APPENDIX A
Schedules and Recommendation

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Immunization Schedules on the Web
www.cdc.gov/vaccines/schedules/index.html

Childhood and Adolescent Immunization Schedule:
www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Contains:
- Color and black & white versions
- Downloadable files for office or commercial printing
- Alternative formats (pocket size, laminated, palm, etc.)
- Simplified, parent-friendly version in English and Spanish
- Link to past years’ schedules
- Interactive schedulers
- More . . .

Adult Immunization Schedule:
www.cdc.gov/vaccines/schedules/hcp/adult.html

Contains:
- Color and black & white versions
- Downloadable files
- Interactive scheduler and quiz
- Link to past years’ schedules
- More . . .

Easy-to-Read Schedules for Non-Providers:
www.cdc.gov/vaccines/schedules/easy-to-read/index.html
**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 reportable 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.

The table below shows vaccine acronyms, and brand names for vaccines routinely recommended for children and adolescents. The use of trade names in this immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

<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>Daptacel, Infanrix</td>
</tr>
<tr>
<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>No Trade Name</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type B vaccine</td>
<td>Hib (PRP-T)</td>
<td>ActHIB, Hiberix, PedvaxHIB</td>
</tr>
<tr>
<td></td>
<td>Hib (PRP-OMP)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix, Vaqta</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix-B, Recombivax HB</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9, Gardasil 14</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IIV</td>
<td>Multiple</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R II</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra</td>
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<td></td>
<td>MenACWY-CRM</td>
<td>Menevo</td>
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<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Bexsero, Trumenba</td>
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<td></td>
<td>MenB-FHbp</td>
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</tr>
<tr>
<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevar 13</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PPSV23</td>
<td>Pneumovax</td>
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<tr>
<td>Poliovirus vaccine (inactivated)</td>
<td>IPV</td>
<td>IPOL, POLIOVAX</td>
</tr>
<tr>
<td>Rotavirus vaccines</td>
<td>RV1, RV5</td>
<td>Rotarix, RotaTeq</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel, Boostrix</td>
</tr>
<tr>
<td>Tetanus and diphtheria vaccine</td>
<td>Td</td>
<td>Tenivac, No Trade Name</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax</td>
</tr>
</tbody>
</table>

**Combination Vaccines**

| DTaP, hepatitis B and inactivated poliovirus vaccine | DTaP-HepB-IPV | Pediatrix  |
| DTaP, inactivated poliovirus and *Haemophilus influenzae* type B vaccine | DTaP-IPV/Hib | Pentacel, Quadracel |
| DTaP and inactivated poliovirus vaccine             | DTaP-IPV     | Kinrix, Quadracel |
| Measles, mumps, rubella, and varicella vaccines     | MMRV         | ProQuad       |
Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

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 gray.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
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</thead>
<tbody>
<tr>
<td>Hepatitis B¹ (HepB)</td>
<td>1st</td>
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<tr>
<td>Rotavirus² (RV) RV1 (2-dose series); RV5 (3-dose series)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See footnote 2</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis³ (DTaP: &lt;7 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
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<td>4th dose</td>
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<td>5th dose</td>
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<tr>
<td>Haemophilus influenzae type b⁴ (Hib)</td>
<td>1st</td>
<td>2nd</td>
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<tr>
<td>Pneumococcal conjugate⁵ (PCV13)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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<td>4th dose</td>
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<tr>
<td>Inactivated poliovirus⁶ (IPV: &lt;18 yrs)</td>
<td>1st</td>
<td>2nd</td>
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<tr>
<td>Influenza⁷ (IIV)</td>
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<td>Annual vaccination (IIV) 1 or 2 doses</td>
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<tr>
<td>Measles, mumps, rubella⁸ (MMR)</td>
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<td>Annual vaccination (IIV) 1 dose only</td>
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<tr>
<td>Varicella⁹ (VAR)</td>
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<td>Hepatitis A¹⁰ (HepA)</td>
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<tr>
<td>Meningococcal¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
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<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis¹² (Tdap: ≥7 yrs)</td>
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<tr>
<td>Human papillomavirus¹³ (HPV)</td>
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<tr>
<td>Meningococcal B¹⁴</td>
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<tr>
<td>Pneumococcal polysaccharide¹⁵ (PPSV23)</td>
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</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 provides catch-up 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. Use the section appropriate for the child’s age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

### Children age 4 months through 6 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acellular pertussis</td>
<td>Birth</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis</td>
<td>6 weeks; Maximum age for first dose is 14 weeks, 6 days</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>8 weeks (as final dose) if first dose was administered before the 1st birthday; 8 weeks (as final dose) if first dose was administered at age 12 through 14 months; No further doses needed if first dose was administered at age 15 months or older.</td>
<td>8 weeks (as final dose) Maximum age for final dose is 8 months, 0 days.</td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>12 months</td>
<td>3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12 months</td>
<td>6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal CC (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>See footnote 11</td>
<td>See footnote 11</td>
</tr>
</tbody>
</table>

### Children and adolescents age 7 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal CC (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
<td>Not Applicable (N/A)</td>
<td>8 weeks (minimum age 4 years for final dose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis</td>
<td>7 years 1</td>
<td>4 weeks</td>
<td></td>
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</tr>
<tr>
<td>Human papillomavirus</td>
<td>9 years</td>
<td>6 months (as final dose)</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis A</td>
<td>N/A</td>
<td>6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>N/A</td>
<td>4 weeks</td>
<td>6 months (minimum age 4 years for final dose)</td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
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</tr>
<tr>
<td>Varicella</td>
<td>N/A</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
<td></td>
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</tr>
</tbody>
</table>

NOTE: The above recommendations must be read along with the footnotes of this schedule.
<table>
<thead>
<tr>
<th>VACCINE</th>
<th>INDICATION</th>
<th>Pregnancy</th>
<th>Immunocompromised status (excluding HIV infection)</th>
<th>HIV infection CD4+ count&lt;sup&gt;†&lt;/sup&gt;</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis</th>
<th>Heart disease, chronic lung disease</th>
<th>CSF leaks/cochlear implants</th>
<th>Asplenia and persistent complement deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>Rotavirus&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis&lt;sup&gt;3&lt;/sup&gt; (DTaP)</td>
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<tr>
<td><em>Haemophilus influenzae</em> type b&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>Pneumococcal conjugate&lt;sup&gt;5&lt;/sup&gt;</td>
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<tr>
<td>Inactivated poliovirus&lt;sup&gt;6&lt;/sup&gt;</td>
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<tr>
<td>Influenza&lt;sup&gt;7&lt;/sup&gt;</td>
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<td>Measles, mumps, rubella&lt;sup&gt;8&lt;/sup&gt;</td>
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<tr>
<td>Varicella&lt;sup&gt;9&lt;/sup&gt;</td>
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<tr>
<td>Hepatitis A&lt;sup&gt;10&lt;/sup&gt;</td>
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<tr>
<td>Meningococcal ACWY&lt;sup&gt;11&lt;/sup&gt;</td>
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<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis&lt;sup&gt;1/2&lt;/sup&gt; (Tdap)</td>
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<tr>
<td>Human papillomavirus&lt;sup&gt;12&lt;/sup&gt;</td>
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<tr>
<td>Meningococcal B&lt;sup&gt;1/2&lt;/sup&gt;</td>
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<tr>
<td>Pneumococcal polysaccharide&lt;sup&gt;13&lt;/sup&gt;</td>
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Vaccination is recommended, and additional doses may be necessary based on medical condition. See footnotes. The above recommendations must be read along with the footnotes of this schedule.

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

<sup>*</sup>*Severe Combined Immunodeficiency
<sup>†</sup>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](http://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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).
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 General Best Practice Guidelines for Immunization and relevant ACIP statements, 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.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid and should be repeated 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/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see www.hrsa.gov/vaccinecompensation/index.html.

1. 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 9–12 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 0.5 mL of 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 0.5 mL of 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 6–18 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 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 (3rd or 4th) 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 11–15 years of age may use an alternative 2-dose schedule, with at least 4 months between doses (adult formulation Recombivax HB only).
     - For other catch-up guidance, see Figure 2.

2. Rotavirus vaccines. (minimum age: 6 weeks)
   **Routine vaccination:**
   - 3-dose series at 2, 4, and 6 months.
   - 4-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.
     - **Prospectively:** A 4th dose may be given as early as age 12 months if at least 6 months have elapsed since the 3rd dose.
     - **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.

   **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.

3. Diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. (minimum age: 6 weeks [4 years for Kinrix or Quadracel])
   **Routine vaccination:**
   - 5-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.
     - **Prospectively:** A 4th dose may be given as early as age 12 months if at least 6 months have elapsed since the 3rd dose.
     - **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.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

4. **Haemophilus influenzae type b (Hib) vaccine.**
   (minimum age: 6 weeks)

   **Routine vaccination:**
   - ActHIB, Hiberix, or Pentacel: 4-dose series at 2, 4, 6, and 12–15 months.
   - PedvaxHIB: 3-dose series at 2, 4, and 12–15 months.

   **Catch-up vaccination:**
   - **1st dose at 7–11 months:** Give 2nd dose at least 4 weeks later and 3rd (final) dose at 12–15 months or 8 weeks after 2nd dose (whichever is later).
   - **1st dose at 12–14 months:** Give 2nd (final) dose at least 8 weeks after 1st dose.
   - **1st dose before 12 months and 2nd dose before 15 months:** Give 3rd (final) dose 8 weeks after 2nd dose.
   - **2 doses of PedvaxHIB before 12 months:** Give 3rd (final) dose at 12–59 months and at least 8 weeks after 2nd dose.
   - **Unvaccinated at 15–59 months:** 1 dose.
   - For other catch-up guidance, see Figure 2.

   **Special Situations:**
   - **Chemotherapy or radiation treatment**
     12–59 months
     - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.
     - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

     *Doses given within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.*

   - **Hematopoietic stem cell transplant (HSCT)**
     3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant (regardless of Hib vaccination history).

   - **Anatomic or functional asplenia (including sickle cell disease)**
     12–59 months
     - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.
     - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

     *Unimmunized* persons 5 years or older
     - Give 1 dose

   - **Elective splenectomy**
     Unimmunized* persons 15 months or older
     - Give 1 dose (preferably at least 14 days before procedure).

   - **HIV infection**
     12–59 months
     - Unvaccinated or only 1 dose before 12 months: Give 2 doses 8 weeks apart.
     - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

     *Unimmunized* persons 5–18 years
     - Give 1 dose

   - **Immunoglobulin deficiency, early component complement deficiency**
     12–59 months
     - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.
     - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

   *Unimmunized* = Less than routine series (through 14 months) OR no doses (14 months or older)

5. **Pneumococcal vaccines.**
   (minimum age: 6 weeks [PCV13], 2 years [PPSV23])

   **Routine vaccination with PCV13:**
   - 4-dose series at 2, 4, 6, and 12–15 months.

   **Catch-up vaccination with PCV13:**
   - 1 dose for healthy children aged 24–59 months
     with any incomplete* PCV13 schedule
   - For other catch-up guidance, see Figure 2.

   **Special situations: High-risk conditions:**
   **Administer PCV13 doses before PPSV23 if possible.**

   - **Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure):**
     chronic lung disease (including asthma treated with high-dose, oral, corticosteroids); diabetes mellitus;
   - **Age 2–5 years:**
     - Any incomplete* schedules with:
       - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
       - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
   - **Age 6–18 years:**
     - Any history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

   - **Sickle cell disease and other hemoglobinopathies: anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:**
   - **Age 2–5 years:**
     - Any incomplete* schedules with:
       - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
       - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
       - No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).
   - **Age 6–18 years:**
     - Any history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.
     - Any PCV13 but no PPSV23: 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13
     - PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

   - **Cerebrospinal fluid leak; cochlear implant:**
   - **Age 2–5 years:**
     - Any incomplete* schedules with:
       - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
       - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
   - **Age 6–18 years:**
     - No history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

- 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 1 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 years 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/ww/mm6601a6.htm?sfcid=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/ww/mm6606a7.htm?sfcid=mm6606a7_w.
- For other catch-up guidance, see Figure 2.

6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)
  **Routine vaccination:**
  - Administration of 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, 2017 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.
  **Catch-up vaccination:**
  - Infuenza vaccines. (minimum age: 6 months)
    - 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.
  - 2-dose series at ages 2, 4, 6–18 months, and 4–6 years.
    - The 2nd dose may be given as early as 4 weeks after the 1st dose.
  - Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.
  - Infuenza vaccines. (minimum age: 6 months)
    - Minimum interval 8 weeks.

7. Influenza vaccines. (minimum age: 6 months)
  **Routine vaccination:**
  - 2-dose series at ages 2, 4, 6–18 months, and 4–6 years.
  - Administration of 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, 2017 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.
  **Catch-up vaccination:**
  - Infuenza vaccines. (minimum age: 6 months)
    - 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.
  - 2-dose series at ages 2, 4, 6–18 months, and 4–6 years.
    - The 2nd dose may be given as early as 4 weeks after the 1st dose.
  - Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.
  - Infuenza vaccines. (minimum age: 6 months)
    - Minimum interval 8 weeks.

8. Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months)
  **Routine vaccination:**
  - 2-dose series at 12–15 months and 4–6 years.
  - For additional guidance, see the 2017–18 ACIP infuenza vaccine recommendations.
  **Catch-up vaccination:**
  - Infuenza vaccines. (minimum age: 6 months)
    - 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.
  - 2-dose series at ages 2, 4, 6–18 months, and 4–6 years.
    - The 2nd dose may be given as early as 4 weeks after the 1st dose.
  - Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.
  - Infuenza vaccines. (minimum age: 6 months)
    - Minimum interval 8 weeks.

9. Varicella (VAR) vaccine. (minimum age: 12 months)
  **Routine vaccination:**
  - 2-dose series: 12–15 months and 4–6 years.
  - The 2nd dose may be given as early as 3 months after the 1st dose (a dose given after a 4-week interval may be counted).
  **Catch-up vaccination:**
  - Infuenza vaccines. (minimum age: 6 months)
    - 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.
  - 2-dose series at ages 2, 4, 6–18 months, and 4–6 years.
    - The 2nd dose may be given as early as 4 weeks after the 1st dose.
  - Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.
  - Infuenza vaccines. (minimum age: 6 months)
    - Minimum interval 8 weeks.

10. Hepatitis A (HepA) vaccine. (minimum age: 12 months)
  **Routine vaccination:**
  - 2 doses, separated by 6-18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)
  **Catch-up vaccination:**
  - Infuenza vaccines. (minimum age: 6 months)
    - 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.
  - 2-dose series at ages 2, 4, 6–18 months, and 4–6 years.
    - The 2nd dose may be given as early as 4 weeks after the 1st dose.
  - Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.
  - Infuenza vaccines. (minimum age: 6 months)
    - Minimum interval 8 weeks.

Special populations:
- Previously unvaccinated persons who should be vaccinated:
  - Persons traveling to or working in countries with high or intermediate endemicity
  - Men who have sex with men
  - Users of injection and non-injection drugs
  - Persons who work with hepatitis A virus in a research laboratory or with non-human primates
  - Persons with clotting-factor disorders
  - Persons with chronic liver disease
  - Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the 1st dose as soon as the adoption is planned—ideally at least 2 weeks before the adoptee’s arrival).

11. Serogroup A, C, W, Y meningococcal vaccines. (Minimum age: 2 months [Menveo], 9 months [Menactra])
  **Routine:**
  - 2-dose series: 11-12 years and 16 years.
  **Catch-up:**
  - Age 13-15 years: 1 dose now and booster at age 16-18 years. Minimum interval 8 weeks.
  - Age 16-18 years: 1 dose.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

12. Serogroup B meningococcal vaccines (minimum age: 10 years [Bexsero, Trumenba]).

Clinical discretion: Adolescents not at increased risk for meningococcal B infection who want MenB vaccine.

MenB vaccines may be given at clinical discretion to adolescents 16–23 years (preferred age 16–18 years) who are not at increased risk.

- **Bexsero**: 2 doses at least 1 month apart.
- **Trumenba**: 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.

Special populations and situations:

Anatomic or functional asplenia, sickle cell disease, or HIV infection:
- Persistent complement component deficiency (including eculizumab use): 2 doses at least 12 weeks apart.
- 24 months or older: 2 doses at least 8 weeks apart.
- Menactra must be administered at least 4 weeks after completion of PCV13 series.
- Anatomic or functional asplenia, sickle cell disease, or HIV infection:
  - 2 doses at least 12 weeks apart.
  - Menactra must be administered at least 4 weeks after completion of PCV13 series.

Children who travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj, or exposure to an outbreak attributable to a vaccine serogroup:
- Children <24 months of age:
  - 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
  - 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
- Menactra (9-23 months):
  - 2 doses (2nd dose at least 12 weeks after the 1st dose. 2nd dose may be administered as early as 8 weeks after the 1st dose in travelers).
- Children 2 years or older: 1 dose of Menevo or Menactra.

Note: Menactra should be given either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under “Special populations and situations” above, and additional meningococcal vaccination information, see meningococcal MMWR publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/ mening.html.

13. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. (minimum age: 11 years for routine vaccinations, 7 years for catch-up vaccination)

Routine vaccination:
- **Adolescents 11–12 years of age**: 1 dose.
- **Pregnant adolescents**: 1 dose during each pregnancy (preferably during the early part of gestational weeks 27–36).
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination:
- **Adolescents 13–18 who have not received Tdap**: 1 dose, followed by a Td booster every 10 years.
- **Persons aged 7–18 years not fully immunized with DTaP**: 1 dose of Tdap as part of the catch-up series (preferably the first dose). If additional doses are needed, use Td.

- **Persons who have completed a valid series with any HPV vaccine do not need any additional doses.**

Children 7–10 years who receive Tdap inadvertently or as part of the catch-up series may receive the routine Tdap dose at 11–12 years.

- **DTaP inadvertently given after the 7th birthday:**
  - **Child 7–10**: DTaP may count as part of catch-up series. Routine Tdap dose at 11-12 may be given.
  - **Adolescent 11–18**: Count dose of DTaP as the adolescent Tdap booster.
  - For other catch-up guidance, see Figure 2.

14. Human papillomavirus (HPV) vaccine (minimum age: 9 years)

Routine and catch-up vaccination:
- Routine vaccination for all adolescents 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 at or after the minimum interval since the most recent dose).
- 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 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. No intervention is 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.
In February 2018, the Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018 became effective, as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The adult immunization schedule was also approved by the American College of Physicians, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Nurse-Midwives.

CDC announced the availability of the 2018 adult immunization schedule in the Morbidity and Mortality Weekly Report (MMWR). The schedule is published in its entirety in the Annals of Internal Medicine.

The adult immunization schedule consists of figures that summarize routinely recommended vaccines for adults by age groups and medical conditions and other indications, footnotes for the figures, and a table of vaccine contraindications and precautions. Note the following when reviewing the adult immunization schedule:

- The figures in the adult immunization schedule should be reviewed with the accompanying footnotes.
- The figures and footnotes display indications for which vaccines, if not previously administered, should be administered unless noted otherwise.
- The table of contraindications and precautions identifies populations and situations for which vaccines should not be used or should be used with caution.
- When indicated, administer recommended vaccines to adults whose vaccination history is incomplete or unknown.
- Increased interval between doses of a multidose vaccine series does not diminish vaccine effectiveness; it is not necessary to restart the vaccine series or add doses to the series because of an extended interval between doses.
- Combination vaccines may be used when any component of the combination is indicated and when other components of the combination are not contraindicated.
- The use of trade names in the adult immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Special populations that need additional considerations include:

- Pregnant women. Pregnant women should receive the tetanus, diphtheria, and acellular pertussis vaccine (Tdap) during pregnancy and the influenza vaccine during or before pregnancy. Live vaccines (e.g., measles, mumps, and rubella vaccine [MMR]) are contraindicated.
- Asplenia. Adults with asplenia have specific vaccination recommendations because of their increased risk for infection by encapsulated bacteria. Anatomical or functional asplenia includes congenital or acquired asplenia, splenic dysfunction, sickle cell disease and other hemoglobinopathies, and splenectomy.
- Immunocompromising conditions. Adults with immunosuppression should generally avoid live vaccines. Inactivated vaccines (e.g., pneumococcal vaccines) are generally acceptable. High-level immunosuppression includes HIV infection with a CD4 cell count <200 cells/μL, receipt of daily corticosteroid therapy with ≥20 mg of prednisone or equivalent for ≥14 days, primary immunodeficiency disorder (e.g., severe combined immunodeficiency or complement component deficiency), and receipt of cancer chemotherapy. Other immunocompromising conditions and immunosuppressive medications to consider when vaccinating adults can be found in IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host.

Additional information on vaccinating immunocompromised adults is in General Best Practice Guidelines for Immunization.

Additional resources for health care providers include:

- Details on vaccines recommended for adults and complete ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html
- Vaccine Information Statements that explain benefits and risks of vaccines at www.cdc.gov/vaccines/hcp/vis/index.html
- Information and resources on vaccinating pregnant women at www.cdc.gov/vaccines/adults/rec-vac/pregnant.html
- Information on travel vaccine requirements and recommendations at www.cdc.gov/travel/destinations/list
- CDC Vaccine Schedules App for immunization service providers to download at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html
- Adult Vaccination Quiz for self-assessment of vaccination needs based on age, health conditions, and other indications at www2.cdc.gov/nip/adultimmsched/default.asp
- Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Report suspected cases of reportable vaccine-preventable diseases to the local or state health department, and report all clinically significant postvaccination events to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or by telephone, 800-822-7967. All vaccines included in the adult immunization schedule except 23-valent pneumococcal polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. Submit questions and comments to CDC through www.cdc.gov/cdc-info or by telephone, 800-CDC-INFO (800-232-4636), in English and Spanish, 8:00am–8:00pm ET, Monday–Friday, excluding holidays.

The following abbreviations are used for vaccines in the adult immunization schedule (in the order of their appearance):

- IIV: inactivated influenza vaccine
- RIV: recombinant influenza vaccine
- Td: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
- MMR: measles, mumps, and rubella vaccine
- VAR: varicella vaccine
- RZV: recombinant zoster vaccine
- HPV vaccine: human papillomavirus vaccine
- PCV13: 13-valent pneumococcal conjugate vaccine
- PPSV23: 23-valent pneumococcal polysaccharide vaccine
- HepA: hepatitis A vaccine
- HepA-HepB: hepatitis A vaccine and hepatitis B vaccine
- HepB: hepatitis B vaccine
- MenACWY: serogroups A, C, W, and Y meningococcal vaccine
- MenB: serogroup B meningococcal vaccine
- Hib: Haemophilus influenzae type b vaccine

3. ACIP. Available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.
<table>
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<tr>
<th>Vaccine</th>
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<th>27–49 years</th>
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<td><strong>Influenza¹</strong></td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tdap² or Td²</strong></td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MMR³</strong></td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
<td></td>
<td></td>
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<tr>
<td><strong>VAR⁴</strong></td>
<td>2 doses</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>RZV⁵ (preferred)</strong></td>
<td></td>
<td>2 doses RZV (preferred)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or <strong>ZVL⁵</strong></td>
<td></td>
<td>1 dose ZVL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HPV–Female⁶</strong></td>
<td>2 or 3 doses depending on age at series initiation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HPV–Male⁶</strong></td>
<td>2 or 3 doses depending on age at series initiation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PCV13⁷</strong></td>
<td></td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PPSV23⁷</strong></td>
<td></td>
<td></td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HepA⁸</strong></td>
<td></td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HepB⁹</strong></td>
<td></td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MenACWY¹⁰</strong></td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>MenB¹⁰</strong></td>
<td></td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hib¹¹</strong></td>
<td></td>
<td></td>
<td>1 or 3 doses depending on indication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection
2. Recommended for adults with other indications
3. No recommendation
Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2018

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immuno-compromised (excluding HIV infection)</th>
<th>HIV infection CD4+ count (cells/µL)</th>
<th>Asplenia, complement deficiencies</th>
<th>End-stage renal disease, on hemodialysis</th>
<th>Heart or lung disease, alcoholism</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Health care personnel</th>
<th>Men who have sex with men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza¹</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tdap² or Td²</td>
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<tr>
<td>MMR³</td>
<td>contraindicated</td>
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<td></td>
</tr>
<tr>
<td>VAR⁴</td>
<td>contraindicated</td>
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<tr>
<td>RZV² (preferred)</td>
<td>contraindicated</td>
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<tr>
<td>ZVL⁵</td>
<td>contraindicated</td>
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<td></td>
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<tr>
<td>HPV–Female⁶</td>
<td>3 doses through age 26 yrs</td>
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<tr>
<td>HPV–Male⁶</td>
<td>3 doses through age 26 yrs</td>
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<tr>
<td>PCV13⁷</td>
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<tr>
<td>PPSV23⁷</td>
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<tr>
<td>HepA⁸</td>
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<tr>
<td>HepB⁹</td>
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<td></td>
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</tr>
<tr>
<td>MenACWY¹⁰</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
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<td></td>
</tr>
<tr>
<td>MenB¹⁰</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hib¹¹</td>
<td>3 doses HSCT recipients only</td>
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</tr>
</tbody>
</table>

**Recommendations:**
- Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection
- Recommended for adults with other indications
- Contraindicated
- No recommendation

1. Infuenza
2. Tdap or Td
3. MMR
4. VAR
5. RZV (preferred) or ZVL
6. HPV—Female
7. HPV—Male
8. HepA
9. HepB
10. MenACWY
11. MenB
12. Hib
13. PCV13
14. PPSV23
15. HSCT—Human Immunodefiency Virus (HIV) recipients
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

   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

   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

   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

   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

   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 1980 (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)

4. Varicella vaccination
   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)
     – 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 ≥200 cells/μL:
         – May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
       – ZVL is contraindicated for pregnant women and adults with severe immunodeficiency

5. Zoster vaccination
   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)
   • 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

   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

   General information
   • Administer 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
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):
  - Hepatitis A vaccine
    - Administer HepA or HepA-HepB to adults with the following indications:
      - 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
    - Administer to adults aged 19 years or older 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
  - Cerebrospinal fluid leak
  - Cochlear implant

9. Hepatitis B vaccination
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/hib.html
Special populations: Serogroups A, C, W, and Y meningococcal vaccine (MenACYW)
- Administer 2 doses of MenACYW at least 8 weeks apart and revaccinate with 1 dose of MenACYW 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 MenACYW and revaccinate with 1 dose of MenACYW 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 MenACYW at age 16 years or older)

Special populations: MenB
- Administer 2-dose series of MenB-4C at least 1 month apart or 3-dose series of MenB-FHbp at age 16 years or older
  - First-year college students who live in residential housing (if they did not receive MenACWY at age 16 years or older)
  - Military recruits

11. Haemophilus influenzae type b vaccination
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)
  - Persistent complement component deficiency
  - Eculizumab use
  - At risk from a meningococcal disease outbreak attributed to serogroup B
  - Microbiologists routinely exposed to Neisseria meningitidis

Special populations: Serogroups A, C, W, and Y meningococcal vaccine (MenACYW)
- Administer 2 doses of MenACYW at least 8 weeks apart and revaccinate with 1 dose of MenACYW 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 MenACYW and revaccinate with 1 dose of MenACYW 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 MenACYW at age 16 years or older)
### Table. Contraindications and precautions for vaccines recommended for adults aged 19 years or older*

The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipients.

