 years. The second dose may be given at 12–15 months of age if the first dose is administered at 12 months of age.

Catch-up vaccination:
- Unvaccinated children 12–47 months of age may receive a single dose of MMR vaccine if the child was born after January 1, 1996. The child should also receive other routine vaccines as indicated for the child’s age. (See Section 13: Children aged 12–47 months.
- International travel: In Figure 6, 12–47 months.

Series Containing Oral Polio Vaccine (OPV), either mixed OPV/IPV or OPV-only series:
- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6600a7.htm?s_cid=mm6600a7_w.
- For other catch-up guidance, see Figure 2.
Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months for routine vaccination)

Routine vaccination:
- 2-dose series at 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 4 weeks after the 1st dose.

Catch-up vaccination:
- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.

International travel:
- Infants 6–11 months: 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose at least 4 weeks later.
- Children 12 months and older: 2 doses at least 4 weeks apart before departure.

Persons at risk to due to a mumps outbreak:
- Previously vaccinated persons identified as being at risk should receive a 3rd dose of MMR vaccine.
Influenza vaccines. (minimum age: 6 months)

Routine vaccination:
- Administer an age-appropriate formulation and dose of influenza vaccine annually.
  - **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018 should receive 2 doses separated by at least 4 weeks.
  - **Persons 9 years and older** 1 dose
  - Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.
- For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (MMWR August 26, 2016;65(5):1-54: www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf).
  (For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

- **No history of FSV2v3**: 1 dose of FSV2v3 (at least 6 weeks after any prior PCV13 dose).
- Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the 4 or 6 months after the previous dose.
- **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018 should receive 2 doses separated by at least 4 weeks.
- **Persons 9 years and older** 1 dose
- Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.
- For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (MMWR August 26, 2016;65(5):1-54: www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf).
  (For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

7. Influenza vaccines. (minimum age: 6 months)

Routine vaccination:
- Administer an age-appropriate formulation and dose of influenza vaccine annually.
  - **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018 should receive 2 doses separated by at least 4 weeks.
  - **Persons 9 years and older** 1 dose
  - Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.
- For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (MMWR August 26, 2016;65(5):1-54: www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf).
  (For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)
Discussion and Vote

- Does ACIP approve of the proposed edits to the child/adolescent schedule (including the simplified footnotes)?