#### Contraindications and precautions for vaccines routinely recommended for adults

<table>
<thead>
<tr>
<th>Vaccine(s)</th>
<th>Contraindications</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All vaccines routinely recommended for adults</td>
<td>Severe reaction, e.g., anaphylaxis, after a previous dose or to a vaccine component</td>
<td>Moderate or severe acute illness with or without fever</td>
</tr>
</tbody>
</table>

#### Additional contraindications and precautions for vaccines routinely recommended for adults

<table>
<thead>
<tr>
<th>Vaccine(s)</th>
<th>Additional Contraindications</th>
<th>Additional Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIV¹</td>
<td>Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy¹, human immunodeficiency virus (HIV) infection with severe immunocompromise</td>
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<tr>
<td></td>
<td>Pregnancy</td>
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<td></td>
<td>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)¹</td>
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<tr>
<td></td>
<td>History of thrombocytopenia or thrombocytopenic purpura</td>
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<td></td>
<td>Need for tuberculin skin testing²</td>
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<tr>
<td>RIV¹</td>
<td>History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination</td>
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<tr>
<td></td>
<td>Guillain-Barré syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine</td>
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<tr>
<td></td>
<td>History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine. Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine</td>
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<tr>
<td></td>
<td>For pertussis-containing vaccine, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy (until a treatment regimen has been established and the condition has stabilized)</td>
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<tr>
<td>Tdap, Td</td>
<td>For pertussis-containing vaccines: encephalopathy, e.g., coma, decreased level of consciousness, or prolonged seizures, not attributable to another identifiable cause within 7 days of administration of a previous dose of a vaccine containing tetanus or diphtheria toxoid or acellular pertussis</td>
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<tr>
<td></td>
<td>Guillain-Barré syndrome within 6 weeks after previous influenza vaccination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guillain-Barré syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine. Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For pertussis-containing vaccine, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy (until a treatment regimen has been established and the condition has stabilized)</td>
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</tr>
<tr>
<td>MMR²</td>
<td>Severe immunodeficiency or long-term immunosuppressive therapy³, human immunodeficiency virus (HIV) infection with severe immunocompromise</td>
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<tr>
<td></td>
<td>Pregnancy</td>
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<tr>
<td></td>
<td>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)¹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>History of thrombocytopenia or thrombocytopenic purpura</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Need for tuberculin skin testing²</td>
<td></td>
</tr>
<tr>
<td>VAR²</td>
<td>Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy¹, HIV infection with severe immunocompromise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)¹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)</td>
<td></td>
</tr>
<tr>
<td>ZVL²</td>
<td>Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy¹, HIV infection with severe immunocompromise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)</td>
<td></td>
</tr>
<tr>
<td>HPV vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td>PCV13</td>
<td>Severe allergic reaction to any vaccine containing diphtheria toxoid</td>
<td></td>
</tr>
</tbody>
</table>

### Abbreviations of vaccines

- IIV: inactivated influenza vaccine
- RIV: recombinant influenza vaccine
- Tdap: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
- Td: tetanus and diphtheria toxoids
- MMR: measles, mumps, and rubella vaccine
- VAR: recombinant zoster vaccine
- RZV: zoster vaccine live
- ZVL: zoster vaccine live
- HPV vaccine: human papillomavirus vaccine
- PCV13: 13-valent pneumococcal conjugate vaccine
- PPSV23: 23-valent pneumococcal polysaccharide vaccine
- HepA: hepatitis A vaccine
- HepA-HepB: hepatitis A and hepatitis B vaccines
- HepB: hepatitis B vaccine
- MenACWY: serogroups A, C, W, and Y meningococcal vaccine
- MenB: serogroup B meningococcal vaccine
- Hib: Haemophilus influenzae type b vaccine

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<table>
<thead>
<tr>
<th>Vaccine and dose number</th>
<th>Recommended age for this dose</th>
<th>Minimum age for this dose</th>
<th>Recommended interval to next dose</th>
<th>Minimum interval to next dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria-tetanus-acellular pertussis (DTaP)-1(^6)</td>
<td>2 months</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>DTaP-2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>DTaP-3</td>
<td>6 months</td>
<td>14 weeks</td>
<td>6-12 months(^6)</td>
<td>6 months(^6)</td>
</tr>
<tr>
<td>DTaP-4</td>
<td>15-18 months</td>
<td>15 months(^6)</td>
<td>3 years</td>
<td>6 months</td>
</tr>
<tr>
<td>DTaP-5(^7)</td>
<td>4-6 years</td>
<td>4 years</td>
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<tr>
<td><em>Haemophilus influenzae</em> type b (Hib)-1(^8)</td>
<td>2 months</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Hib-2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Hib-3(^9)</td>
<td>6 months</td>
<td>14 weeks</td>
<td>6-9 months</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Hib-4</td>
<td>12-15 months</td>
<td>12 months</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Hepatitis A (HepA)-1(^5)</td>
<td>12-23 months</td>
<td>12 months</td>
<td>6-18 months</td>
<td>6 months</td>
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<tr>
<td>HepA-2</td>
<td>(\geq) 18 months</td>
<td>18 months</td>
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<td>—</td>
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<tr>
<td>Hepatitis B (HepB)-1</td>
<td>Birth</td>
<td>Birth</td>
<td>4 weeks-4 months</td>
<td>4 weeks</td>
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<tr>
<td>HepB-2</td>
<td>1-2 months</td>
<td>4 weeks</td>
<td>8 weeks-17 months</td>
<td>8 weeks</td>
</tr>
<tr>
<td>HepB-3(^10)</td>
<td>6-18 months</td>
<td>24 weeks</td>
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<tr>
<td>Herpes zoster (HZV)(^11)</td>
<td>(&gt;) 60 years</td>
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<tr>
<td>Human papillomavirus (HPV)-1(^12)</td>
<td>11-12 years</td>
<td>9 years</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>HPV-2</td>
<td>11-12 years</td>
<td>9 years</td>
<td>4 months</td>
<td>12 weeks(^12)</td>
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<td>HPV-3(^12,13)</td>
<td>11-12 years</td>
<td>9 years</td>
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<tr>
<td>Influenza, inactivated (IIV)(^14)</td>
<td>(\geq) 6 months</td>
<td>6 months(^15)</td>
<td>4 weeks</td>
<td>4 weeks</td>
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<tr>
<td>Influenza, live attenuated (LAIV)(^14)</td>
<td>2-49 years</td>
<td>2 years</td>
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<td>4 weeks</td>
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<tr>
<td>Measles-mumps-rubella (MMR)-1(^16)</td>
<td>12-15 months</td>
<td>12 months</td>
<td>3-5 years</td>
<td>4 weeks</td>
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<tr>
<td>MMR(^2)</td>
<td>4-6 years</td>
<td>13 months</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Meningococcal conjugate (MenACWY)-1(^17)</td>
<td>11-12 years</td>
<td>6 weeks(^18)</td>
<td>4-5 years</td>
<td>8 weeks</td>
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<tr>
<td>MenACWY-2</td>
<td>16 years</td>
<td>11 years(^19)</td>
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<tr>
<td>Meningococcal polysaccharide (MPSV4)-1(^16)</td>
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<td>2 years</td>
<td>5 years</td>
<td>5 years</td>
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<tr>
<td>MPSV4-2</td>
<td>—</td>
<td>7 years</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Pneumococcal conjugate (PCV13)-1(^18)</td>
<td>2 months</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>PCV-2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
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<tr>
<td>PCV-3</td>
<td>6 months</td>
<td>14 weeks</td>
<td>6 months</td>
<td>8 weeks</td>
</tr>
<tr>
<td>PCV-4</td>
<td>12-15 months</td>
<td>12 months</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV)-1(^1)</td>
<td>—</td>
<td>2 years</td>
<td>5 years</td>
<td>3 years</td>
</tr>
<tr>
<td>PPSV-2(^2)</td>
<td>—</td>
<td>7 years</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Poliovirus, Inactivated (IPV)-1(^5)</td>
<td>2 months</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>IPV-2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks-14 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>IPV-3</td>
<td>6-18 months</td>
<td>14 weeks</td>
<td>3-5 years</td>
<td>6 months</td>
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<tr>
<td>IPV-4(^2)</td>
<td>4-6 years</td>
<td>4 years</td>
<td>—</td>
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<tr>
<td>Rotavirus (RV)-1(^2)</td>
<td>2 months</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>RV-2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>RV-3(^2)</td>
<td>6 months</td>
<td>14 weeks</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Tetanus-diphtheria (Td)</td>
<td>11-12 years</td>
<td>7 years</td>
<td>10 years</td>
<td>5 years</td>
</tr>
<tr>
<td>Tetanus-diphtheria-acellular pertussis (Tdap)(^23)</td>
<td>(\geq) 11 years</td>
<td>7 years</td>
<td>—</td>
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</tr>
<tr>
<td>Varicella (Var)-1(^16)</td>
<td>12-15 months</td>
<td>12 months</td>
<td>3-5 years</td>
<td>12 weeks(^2)</td>
</tr>
<tr>
<td>Var-2(^16)</td>
<td>4-6 years</td>
<td>15 months(^2)</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

\(^1\) Recommendations for ages 0-6 months
\(^2\) Recommendations for ages 1-2 years
\(^3\) Recommendations for ages 3-4 years
\(^4\) Recommendations for ages 5-6 years
\(^5\) Recommendations for ages 7 years and older
\(^6\) At least 8 weeks between doses
\(^7\) At least 6 months between doses
\(^8\) At least 6 weeks between doses
\(^9\) At least 4 weeks between doses
\(^10\) At least 24 weeks between doses
\(^11\) At least 60 years between doses
\(^12\) At least 12 weeks between doses
\(^13\) At least 5 months between doses
\(^14\) At least 4 weeks between doses
\(^15\) At least 6 months between doses
\(^16\) At least 2 years between doses
\(^17\) At least 11 years between doses
\(^18\) At least 6 weeks between doses
\(^19\) At least 11 years between doses
\(^20\) At least 7 years between doses
\(^21\) At least 4 years between doses
\(^22\) At least 6 weeks between doses
\(^23\) At least 7 years between doses
\(^24\) At least 12 weeks between doses
\(^25\) At least 15 months between doses
1 Combination vaccines are available. Use of licensed combination vaccines is generally preferred to separate injections of their equivalent component vaccines. When administering combination vaccines, the minimum age for administration is the oldest age for any of the individual components. The minimum interval between doses is equal to the greatest interval of any of the individual components.

2 Information on travel vaccines including typhoid, Japanese encephalitis, and yellow fever, is available at www.cdc.gov/travel. Information on other vaccines that are licensed in the US but not distributed, including anthrax and smallpox, is available at https://emergency.cdc.gov/bioterrorism/.

3 “Months” refers to calendar months.

4 A hyphen used to express a range (as in “12-15 months”) means “through.”

5 Combination vaccines containing a hepatitis B component (Pediarrix and Twinrix) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e., Hib, DTaP, HepA, and IPV).

6 The minimum recommended interval between DTaP-3 and DTaP-4 is 6 months. However, DTaP-4 need not be repeated if administered at least 4 months after DTaP-3. This is a special grace period of 2 months, which can be used when evaluating records retrospectively. An additional 4 days should not be added to this grace period prospectively, but can be added retrospectively.

7 If a fourth dose of DTaP is given on or after the fourth birthday, a fifth dose is not needed.

8 Children receiving the first dose of Hib or PCV13 vaccine at age 7 months or older require fewer doses to complete the series.

9 If PedvaxHib is administered at ages 2 and 4 months, a dose at age 6 months is not required. The minimum age for the final dose is 12 months.

10 HepB-3 should be administered at least 8 weeks after HepB-2 and at least 16 weeks after HepB-1, and should not be administered before 24 weeks of age.

11 Herpes zoster vaccine is recommended as a single dose for persons 60 years of age and older.

12 Gardasil and Gardasil 9 are approved for males and females 9 through 26 years of age. The minimum age for HPV-3 is based on the baseline minimum age for the first dose (i.e., 9 years) and the minimum interval of 5 months between the first and third dose. Dose 3 need not be repeated if it is administered at least 5 months after the first dose, and if the intervals between doses 1 and 2, and doses 2 and 3, are 4 weeks and 12 weeks, respectively.

13 A two-dose HPV vaccine schedule is recommended for most persons who begin the series before the 15th birthday. See www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a1.pdf for details.

14 One dose of influenza vaccine per season is recommended for most people. Some children younger than 9 years of age should receive 2 doses in a single season. See current influenza recommendations for details.

15 The minimum age for inactivated influenza vaccine varies by vaccine manufacturer. See package inserts for vaccine-specific minimum ages.

16 Combination MMRV vaccine can be used for children 12 months through 12 years of age. See www.cdc.gov/mmwr/pdf/rr/rr5903.pdf for details.

17 Revaccination with meningococcal vaccine is recommended for previously vaccinated persons who remain at high risk for meningococcal disease. See www.cdc.gov/mmwr/pdf/rr/rr6202.pdf for details.

18 High-risk children can receive Menactra as young as 9 months and Menevo as young as 2 months. MenHibrix is given as a four-dose series at 2, 4, 6, and 12-18 months. It can be given as young as 6 weeks for high-risk children.

19 For routine, non-high risk adolescent vaccination, the minimum age for the booster dose is 16 years.

20 A second dose of PPSV23 5 years after the first dose is recommended for persons <65 years of age at highest risk for serious pneumococcal infection, and for those who are likely to have a rapid decline in pneumococcal antibody concentration. See www.cdc.gov/mmwr/PDF/rr/rr4608.pdf for details.

21 A fourth dose is not needed if the third dose was administered on or after the 4th birthday and at least 6 months after the previous dose.

22 The first dose of rotavirus must be administered no earlier than 6 weeks and no later than 14 weeks 6 days. The vaccine series should not be started for infants 15 weeks 0 days or older. Rotavirus vaccine should not be administered to children older than 8 months 0 days, regardless of the number of doses received before that age. If two doses of Rotarix are administered as age appropriate, a third dose is not necessary.

23 Only one dose of Tdap is recommended. Subsequent doses should be given as Td. For management of a tetanus-prone wound in a person who has received a primary series of a tetanus-toxoid containing vaccine, the minimum interval after a previous dose of any tetanus-containing vaccine is 5 years.

24 A special grace period of 2 months, based on expert opinion, can be applied to the minimum interval of 3 months, when evaluating records retrospectively, which results in an acceptable minimum interval of 4 weeks. An additional 4 days should not be added to this grace period.

25 A special grace period of 2 months, based on expert opinion, can be applied to the minimum age of 15 months when evaluating records retrospectively, which will result in an acceptable minimum age of 13 months. An additional 4 days should not be added to this grace period.

Adapted from Table 3-1, ACIP General Best Practice Guidelines for Immunization. September 2017
## Summary of Recommendations for Child/Teen Immunization (Age birth through 18 years)

<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>Schedule for routine vaccination and other guidelines</th>
<th>Schedule for catch-up vaccination and related issues</th>
<th>Contraindications and precautions</th>
</tr>
</thead>
</table>
| **Hepatitis B (HepB)** | • Give HepB dose #1 within 24hrs of birth to all medically stable infants weighing >2000g and born to HBsAg-negative mothers. Give dose #2 at age 1–2m and the final dose at age 6–18m (the last dose in the infant series should not be given earlier than age 24wks). After the birth dose, the series may be completed using 2 doses of single-antigen vaccine (ages 1–2m, 6–18m) or with 3 doses of Pediarix (ages 2m, 4m, 6m), which may result in giving a total of 4 doses of HepB vaccine. | • Do not restart series, no matter how long since previous dose. | **Contraindication**
| | • If mother is HBsAg-positive: Give HBIG and HepB dose #1 within 12hrs of birth; complete series by age 6m. | • 3-dose series can be started at any age. | Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components, including hypersensitivity to yeast. |
| | • If mother’s HBsAg status is unknown: Give HepB dose #1 within 12 hrs of birth. If low birth weight (less than 2000g), also give HBIG within 12hrs. For infants weighing 2000g or more whose mother is subsequently found to be HBsAg positive, give the infant HBIG ASAP (no later than age 7d) and follow HepB immunization schedule for infants born to HBsAg-positive mothers. | • Minimum intervals between doses: 4wks between #1 and #2, 8wks between #2 and #3, and at least 16wks between #1 and #3 (and give dose #3 no earlier than age 24wks). | **Precautions**
| | • Vaccinate all other children and teens who have not completed a series of HepB vaccine. | | • Moderate or severe acute illness, with or without fever. |
| | • Give HepB dose #1 within 24hrs of birth to all medically stable infants weighing >2000g and born to HBsAg-negative mothers. Give dose #2 at age 1–2m and the final dose at age 6–18m (the last dose in the infant series should not be given earlier than age 24wks). After the birth dose, the series may be completed using 2 doses of single-antigen vaccine (ages 1–2m, 6–18m) or with 3 doses of Pediarix (ages 2m, 4m, 6m), which may result in giving a total of 4 doses of HepB vaccine. | | • For infants who weigh less than 2000g, see ACIP recommendations. |
| | • If mother is HBsAg-positive: Give HBIG and HepB dose #1 within 12hrs of birth; complete series by age 6m. | | • For ACIP recommendations, visit CDC’s website at www.cdc.gov/vaccines/
| | • If mother’s HBsAg status is unknown: Give HepB dose #1 within 12 hrs of birth. If low birth weight (less than 2000g), also give HBIG within 12hrs. For infants weighing 2000g or more whose mother is subsequently found to be HBsAg positive, give the infant HBIG ASAP (no later than age 7d) and follow HepB immunization schedule for infants born to HBsAg-positive mothers. | | | **Technical content reviewed by the Centers for Disease Control and Prevention**
| DTaP, DT (Diphtheria, tetanus, acellular pertussis) | • Give to children at ages 2m, 4m, 6m, 15–18m, and 4–6yrs. | • Dose #2 and #3 may be given 4wks after previous dose. | **Precautions**
| | • May give dose #1 as early as age 6wks. | • Dose #4 may be given 6m after #3. | • For all pertussis-containing vaccines: Encephalopathy not attributable to an identifiable cause, within 7d after DTP/DTaP/Tdap. |
| | • May give #4 as early as age 12m if 6m have elapsed since #3. | • If dose #4 is given before 4th birthday, wait at least 6m for #5 (age 4–6yrs). | • For DTaP only: Any of these events following a previous dose of tetanus toxoid-containing vaccine. |
| | • Do not give DTaP/DT to children age 7yrs and older. | • If dose #4 is given after 4th birthday, #5 is not needed. | • For DTaP only: Any of these events following a previous dose of tetanus toxoid-containing vaccine. |
| | • If possible, use the same DTaP product for all doses. | | • Guillain-Barré syndrome (GBS) within 6wks after previous dose of tetanus toxoid-containing vaccine. |
| Td, Tdap (Tetanus, diphtheria, acellular pertussis) | • For children and teens lacking previous Tdap: Give Tdap routinely at age 11–12yrs and vaccinate older teens on a catch-up basis; then boost every 10yrs with Td. | • DTaP and DT should not be used for children age 7yrs and older; use Td and Tdap instead. | • For all pertussis-containing vaccines: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized. |
| | • Make special efforts to give Tdap to children and teens who are 1) in contact with infants younger than age 12m and, 2) healthcare workers with direct patient contact. | • Children as young as age 7yrs and teens who are unvaccinated or behind schedule should complete a primary Td series (3 doses, with an interval of 1–2m between dose #1 and #2, and an interval of 6–12m between dose #2 and #3); substitute Tdap for any dose in the series, preferably as dose #1. | | • For all pertussis-containing vaccines: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized. |
| | • Give Tdap to pregnant adolescents during each pregnancy (preferred during the early part of gestational weeks 27 through 36wks), regardless of interval since prior Td or Tdap. | • Tdap should be given regardless of interval since previous Td. | • Moderate or severe acute illness. |
| | • For children and teens lacking previous Tdap: Give Tdap routinely at age 11–12yrs and vaccinate older teens on a catch-up basis; then boost every 10yrs with Td. | • DTaP and DT should not be used for children age 7yrs and older; use Td and Tdap instead. | • For all pertussis-containing vaccines: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized. |
| | • Make special efforts to give Tdap to children and teens who are 1) in contact with infants younger than age 12m and, 2) healthcare workers with direct patient contact. | • Children as young as age 7yrs and teens who are unvaccinated or behind schedule should complete a primary Td series (3 doses, with an interval of 1–2m between dose #1 and #2, and an interval of 6–12m between dose #2 and #3); substitute Tdap for any dose in the series, preferably as dose #1. | | • For all pertussis-containing vaccines: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized. |
| | • Give Tdap to pregnant adolescents during each pregnancy (preferred during the early part of gestational weeks 27 through 36wks), regardless of interval since prior Td or Tdap. | • Tdap should be given regardless of interval since previous Td. | | • For all pertussis-containing vaccines: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized. |

**Special Notes on Hepatitis B Vaccine (HepB)**

- **Dosing of HepB:** Monovalent vaccine brands are interchangeable. For people age 0 through 19yrs, give 0.5 mL of either Engerix-B or Recombivax HB.
- **Alternative dosing schedule for unvaccinated adolescents age 11 through 15yrs:** Give 2 doses Recombivax HB 1.0 mL (adult formulation) spaced 4–6m apart. (Engerix-B is not licensed for a 2-dose schedule.)

**Contraindications**

- Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components, with or without fever.

**Precautions**

- Moderate or severe acute illness, with or without fever.
- For infants who weigh less than 2000g, see ACIP recommendations at www.cdc.gov/mmwr/pdf/rr/rr5416.pdf.

This table is revised periodically. Visit IAC’s website at www.immunize.org/childrules to make sure you have the most current version. For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>Schedule for routine vaccination and other guidelines (any vaccine can be given with another, unless otherwise noted)</th>
<th>Schedule for catch-up vaccination and related issues</th>
<th>Contraindications and precautions (mild illness is not a contraindication)</th>
</tr>
</thead>
</table>
| **Rotavirus (RV)**    | • Rotarix (RV1): Give at ages 2m, 4m.  
• RotaTeq (RV5): Give at ages 2m, 4m, 6m.  
• May give dose #1 as early as age 6wks.  
• Give final dose no later than age 8m–0d.  | • Do not begin series in infants older than age 14wks 6d.  
• Intervals between doses may be as short as 4wks.  
• If prior vaccination included use of different or unknown brand(s), a total of 3 doses should be given.  | **Contraindications**  
• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
• History of intussusception.  
• Diagnosis of severe combined immunodeficiency (SCID).  

**Precautions**  
• Moderate or severe acute illness, with or without fever.  
• Altered immunocompetence other than SCID.  
• Chronic gastrointestinal disease.  
• For RV1 only, spina bifida or bladder extrophy.  |
| **Varicella (Var)**    | • Give dose #1 at age 12–15m.  
• Give dose #2 at age 4–6yrs. Dose #2 of Var or MMRV may be given earlier if at least 3m since dose #1. If dose #2 was given at least 4wks after dose #1, it can be accepted as valid.  
• Give a 2nd dose to all older children/teens with history of only 1 dose.  
• MMRV may be used in children age 12m through 12yrs (see note below).  | • If younger than age 13yrs, space dose #1 and #2 at least 3m apart. If age 13yrs or older, space at least 4wks apart.  
• May use as postexposure prophylaxis if given within 5d.  
• If Var and either MMR, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. (If yellow fever vaccine, space by 30d.)  | **Contraindications**  
• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
• Pregnancy or possibility of pregnancy within 4wks.  
• Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV)  
• Children on high-dose immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte percentages are 15% or greater in children age 1 through 8yrs or 200 cells/µL in children age 9yrs and older)  

**Precautions**  
• Moderate or severe acute illness, with or without fever.  
• If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP's *General Recommendations on Immunization* regarding time to wait before vaccinating.  
• Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.  
• For MMRV only, personal or family (i.e., sibling or parent) history of seizures.  

**NOTE:** For patients with humoral immunodeficiency or leukemia, see ACIP recommendations at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf.  |
| **MMR (Measles, mumps, rubella)** | • Give dose #1 at age 12–15m.  
• Give MMR at age 6–11m if traveling internationally; revaccinate with 2 doses of MMR at age 12–15m and at least 4wks later. The dose given at younger than 12m does not count toward the 2-dose series.  
• Give dose #2 at age 4–6yrs. Dose #2 may be given earlier if at least 4wks since dose #1. For MMRV: dose #2 may be given earlier if at least 3m since dose #1.  
• Give a 2nd dose to all older children/teens with history of only 1 dose.  
• MMRV may be used in children age 12m through 12yrs (see note above).  | • If MMR and either Var, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. (If yellow fever vaccine, space by 30d.)  
• When using MMR for both doses, minimum interval is 4wks.  
• When using MMRV for both doses, minimum interval is 3m.  
• May use as postexposure prophylaxis if given within 3d.  | **Contraindications**  
• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
• Pregnancy or possibility of pregnancy within 4wks.  
• Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV).  

**NOTE:** HIV infection is NOT a contraindication to MMR for children who are not severely immunocompromised (see ACIP recommendations at www.cdc.gov/mmwr/pdf/rr/rr6204.pdf). Vaccination is recommended if indicated for 1) children age 12m through 5yrs whose CD4+ T-lymphocyte percentage has been greater than 15% for at least 6m or 2) for children age 6yrs and older whose CD4+ T-lymphocyte counts have been 200 cells/µL or greater for at least 6m.  

**Precautions**  
• Moderate or severe acute illness, with or without fever.  
• If blood, plasma, or immune globulin given in past 11m, see ACIP’s *General Recommendations on Immunization* regarding time to wait before vaccinating.  
• History of thrombocytopenia or thrombocytopenic purpura.  
• For MMRV only, personal or family (i.e., sibling or parent) history of seizures.  
• Need for tuberculin skin testing (TST). If TST needed, give TST before or on same day as MMR, or give TST 4wks following MMR.  |  

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## Summary of Recommendations for Child/Teen Immunization (Age birth through 18 years)

<table>
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<tr>
<th>Vaccine name and route</th>
<th>Schedule for routine vaccination and other guidelines (any vaccine can be given with another, unless otherwise noted)</th>
<th>Schedule for catch-up vaccination and related issues</th>
<th>Contraindications and precautions (mild illness is not a contraindication)</th>
</tr>
</thead>
</table>
| **Pneumococcal conjugate (PCV13)**  
*Give IM* | • Give at ages 2m, 4m, 6m, 12–15m (booster dose).  
• Dose #1 may be given as early as age 6wks.  
• For age 24 through 59m and healthy: If unvaccinated or any incomplete schedule of 3 doses of PCV 13 was received previously, give 1 supplemental dose of PCV13 at least 8 wks after the most recent dose.  
• For high-risk** children ages 2 through 5 yrs: Give 2 doses at least 8 wks apart if they previously received an incomplete schedule of fewer than 3 doses; give 1 dose at least 8 wks after the most recent dose if they previously received 3 doses.  
• For high-risk** children: All recommended PCV13 doses should be given prior to PPSV vaccination.  
• PCV13 is not routinely given to healthy children age 5yrs and older.  

**High-risk**  
For both PCV13 and PPSV23, those with sickle cell disease; anatomic or functional asplenia; chronic cardiac, pulmonary, or renal disease; diabetes; cerebrospinal fluid leaks; HIV infection; immunosuppression; diseases associated with immunosuppressive and/or radiation therapy; solid organ transplantation; or who have or will have a cochlear implant.  
For PPSV23 only in children ages 6–18yrs, alcoholism and/or chronic liver disease. | • When children are behind on PCV13 schedule, minimum interval for doses given to children younger than age 12m is 4wks; for doses given at 12m and older, it is 8wks.  
• For age 7 through 11m: If history of 0 doses, give 2 doses of PCV13, 4wks apart, with a 3rd dose at age 12–15m; if history of 1 or 2 doses, give 1 dose of PCV13 with a 2nd dose at age 12–15m at least 8wks later.  
• For age 12 through 23m: If unvaccinated or history of 1 dose before age 12m, give 2 doses of PCV13 8wks apart; if history of 1 dose at or after age 12m or 2 or 3 doses before age 12m, give 1 dose of PCV13 at least 8wks after most recent dose.  
• For age 2 through 5yrs and at high risk**: If unvaccinated or any incomplete schedule of 1 or 2 doses, give 2 doses of PCV13, 1 at least 8wks after the most recent dose and another dose at least 8wks later; if any incomplete series of 3 doses, give 1 supplemental dose of PCV13 at least 8wks after the most recent dose.  
• For children ages 6 through 18yrs with functional or anatomic asplenia (including sickle cell disease), HIV infection or other immunocompromising condition, cochlear implant, or CSF leak, give 1 dose of PCV13 if no previous history of PCV13. | Contraindication  
Previous severe allergic reaction (e.g., anaphylaxis) to a PCV vaccine, to any of its components, or to any diphtheria toxoid-containing vaccine.  
Precaution  
Moderate or severe acute illness, with or without fever. |
| **Pneumococcal polysaccharide (PPSV)**  
*Give IM or Subcut* | • Give 1 dose at least 8wks after final dose of PCV13 to high-risk** children age 2yrs and older.  
• For children who have sickle cell disease, functional or anatomic asplenia, HIV infection, or other immunocompromising condition, give a 2nd dose of PPSV 5 yrs after previous PPSV. (See ACIP pneumococcal recommendations at www.cdc.gov/mmwr/pdf/rr/rr5911.pdf.)  
|  |  | Contraindication  
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
Precaution  
Moderate or severe acute illness, with or without fever. |
| **Human papillomavirus (HPV)**  
(4vHPV or 9vHPV, Gardasil 9)  
*Give IM* | • Give a 2-dose series of either HPV4 or HPV9 to girls and boys at age 11–12yrs on a 0, 6–12m schedule. (May give as early as age 9yrs.)  
• Give a 3-dose series of 4vHPV or 9vHPV to girls and boys age 15yrs or older or who are immunocompromised on a 0, 1–2, 6m schedule. (May give as early as age 9yrs.)  
• Give a 3-dose series of either 4vHPV or 9vHPV to all older girls/women (through age 26yrs) and boys/men (through age 21yrs) who were not previously vaccinated.  
|  | With the exception of immunocompromised persons, or persons with autoimmune disease, a 2-dose schedule may be followed for all persons initiating the HPV vaccine series before age 15yrs.  
• A 3-dose schedule must be followed for all persons initiating the series at age 15yrs or older, as well as for immunocompromised persons or persons with autoimmune disease ages 9 through 26yrs.  
• Minimum intervals between doses: 2-dose schedule: 5m; 3-dose schedule: 4wks between #1 and #2; 12wks between #2 and #3 and 5m between #1 and #3.  
|  | Contraindication  
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
Precautions  
• Moderate or severe acute illness, with or without fever.  
• Pregnancy.  

**Contraindications and precautions**

- Pregnancy.
- Moderate or severe acute illness, with or without fever.
- With the exception of immunocompromised persons, or persons with autoimmune disease, a 2-dose schedule may be followed for all persons initiating the HPV vaccine series before age 15yrs.
- A 3-dose schedule must be followed for all persons initiating the series at age 15yrs or older, as well as for immunocompromised persons or persons with autoimmune disease ages 9 through 26yrs.
- Minimum intervals between doses: 2-dose schedule: 5m; 3-dose schedule: 4wks between #1 and #2; 12wks between #2 and #3 and 5m between #1 and #3.

### Pneumococcal polysaccharide (PPSV)

- Give IM or Subcut
- High-risk
  - For both PCV13 and PPSV23, those with sickle cell disease; anatomic or functional asplenia; chronic cardiac, pulmonary, or renal disease; diabetes; cerebrospinal fluid leaks; HIV infection; immunosuppression; diseases associated with immunosuppressive and/or radiation therapy; solid organ transplantation; or who have or will have a cochlear implant.
  - PPSV23 only in children ages 6–18yrs, alcoholism and/or chronic liver disease.

### Human papillomavirus (HPV)

- Give IM
- High-risk
  - For children who have sickle cell disease, functional or anatomic asplenia, HIV infection, or other immunocompromising condition, give a booster dose of PPSV at least 8wks after the most recent dose and another dose at least 8wks later; if any incomplete series of 3 doses, give 1 supplemental dose of PCV13 at least 8wks after the most recent dose.

### Contraindications and precautions

- Pregnancy.
- Moderate or severe acute illness, with or without fever.
- With the exception of immunocompromised persons, or persons with autoimmune disease, a 2-dose schedule may be followed for all persons initiating the HPV vaccine series before age 15yrs.
- A 3-dose schedule must be followed for all persons initiating the series at age 15yrs or older, as well as for immunocompromised persons or persons with autoimmune disease ages 9 through 26yrs.
- Minimum intervals between doses: 2-dose schedule: 5m; 3-dose schedule: 4wks between #1 and #2; 12wks between #2 and #3 and 5m between #1 and #3.

**Immunization Action Coalition** • www.immunize.org/catg.d/p2010.pdf • (6/17)
### Hepatitis A (HepA)
**Give IM**
- Give 2 doses spaced 6–18m apart to all children at age 1yr (12–23m).
- Vaccinate all previously unvaccinated children and adolescents age 2yrs and older who:
  - Want to be protected from HAV infection and lack a specific risk factor.
  - Live in areas where vaccination programs target older children.
  - Travel anywhere except U.S., W. Europe, N. Zealand, Australia, Canada, or Japan.
  - Have chronic liver disease, clotting factor disorder, or are adolescent males who have sex with other males.
  - Use illicit drugs (injectable or non-injectable).
  - Anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60d following the adoptee's arrival in the U.S.
- Minimum interval between doses is 6m.
- Children who are not fully vaccinated by age 2yrs can be vaccinated at a subsequent visit.
- Administer 2 doses at least 6m apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection.
- Give 1 dose as postexposure prophylaxis to incompletely vaccinated children and teens age 12m and older who have recently (during the past 2wks) been exposed to hepatitis A virus.

**Contraindication**
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.

**Precautions**
- Moderate or severe acute illness, with or without fever.

### Inactivated polio (IPV)
**Give Subcut or IM**
- Give to children at ages 2m, 4m, 6–18m, 4–6yrs.
- May give dose #1 as early as age 6wks.
- Not routinely recommended for U.S. residents age 18yrs and older (except certain travelers). For information on polio vaccination for international travelers, see [wwwnc.cdc.gov/travel/diseases](http://wwwnc.cdc.gov/travel/diseases).
- The final dose should be given on or after the 4th birthday and at least 6m from the previous dose.
- If dose #3 is given after 4th birthday, dose #4 is not needed if dose #3 is given at least 6m after dose #2.

**Contraindication**
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.

**Precautions**
- Moderate or severe acute illness, with or without fever.
- Pregnancy.

### Influenza
- **Inactivated influenza vaccine** (IIV)
  **Give IM**
  - Includes recombinant influenza vaccine (RIV3) for teens ages 18yrs and older
  - Vaccinate all children and teens age 6m and older.
  - For children age 6m through 8yrs, give 2 doses of age-appropriate vaccine, spaced 4 wks apart, who 1) are first-time vaccinees, or 2) have received only one lifetime dose previous to this current season (season runs July to June)
  - For IIV in children age 6–35m: Give either Fluzone 0.25 mL dose or FluLaval 0.5 mL dose.
  - For IIV in children age 3yrs and older: Give 0.5 mL dose of any age-appropriate influenza vaccine.
  - For teens age 18yrs and older, intradermal vaccine (Fluzone Intradermal) may be used.

**Contraindications**
- Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine, to any of its components, including egg protein.

**NOTE:** People age 18yrs and older with egg allergy of any severity can receive any influenza vaccine, including the recombinant influenza vaccine (RIV3) (Flublok). RIV3 does not contain any egg protein.

**Precautions**
- Moderate or severe acute illness, with or without fever.
- History of Guillain-Barré syndrome (GBS) within 6wks of a previous influenza vaccination.
- Previous severe reaction to eggs involving symptoms other than hives. These people may receive any age-appropriate influenza vaccine. The vaccine should be administered in a medical setting (e.g., a health department or physician office) and should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.
- For children/teens who experience only hives with exposure to eggs, give any age-appropriate influenza vaccine.
### Summary of Recommendations for Child/Teen Immunization (Age birth through 18 years)

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</tr>
</thead>
</table>
| **Hib** (<i>Haemophilus influenzae</i> type b)  
<i>Give IM</i> | • ActHib (PRP-T), Menhibrix, Hiberix, or Pentacel: Give at age 2m, 4m, 6m, 12–15m (booster dose).  
• PedvaxHIB (containing PRP-OMP): Give at age 2m, 4m, 12–15m (booster dose).  
• Dose #1 of Hib vaccine should not be given earlier than age 6wks.  
• Give final dose (booster dose) no earlier than age 12m and a minimum of 8wks after the previous dose.  
• Hib vaccines are interchangeable; however, if different brands of Hib vaccines are administered for dose #1 and dose #2, a total of 3 doses is necessary to complete the primary series in infants, followed by a booster after age 12m.  
• For vaccination of children 12 through 59m who are immunocompromised (immunoglobulin deficiency, complement component deficiency, HIV infection, receipt of chemotherapy or radiation therapy for cancer) or asplenic: if previously received no doses or only 1 dose before age 12m, give 2 additional doses at least 8wks apart; if previously received 2 or more doses before age 12m, give 1 additional dose.  
• Hib is not routinely given to healthy children age 5yrs and older.  
• 1 dose of Hib vaccine should be administered to children age 5yrs and older who have anatomic or functional asplenia (including sickle cell disease) and who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after age 14m.  
• 1 dose of Hib vaccine should be administered to unvaccinated persons 5 through 18yrs of age with HIV infection.  
• All Hib vaccines:  
  • If dose #1 was given at 12–14m, give booster in 8wks.  
  • Give only 1 dose to unvaccinated children ages 15–59m.  
  • ActHib:  
    • Dose #2 and #3 may be given 4wks after previous dose.  
    • If dose #1 was given at age 7–11m, only 3 doses are needed; #2 is given at least 4wks after #1, then final dose at age 12–15m (wait at least 8wks after dose #2).  
  • PedvaxHIB:  
    • Dose #2 may be given 4wks after #1.  
    • Recipients of hematopoietic stem cell transplant should receive 3 doses of Hib vaccine at least 4wks apart beginning 6–12m after transplant, regardless of Hib vaccination history.  
|**Meningococcal conjugate, quadrivalent (MenACYW)**  
Menactra and Menveo  
<i>Give IM</i>  
MenHibrix (contains Hib vaccine)  
<i>Give IM</i>  
Menactra  
<i>Give IM</i>  
Menveo  
<i>Give Subcut</i> | • Give a 2-dose series of MenACYW with dose #1 at age 11–12yrs and dose #2 at age 16yrs.  
• If unvaccinated at 11–12yrs, give dose #1 at age 13 through 15yrs. Give dose #2 at 16 through 18yrs with a minimum interval of at least 8wks between doses.  
• If unvaccinated at 11 through 15yrs, give dose #1 at 16 through 18yrs.  
• For college students, give 1 (initial) dose to unvaccinated first-year students age 19 through 21yrs who live in a residence hall; give dose #2 if most recent dose given when younger than age 16yrs.  
• Give MenHibrix or Menveo to children age 2–18m with persistent complement component deficiency, HIV infection, or anatomic/functional asplenia; give at ages 2, 4, 6, 12–15m.  
• If vaccinated or partially vaccinated children age 7–23m with persistent complement component deficiency: 1) if age 7–23m and using Menveo, give a 2-dose series at least 3m apart with dose #2 after given age 12m or, 2) if age 9–23m and using Menactra, give a 2-dose series at least 3m apart. Give either brand of MenACYW to unvaccinated children age 24m and older with persistent complement component deficiency or anatomic or functional asplenia; give 2 doses, 2m apart.  
• If Menactra is given, it must be separated by 4wks from the final dose of PCV13.  
• Give age-appropriate series of meningococcal conjugate vaccine (brand must be licensed for age of child) to 1) children age 2m and older at risk during a community outbreak attributable to a vaccine serogroup and 2) children age 2m and older travelling to or living in countries with hyperendemic or epidemic meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj.  
• If previously vaccinated and risk of meningococcal disease persists, revaccinate with MenACYW in 3yrs (if previous dose given when younger than age 7yrs) or in 5 yrs (if previous dose given at age 7yrs or older). Then, give additional booster doses every 5yrs if risk continues.  
• Minimum ages for MCV: 6wks MenHibrix; 2m Menveo; 9m Menactra. See ACIP schedule footnotes for additional information on catch-up vaccination of high-risk persons and for MenHibrix.  
• If using Menactra in a high-risk child, it should be given before or at the same visit as DTaP is administered.  
|**Meningococcal polysaccharide (MPSV4)**  
Menomune  
<i>Give Subcut</i> | | |**Contraindications**  
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
**Precaution**  
Moderate or severe acute illness, with or without fever.  

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**Meningococcal serogroup B (MenB)**  
Bexsero and Trumenba  
<i>Give IM</i> | • Teens age 16 through 18yrs may be vaccinated routinely as a Category B recommendation (provider-patient discussion). Give 2 doses of either MenB vaccine: Bexsero, spaced 1m apart; Trumenba, spaced 6m apart. MenB brands are not interchangeable.  
• For children age 10yrs and older with persistent complement component deficiencies, functional or anatomic asplenia, including sickle cell disease, or who are at risk during a community outbreak of serotype B, give either 2 doses of Bexsero, 1m apart, or 3 doses of Trumenba on a 0, 1–2, and 6m schedule. MenB brands are not interchangeable.  
• MenB vaccine may be given concomitantly with MCV4 vaccine.  

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**Immunization Action Coalition**  
### Summary of Recommendations for Adult Immunization (Age 19 years and older)

<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>People for whom vaccination is recommended</th>
<th>Schedule for vaccination administration (any vaccine can be given with another unless otherwise noted)</th>
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<tbody>
<tr>
<td><strong>Influenza</strong></td>
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<tr>
<td>Inactivated Influenza vaccine (IIV)*</td>
<td>For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.</td>
<td>• Give 1 dose every year in the fall or winter. • Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. • Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists.</td>
<td>• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine, to any of its components, including egg protein. • Adults who have experienced a severe reaction to eggs involving symptoms other than hives may receive any age-appropriate influenza vaccine, including RIV3 which does not contain egg protein. The vaccine should be administered in a medical setting (e.g., a health department or physician office) and should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.</td>
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<td><strong>Td, Tdap</strong></td>
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<tr>
<td>(Tetanus, diphtheria, pertussis)</td>
<td>For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.</td>
<td>• For people who are unvaccinated or behind, complete the primary Td series (3 doses with an interval of 1–2m between dose #1 and #2, and an interval of 6–12m between dose #2 and #3); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first. • Give Td booster every 10yrs after the primary series has been completed. • Tdap should be given regardless of interval since previous Td.</td>
<td>• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. • For Tdap only, history of encephalopathy not attributable to an identifiable cause, within 7d following DTP/DTaP, or Tdap.</td>
</tr>
<tr>
<td>Give IM</td>
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<tr>
<td><strong>Contraindications</strong></td>
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This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, visit CDC’s website at www.cdc.gov/vaccines/hcp/ACIP-recs/index.html or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

**This table is revised periodically.** Visit IAC’s website at www.immunize.org/adultrules to make sure you have the most current version.

For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.

A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.
## Summary of Recommendations for Adult Immunization (Age 19 years and older)

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<td><strong>MMR</strong> (Measles, mumps, rubella) <strong>Give Subcut</strong></td>
<td>For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.  - People born in 1957 or later (especially those born outside the U.S.) should receive at least 1 dose of MMR if they have no laboratory evidence of immunity to each of the 3 diseases or documentation of a dose given on or after the first birthday.  - People in high-risk groups, such as healthcare personnel (paid, unpaid, or volunteer), students entering college and other post-high school educational institutions, and international travelers, should receive a total of 2 doses.  - People born before 1957 are usually considered immune, but evidence of immunity (serology or documented history of 2 doses of MMR) should be considered for healthcare personnel.  - Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination.</td>
<td>• Give 1 or 2 doses (see criteria in 1st and 2nd bullets in box to left).  - If dose #2 is recommended, give it no sooner than 4wks after dose #1.  - If woman of childbearing-age is found to be rubella susceptible and is not pregnant, give 1 dose of MMR; if she is pregnant, the dose should be given postpartum. This includes women who have already received 1 or 2 doses of rubella-containing vaccine.  - If 2 or more of the following live virus vaccines are to be given – MMR, Var, HZV, and/or yellow fever – they should be given on the same day. If they are not given on the same day, space them by at least 28d. May use as post-exposure prophylaxis if given within 3d of exposure.</td>
<td><strong>Contraindications</strong>  - Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  - Pregnancy or possibility of pregnancy within 4wks.  - Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; people with human immunodeficiency virus (HIV) infection who are severely immunocompromised).  <strong>NOTE:</strong> HIV infection is NOT a contraindication to MMR for those who are not severely immunocompromised (i.e., CD4+ T-lymphocyte counts are greater than or equal to 200 cells/μL) for 6m.¹  <strong>Precautions</strong>  - Moderate or severe acute illness with or without fever.  - If blood, plasma, and/or immune globulin were given in past 11m, see ACIP’s General Recommendations on Immunization regarding time to wait before vaccinating.  - History of thrombocytopenia or thrombocytopenic purpura.  <strong>NOTE:</strong> IF TST (tuberculosis skin test) and MMR are both needed but not given on same day, delay TST for at least 4wks after MMR.</td>
</tr>
<tr>
<td><strong>Varicella</strong> (chickenpox) <strong>Give Subcut</strong></td>
<td>For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.  - All adults without evidence of immunity. <strong>NOTE:</strong> Evidence of immunity is defined as written documentation of 2 doses of varicella vaccine; a history of varicella disease or herpes zoster (shingles) based on healthcare-provider diagnosis; laboratory evidence of immunity or confirmation of disease; and/or birth in the U.S. before 1980, with the exceptions that follow.  - Healthcare personnel (HCP) born in the U.S. before 1980 who do not meet any of the criteria above should be tested or given the 2-dose vaccine series. If testing indicates they are not immune, give the 1st dose of varicella vaccine immediately. Give the 2nd dose 4–8wks later.  - Pregnant women born in the U.S. before 1980 who do not meet any of the criteria above should either 1) be tested for susceptibility during pregnancy and if found susceptible, given the 1st dose of varicella vaccine postpartum before hospital discharge, or 2) not be tested for susceptibility and given the 1st dose of varicella vaccine post-partum before hospital discharge. Give the 2nd dose 4–8wks later.</td>
<td>• Give 2 doses.  - Dose #2 is given 4–8wks after dose #1.  - If dose #2 is delayed, do not start over. Just give dose #2.  - If 2 or more of the following live virus vaccines are to be given – MMR, Var, HZV, and/or yellow fever – they should be given on the same day. If they are not given on the same day, space them by at least 28d. May use as postexposure prophylaxis if given within 3d of exposure.</td>
<td><strong>Contraindications</strong>  - Previous severe allergic reaction (e.g., anaphylaxis) anaphylactic reaction to this vaccine or to any of its components.  - Pregnancy or possibility of pregnancy within 4wks.  - People on long-term immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte counts are greater than or equal to 200 cells/μL).¹  - People with isolated B-lymphocyte deficiency may receive varicella vaccine.  <strong>Precautions</strong>  - Moderate or severe acute illness with or without fever.  - If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP’s General Recommendations on Immunization regarding time to wait before vaccinating.  - Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.</td>
</tr>
</tbody>
</table>

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### Summary of Recommendations for Adult Immunization

#### Vaccine name and route

<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>People for whom vaccination is recommended</th>
<th>Schedule for vaccination administration</th>
<th>Contraindications and precautions</th>
</tr>
</thead>
</table>
| **Hepatitis A** *(HepA; Havrix, Vaqta)*  
Give IM  
Brands may be used interchangeably. | For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.  
• All adults who want to be protected from hepatitis A virus (HAV) infection.  
• People who travel or work anywhere EXCEPT the U.S., Western Europe, New Zealand, Australia, Canada, and Japan.  
• People with chronic liver disease; injecting and non-injecting drug users; men who have sex with men; people who receive clotting-factor concentrates; people who work with HAV in lab settings; food handlers when health authorities or private employers determine vaccination to be appropriate.  
• People who anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60d following the adoptee’s arrival in the U.S.  
• Postexposure: adults age 40yrs or younger with recent (within 2wks) exposure to HAV, give HepA. For people older than age 40yrs with recent (within 2wks) exposure to HAV, immune globulin is preferred over HepA vaccine. | Give 2 doses, spaced 6–18m apart (depending on brand).  
If dose #2 is delayed, do not repeat dose #1. Just give dose #2. | Contraindication  
Previous severe allergic reaction (e.g. anaphylaxis) to this vaccine or to any of its components.  
Precautions  
Moderate or severe acute illness with or without fever. |
| **Hepatitis B** *(HepB; Engerix-B, Recombivax HB)*  
Give IM  
Brands may be used interchangeably. | For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.  
• All adults who want to be protected from hepatitis B virus infection.  
• Household contacts and sex partners of HBsAg-positive people; injecting drug users; sexually active people not in a long-term, mutually monogamous relationship; men who have sex with men; people with HIV; people seeking STD evaluation or treatment; hemodialysis patients and those with renal disease that may result in dialysis; diabetics younger than age 60yrs (diabetics age 60yrs and older may be vaccinated at the clinician’s discretion); healthcare personnel and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; certain international travelers; and people with chronic liver disease. Adults with chronic liver disease include, but are not limited to, those with hepatitis C virus infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and an alanine aminotransferase (ALT) or aspartate aminotransferase (AST) level greater than twice the upper limit of normal.  
**NOTE:** Provide serologic screening for immigrants from endemic areas. If patient is chronically infected, assure appropriate disease management. For sex partners and household contacts of HBsAg-positive people, provide serologic screening and administer initial dose of HepB vaccine at same visit. | Give 3 doses on a 0, 1, 6m schedule.  
• Alternative timing options for vaccination include 0, 2, 4m; 0, 1, 4m; and 0, 1, 2, 12m (Engerix brand only).  
• There must be at least 4wks between doses #1 and #2, and at least 8wks between doses #2 and #3. Overall, there must be at least 16wks between doses #1 and #3.  
• Give adults on hemodialysis or with other immunocompromising conditions 1 dose of 40 µg/mL (Recombivax HB) at 0, 1, 6m or 2 doses of 20 µg/mL (Engerix-B) given simultaneously at 0, 1, 2, 6m.  
• Schedule for those who have fallen behind:  
If the series is delayed between doses, DO NOT start the series over. Continue from where the schedule was interrupted. | Contraindication  
Previous severe allergic reaction (e.g. anaphylaxis) to this vaccine or to any of its components.  
Precaution  
Moderate or severe acute illness with or without fever. |

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1 CDC. Use of Hepatitis B Vaccination for Adults with Diabetes Mellitus: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(50):1709.
### Vaccines andRoute

#### Zoster (shingles) (HZV)

**Give Subcut**
- People age 60yrs and older.
  - **NOTE:** Do not test people age 60yrs or older for varicella immunity prior to zoster vaccination. Persons born in the U.S. prior to 1980 can be presumed to be immune to varicella for the purpose of zoster vaccination, regardless of their recollection of having had chickenpox.
- Give 1-time dose if unvaccinated, regardless of previous history of herpes zoster (shingles) or chickenpox.
- If 2 or more of the following live virus vaccines are to be given – MMR, Var, HZV, and/or yellow fever – they should be given on the same day. If they are not, space them by at least 28d.

#### Hib (Haemophilus influenzae type b)

**Give IM**
- Not routinely recommended for healthy adults.
- Those adults at highest risk of serious Hib disease include people who 1) have anatomic or functional asplenia, 2) are undergoing an elective splenectomy, or 3) are recipients of hematopoietic stem cell transplant (HSCT).
- Give 1 dose of any Hib conjugate vaccine to adults in categories 1 or 2 (see 2nd bullet in column to left) if no history of previous Hib vaccine.
- For HSCT patients, regardless of Hib vaccination history, give 3 doses, at least 4wks apart, beginning 6–12m after transplant.

#### Human papillomavirus (HPV)

**Give IM**
- For unvaccinated or partially vaccinated females through age 26yrs: Complete a 3-dose series of 4vHPV or 9vHPV.
- For unvaccinated or partially vaccinated males through age 21yrs: Complete a 3-dose series of 4vHPV or 9vHPV.
- For unvaccinated or partially vaccinated males age 22 through 26yrs: Complete a 3-dose series of 4vHPV or 9vHPV for those who 1) have sex with men or 2) are immunocompromised as a result of infection (including HIV), disease, or medications, or 3) want to be protected from HPV.
- Adult females through age 26yrs and adult males through age 21 yrs (and males age 22 through 26yrs who receive HPV vaccine) who initiated the HPV vaccination series before age 15yrs and received 2 doses at least 5m apart are considered adequately vaccinated and do not need an additional dose of HPV vaccine.
- Give 3 doses on a 0, 1–2, 6m schedule. Use either 4vHPV or 9vHPV for both women and men.
- There must be at least 4wks between doses #1 and #2 and at least 12wks between doses #2 and #3. Overall, there must be at least 5mos between doses #1 and #3.
- If the type of HPV vaccine previously given is not known or not available, any available HPV vaccine may be used to complete the series.

#### Inactivated Polio (IPV)

**Give IM or Subcut**
- Not routinely recommended for U.S. residents age 18yrs and older.
  - **NOTE:** Adults living in the U.S. who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely. Adults with documented prior vaccination can receive 1 booster dose if traveling to polio endemic areas or to areas where the risk of exposure is high.
- For unique situations, schedules, and dosing information, see ACIP inactivated polio vaccine recommendations on pages 829–830 at www.cdc.gov/mmwr/PDF/wk/mm5830.pdf.
- Previous severe allergic reaction (e.g., anaphylaxis) to any component of zoster vaccine.
- Primary cellular or acquired immunodeficiency.
- Pregnancy.
- Moderate or severe acute illness with or without fever.
- Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.

#### Contraindications

- Pregnancy.
- Moderate or severe acute illness with or without fever.
- Primary cellular or acquired immunodeficiency.
- Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.
## Summary of Recommendations for Adult Immunization (Age 19 years and older)

<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>People for whom vaccination is recommended</th>
<th>Schedule for vaccination administration (any vaccine can be given with another unless otherwise noted)</th>
<th>Contraindications and precautions (mild illness is not a contraindication)</th>
</tr>
</thead>
</table>
| **Pneumococcal conjugate (PCV13; Prevnar13)**<br>
*Give IM* | For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” www.immunize.org/catg.d/p2010.pdf.<br><br>**All people age 65yrs or older should receive**<br>- 1-time dose of PCV13 (if previously unvaccinated) and 1 dose of PPSV23, separated by 1 yr; if possible, give PCV13 first.<br><br>**People younger than age 65yrs should receive**<br>- 1-time dose of PCV13 and 1st dose of PPSV23 if they have functional or anatomic asplenia, immunocompromising condition (see below), CSF leak, or are a candidate for or recipient of a cochlear implant,<br>- 2nd dose of PPSV23 if at highest risk of serious pneumococcal infection, including those who<br>  – Have anatomic or functional asplenia, including sickle cell disease.<br>  – Have an immunocompromising condition, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome.<br>  – Are receiving immunosuppressive chemotherapy (including high-dose corticosteroids)<br>  – Have received an organ or bone marrow transplant.<br>  – PPSV23 only (not PCV13) if younger than 65yrs and they have chronic cardiac or pulmonary disease (including asthma), chronic liver disease, alcoholism, diabetes, smoke cigarettes, or live in special environments or social settings (including American Indian/Alaska Natives age 50 through 64yrs if recommended by local public health authorities).<br> | • When recommended (see column at left), give PCV13 and/or PPSV23 if unvaccinated or if previous vaccination history is unknown.<br> • For healthy people age 65yrs and older, give PCV13 first followed by PPSV23 in 1yr.<br> • When both PCV13 and PPSV23 are indicated, give PCV13 first followed by PPSV23 in 1yr. If previously vaccinated with PPSV23, give PCV13 at least 12m after PPSV23. For people at highest risk of serious pneumococcal infection, if not previously vaccinated with PPSV23, give PCV13 first, followed by PPSV23 in 8wks.<br> • Give another dose of PPSV23 to people<br>  – Age 65 yrs and older if 1st dose was given prior to age 65yrs and 5yrs have elapsed since previous dose of PPSV23.<br>  – Age 19–64yrs who are at highest risk of pneumococcal infection or rapid antibody loss (see 3rd bullet in the box to left for listing of people at highest risk) and 5yrs have elapsed since dose #1.<br> | Contraindication<br>Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine, including (for PCV13) to any diphtheria toxoid-containing vaccine, or to any of its components.<br><br>Precaution<br>Moderate or severe acute illness with or without fever.<br> |
| **Meningococcal conjugate (MenACWY; Menactra, Menveo)**<br>
*Give IM* | For people through age 18yrs, consult “Summary of Recommendations for Child/Teen Immunization” www.immunize.org/catg.d/p2010.pdf.<br><br>**All people age 55yrs and younger should receive**<br>- 1-time dose of MenACWY if unvaccinated. Give dose #2 if most recent dose was given when younger than 16yrs.; see the 5th bullet in the box to the right for details.<br><br>**People with risk (see 2nd–4th bullets in column to left), give either**<br>- 1 initial dose of MenACWY every 5yrs to adults with continuing risk<br>  – Age 19–64yrs who are at highest risk of pneumococcal infection (see 3rd bullet in the box to left for listing of people at highest risk) and 5yrs have elapsed since dose #1.<br>- 2 doses of Bexsero, 1m apart, or 3 doses of Trumenba on a 0, 1–2, and 6m schedule.<br>- MenB vaccine may be given concomitantly with MenACWY vaccine.<br><br>**MenACWY is preferred over MPSV4 for people age 55yrs and younger.**<br><br>For first-year college students age 19–21yrs living in residence halls, give 1 initial dose of MenACWY if unvaccinated. Give dose #2 if most recent dose was given when younger than 16yrs.; see the 5th bullet in the box to the right for details.<br> | • Give 2 initial doses of MenACWY separated by 2m to adults with risk factors listed in 1st bullet in column to left.<br> • Give 1 initial dose of MenACWY to all other adults with risk factors (see 2nd–4th bullets in column to left).<br> • Give booster doses of MenACWY every 5yrs to adults with continuing risk (see the 1st–3rd bullets in column to left).<br> • MenACWY is preferred over MPSV4 for people age 55yrs and younger. For people age 56yrs and older who anticipate multiple doses (see the 1st–3rd bullets in column to left) or who have received MenACWY previously, use MenACWY. For all others, give 1 dose of MPSV4.<br> • For first-year college students age 19–21yrs living in residence halls, give 1 initial dose of MenACWY if unvaccinated. Give dose #2 if most recent dose was given when younger than 16yrs.; see the 5th bullet in the box to the right for details.<br> | Contraindication<br>Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine, including (for MenACWY) to any diphtheria toxoid-containing vaccine, or to any of its components.<br><br>Precaution<br>Moderate or severe acute illness with or without fever.<br> |
| **Meningococcal serogroup B**<br>
*Give IM* | • Young adults through age 23yrs may be vaccinated routinely as a Category B recommendation (provider-patient discussion).<br> • People with anatomic or functional asplenia or persistent complement component deficiency.<br> • Microbiologists routinely exposed to isolates of N. meningitidis.<br> • People identified as at increased risk because of a serogroup B meningococcal disease outbreak.<br> | • Give 2 doses of either MenB vaccine: Bexsero, spaced 1m apart; Trumenba, spaced 6m apart. MenB products are not interchangeable.<br> • For people with risk (see 2nd–4th bullets in column to left), give either 2 doses of Bexsero, 1m apart, or 3 doses of Trumenba on a 0, 1–2, and 6m schedule.<br> • MenB vaccine may be given concomitantly with MenACWY vaccine.<br> | Contraindication<br>Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine, including (for MenB) to any diphtheria toxoid-containing vaccine, or to any of its components.<br><br>Precaution<br>Moderate or severe acute illness with or without fever.<br> |
<table>
<thead>
<tr>
<th>Product / Indication</th>
<th>Dose (mg IgG/kg) and route&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Recommended interval before measles or varicella-containing vaccine administration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood transfusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red blood cells (RBCs), washed</td>
<td>10 mL/kg (negligible IgG/kg) IV</td>
<td>None</td>
</tr>
<tr>
<td>RBCs, adenine-saline added</td>
<td>10 mL/kg (10 mg IgG/kg) IV</td>
<td>3 months</td>
</tr>
<tr>
<td>Packed RBCs (hematocrit 65%)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>10 mL/kg (60 mg IgG/kg) IV</td>
<td>6 months</td>
</tr>
<tr>
<td>Whole blood (hematocrit 35%-50%)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>10 mL/kg (80-100 mg IgG/kg) IV</td>
<td>6 months</td>
</tr>
<tr>
<td>Plasma/platelet products</td>
<td>10 mL/kg (160 mg IgG/kg) IV</td>
<td>7 months</td>
</tr>
<tr>
<td><strong>Botulinum Immune Globulin Intravenous (Human)</strong></td>
<td>1.0 mL/kg (50 mg IgG/kg) IV</td>
<td>6 months</td>
</tr>
<tr>
<td><strong>Cytomegalovirus IGIV</strong></td>
<td>150 mg/kg maximum</td>
<td>6 months</td>
</tr>
<tr>
<td><strong>Hepatitis A IG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact prophylaxis</td>
<td>0.02 mL/kg (3.3 mg IgG/kg) IM</td>
<td>3 months</td>
</tr>
<tr>
<td>International travel, &lt;3 month stay</td>
<td>0.02 mL/kg (3.3 mg IgG/kg) IM</td>
<td>3 months</td>
</tr>
<tr>
<td>International travel, &gt;3 month stay</td>
<td>0.06 mL/kg (10 mg IgG/kg) IM</td>
<td>3 months</td>
</tr>
<tr>
<td><strong>Hepatitis B IG (HBIG)</strong></td>
<td>0.06 mL/kg (10 mg IgG/kg) IM</td>
<td>3 months</td>
</tr>
<tr>
<td><strong>IGIV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement therapy for immune deficiencies&lt;sup&gt;4&lt;/sup&gt;</td>
<td>300-400 mg/kg IV</td>
<td>8 months</td>
</tr>
<tr>
<td>Postexposure measles prophylaxis: immunocompromised contacts</td>
<td>400 mg/kg IV</td>
<td>8 months</td>
</tr>
<tr>
<td>Postexposure varicella prophylaxis</td>
<td>400 mg/kg IV</td>
<td>8 months</td>
</tr>
<tr>
<td>Immune thrombocytopenic purpura treatment</td>
<td>400 mg/kg IV</td>
<td>8 months</td>
</tr>
<tr>
<td>Immune thrombocytopenic purpura treatment</td>
<td>1,000 mg/kg IV</td>
<td>10 months</td>
</tr>
<tr>
<td>Kawasaki disease</td>
<td>2 g/kg IV</td>
<td>11 months</td>
</tr>
<tr>
<td><strong>Measles prophylaxis IG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard (i.e., nonimmunocompromised) contact</td>
<td>0.50 mL/kg (80 mg IgG/kg) IM</td>
<td>6 months</td>
</tr>
<tr>
<td><strong>Monoclonal antibody to respiratory syncytial virus F protein (Synagis™)&lt;sup&gt;5&lt;/sup&gt;</strong></td>
<td>15 mg/kg (IM)</td>
<td>None</td>
</tr>
<tr>
<td>Rabies IG (RIG)</td>
<td>20 IU/kg (22 mg IgG/kg) IM</td>
<td>4 months</td>
</tr>
<tr>
<td>Tetanus IG (TIG)</td>
<td>250 units (10 mg IgG/kg) IM</td>
<td>3 months</td>
</tr>
<tr>
<td><strong>Varicella IG (VariZIG)</strong></td>
<td>125 units/10 kg (60-200 mg IgG/kg) IM, maximum 625 units</td>
<td>5 months</td>
</tr>
</tbody>
</table>

<sup>1</sup> This table is not intended for determining the correct indications and dosages for using antibody-containing products. Unvaccinated persons might not be protected fully against measles during the entire recommended interval, and additional doses of IG or measles vaccine might be indicated after measles exposure. Concentrations of measles antibody in an IG preparation can vary by manufacturer's lot. Rates of antibody clearance after receipt of an IG preparation also might vary. Recommended intervals are extrapolated from an estimated half-life of 30 days for passively acquired antibody and an observed interference with the immune response to measles vaccine for 5 months after a dose of 80 mg IgG/kg.

<sup>2</sup> Does not include zoster vaccine. Zoster vaccine may be given with antibody-containing blood products.

<sup>3</sup> Assumes a serum IgG concentration of 16 mg/mL.

<sup>4</sup> Measles vaccination is recommended for children with mild or moderate immunosuppression from HIV infection, and varicella vaccination may be considered for children with mild or moderate immunosuppression from HIV infection, but both are contraindicated for persons with severe immunosuppression from HIV or any other immunosuppressive disorder.

<sup>5</sup> Contains antibody only to respiratory syncytial virus.

Adapted from Table 3-5, ACIP General Best Practice Guidelines  March 2018
Healthcare Personnel Vaccination Recommendations

VACCINES AND RECOMMENDATIONS IN BRIEF

Hepatitis B – If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given intranasally.

MMR – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (SC).

Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.

Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

Meningococcal – Give 1 dose to microbiologists who are routinely exposed to isolates of Neisseria meningitidis and boost every 5 years if risk continues. Give MCV4 IM, if necessary to use MPSV4, give SC.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to focal material.

Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.

If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a “non-responder.”

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IVIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

HCP born in 1957 or later can be considered immune to measles, mumps, or rubella if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity, but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MCV4 is recommended for microbiologists who are routinely exposed to isolates of N. meningitidis.

REFERENCES

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011; 60(RR-7).


For additional specific ACIP recommendations, visit CDC’s website at www.cdc.gov/vaccines/hcp/acip-recs/index.html or visit IAC’s website at www.immunize.org/acip.
<table>
<thead>
<tr>
<th>Category</th>
<th>Specific Immunodeficiency</th>
<th>Contraindicated Vaccines(^{(a)})</th>
<th>Risk-Specific Recommended Vaccines(^{(b)})</th>
<th>Effectiveness &amp; Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-lymphocyte (humoral)</td>
<td>Severe antibody deficiencies (e.g., X-linked agammaglobulinemia and common variable immunodeficiency)</td>
<td>OPV(^{(b)}) Smallpox(^{(d)}) LAIV BCG Ty21a (live typhoid) Yellow fever MMR MMRV</td>
<td>Pneumococcal Hib (children 12-59 months of age)(^{(d)})</td>
<td>The effectiveness of any vaccine is uncertain if it depends only on the humoral response (e.g., PPSV23 or MPSV4). IGIV interferes with the immune response to measles vaccine and possibly varicella vaccine.</td>
</tr>
<tr>
<td></td>
<td>Less severe antibody deficiencies (e.g., selective IgA deficiency and IgG subclass deficiency)</td>
<td>OPV(^{(b)}) BCG Yellow fever(^{e}) Other live vaccines appear to be safe.</td>
<td>Pneumococcal Hib (children 12-59 months of age)(^{(d)})</td>
<td>All vaccines likely effective. Immune response might be attenuated.</td>
</tr>
<tr>
<td>T-lymphocyte (cell-mediated and humoral)</td>
<td>Complete defects (e.g., SCID disease, complete DiGeorge syndrome)</td>
<td>All live vaccines(^{(f,g,h)})</td>
<td>Pneumococcal Hib (children 12-59 months of age)(^{(d)})</td>
<td>Vaccines likely to be effective.</td>
</tr>
<tr>
<td></td>
<td>Partial defects (e.g., most patients with DiGeorge syndrome, Wiskott-Aldrich syndrome, ataxia-telangiectasia)</td>
<td>All live vaccines(^{(f,g,h)})</td>
<td>Pneumococcal Meningococcal Hib (children 12-59 months of age)(^{(d)})</td>
<td>Effectiveness of any vaccine depends on degree of immune suppression.</td>
</tr>
<tr>
<td></td>
<td>Interferon-gamma/Interleukin 12 axis deficiencies</td>
<td>All live bacterial vaccines (All live vaccines contraindicated in Interferon-gamma or interferon-alpha deficiencies.)</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Complement</td>
<td>Persistent complement, properdin, or factor B deficiency</td>
<td>None</td>
<td>Pneumococcal Meningococcal Hib (children 12-59 months of age)(^{(d)})</td>
<td>All routine vaccines likely effective.</td>
</tr>
<tr>
<td></td>
<td>Taking eculizumab (Soliris)</td>
<td>None</td>
<td>Meningococcal</td>
<td></td>
</tr>
<tr>
<td>Phagocytic function</td>
<td>Chronic granulomatous disease</td>
<td>Live bacterial vaccines(^{(f)})</td>
<td>None</td>
<td>Live viral vaccines likely safe and effective.</td>
</tr>
<tr>
<td></td>
<td>Phagocytic deficiencies that are undefined or accompanied by defects in T-cell and NK cell dysfunction (such as Chediak-Higashi syndrome, Leukocyte Adhesion Deficiency [LAD], and myeloperoxidase deficiency).</td>
<td>Live viral and bacterial vaccines(^{(f,g)})</td>
<td>Pneumococcal</td>
<td>All inactivated vaccines safe and likely effective.</td>
</tr>
</tbody>
</table>
## Vaccination of Persons with Primary and Secondary Immune Deficiencies

<table>
<thead>
<tr>
<th>Specific Immunodeficiency</th>
<th>Contraindicated Vaccines&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>Risk-Specific Recommended Vaccines&lt;sup&gt;(a)&lt;/sup&gt;</th>
<th>Effectiveness &amp; Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>OPV&lt;sup&gt;(b)&lt;/sup&gt;</td>
<td>Pneumococcal</td>
<td>MMR and Varicella vaccine in those with mild immunosuppression, rotavirus, and all inactivated vaccines, including inactivated influenza as per routine vaccination schedule, might be effective.&lt;sup&gt;(k)&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Smallpox</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMRV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAN</td>
<td>Withhold MMR, varicella, and zoster in severely immunocompromised persons. Yellow fever vaccine might have a contraindication or a precaution depending on clinical parameters of immune function.&lt;sup&gt;(l)&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalized malignant neoplasm, transplantation, immunosuppressive or radiation therapy</td>
<td>Live viral and bacterial, depending on immune status.&lt;sup&gt;(n)&lt;/sup&gt;&lt;sup&gt;(o)&lt;/sup&gt;</td>
<td>Pneumococcal</td>
<td>Effectiveness of any vaccine depends on degree of immune suppression.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hib&lt;sup&gt;(d),(o)&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HepB</td>
<td></td>
</tr>
<tr>
<td>Asplenia</td>
<td>LAIV</td>
<td>Pneumococcal</td>
<td>All routine vaccines likely effective.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hib&lt;sup&gt;(d),&lt;sup&gt;(m)&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Chronic renal disease</td>
<td>LAIV</td>
<td>Pneumococcal</td>
<td>All routine vaccines likely effective.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HepB&lt;sup&gt;(d)&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

### Abbreviations:
- **AIDS** = acquired immunodeficiency syndrome
- **BCG** = bacille Calmette-Guérin
- **HepB** = hepatitis B
- **Hib** = *Haemophilus influenzae* type b
- **HIV** = human immunodeficiency virus
- **IG** = immunoglobulin
- **IGIV** = immune globulin intravenous
- **IgA** = immune globulin A
- **IgG** = immune globulin G
- **LAIV** = live, attenuated influenza vaccine
- **MMR** = measles, mumps, and rubella
- **MMRV** = measles, mumps, rubella, and varicella
- **MPSV4** = quadrivalent meningococcal polysaccharide vaccine
- **OPV** = oral poliovirus vaccine (live)
- **PPSV23** = pneumococcal polysaccharide vaccine
- **SCID** = severe combined immunodeficiency
- **Ty21a** = live oral typhoid vaccine

### Notes:
(a) Other vaccines that are universally or routinely recommended should be given if not contraindicated. An exception is patients with B-cell deficiencies receiving immunoglobulins, who should not receive either live or inactivated vaccines, due to safety (live vaccines) and efficacy (live and inactivated vaccines) concerns.
(b) OPV is no longer available in the United States.
(c) This table refers to contraindications for nonemergency vaccination (i.e., the ACIP recommendations); emergency response recommendations are addressed in the clinical guidance for smallpox vaccine use in an emergency.
(d) Children 12-59 months: if unimmunized or received zero or only 1 dose, and that dose was administered before 12 months of age, should receive 2 Hib doses, 8 weeks apart; if received 2 or more doses before age 12 months, and none after 12 months, should receive 1 Hib dose 8 weeks after the last dose; if completed a primary series and received a booster dose at age 12 months or older, no additional Hib doses are recommended.
(e) There are no data to support IgA deficiency as a contraindication for yellow fever vaccine.
(f) Live bacterial vaccines: BCG, adenovirus, and oral Ty21a *Salmonella Typhi* vaccine.
(g) Live viral vaccines: MMR, MMRV, OPV, LAIV, yellow fever, zoster, rotavirus, varicella, and vaccinia (smallpox). Nonemergency smallpox vaccination is not recommended for children younger than 18 years or the general public.

(h) Regarding T-lymphocyte immunodeficiency as a contraindication for rotavirus vaccine, data exist only for SCID.

(i) Symptomatic HIV infection or CD4+ T-lymphocyte count of <200/mm3 or <15% of total lymphocytes for children aged <6 years is a contraindication to yellow fever vaccine administration. Asymptomatic HIV infection with CD4+ T-lymphocyte count of 200-499/mm3 for persons aged ≥6 years or 15%-24% of total lymphocytes for children aged <6 years is a precaution for yellow fever vaccine administration. Details of yellow fever vaccine recommendations are available from CDC (https://www.cdc.gov/mmwr/pdf/rr/rr5907.pdf).

(j) Patients 5-18 years of age who have not received a Hib primary series and a booster dose or at least one Hib dose after 14 months of age.

(k) HIV-infected children should be considered for varicella vaccine if CD4+ T-lymphocyte count is ≥15% and should receive MMR vaccine if they are aged ≥12 months and do not have 1) evidence of current severe immunosuppression (i.e., individuals aged ≤5 years must have CD4+ T lymphocyte [CD4] percentages ≥15% for ≥6 months; and individuals aged >5 years must have CD4+percentages ≥15% and CD4+≥200 lymphocytes/mm3 for ≥6 months) and 2) other current evidence of measles, rubella, and mumps immunity. In cases when only CD4+cell counts or only CD4+percentages are available for those older than age 5 years, the assessment of severe immunosuppression can be based on the CD4+values (count or percentage) that are available. In cases when CD4+percentages are not available for those aged ≤5 years, the assessment of severe immunosuppression can be based on age-specific CD4+counts at the time CD4+counts were measured; i.e., absence of severe immunosuppression is defined as ≥6 months above age-specific CD4+count criteria: CD4+count >750 lymphocytes/mm3 while aged ≤12 months and CD4+count ≥500 lymphocytes/mm3 while aged 1 through 5 years (https://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf).

(l) Withholding inactivated vaccines also is recommended with some forms of immunosuppressive therapy, like anti-CD20 antibodies, induction or consolidation chemotherapy, or patients with major antibody deficiencies receiving immunoglobulins. Inactivated influenza vaccine is an exception, but consideration should be given to repeating doses of any inactivated vaccine administered during these therapies.

(m) Persons younger than 60 months undergoing chemotherapy or radiation therapy who have not received a Hib primary series and a booster dose or at least one Hib dose after 14 months of age; HCT patients of any ages, regardless of Hib vaccine history.

(n) Persons older than 59 months who are asplenic and persons 15 months or older who are undergoing elective splenectomy who have not received a Hib primary series and a booster dose or at least one Hib dose after 14 months of age.

(o) Indicated based on the risk from dialysis-based bloodborne transmission.

Adapted from Table 8-1, ACIP General Best Practice Guidelines for Immunization March 2018
# Guide to Contraindications and Precautions to Commonly Used Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions</th>
</tr>
</thead>
</table>
| Hepatitis B (HepB)               | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
                                          • Hypersensitivity to yeast                                                                                                                                                                                  | • Moderate or severe acute illness with or without fever  
                                          • Infant weighing less than 2000 grams (4 lbs, 6.4 oz)                                                                                                                                                     |
| Rotavirus (RV5 [RotaTeq], RV1 [Rotarix]) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
                                           • Severe combined immunodeficiency (SCID)  
                                           • History of intussusception                                                                                                                                                                               | • Moderate or severe acute illness with or without fever  
                                           • Altered immunocompetence other than SCID  
                                           • Chronic gastrointestinal disease  
                                           • Spina bifida or bladder extrophy                                                                                                                                                                           |
| Diphtheria, tetanus, pertussis (DTaP) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
                                         • For pertussis-containing vaccines: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP or DTaP (for DTaP); or of previous dose of DTP, DTaP, or Tdap (for Tdap) | • Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine  
                                         • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria- or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine  
                                         • For DTaP and Tdap only: Progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy; defer until a treatment regimen has been established and the condition has stabilized  
                                         • Temperature of 105°F or higher (40.5°C or higher) within 48 hours after vaccination with a previous dose of DTP/DTaP  
                                         • Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP  
                                         • Seizure within 3 days after receiving a previous dose of DTP/DTaP  
                                         • Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP |
| Haemophilus influenzae type b (Hib) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
                                          • Age younger than 6 weeks                                                                                                                                                                                  | • Moderate or severe acute illness with or without fever                                                                                                                                                     |
| Inactivated poliovirus vaccine (IPV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component                                                                                                                                                     | • Moderate or severe acute illness with or without fever  
                                          • Pregnancy                                                                                                                                                                                                    |
| Hepatitis A (HepA)               | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component                                                                                                                                                     | • Moderate or severe acute illness with or without fever                                                                                                                                                     |
| Pneumococcal (PCV13 or PPSV23)    | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component (including, for PCV13, to any diphtheria toxoid-containing vaccine)                                                                 | • Moderate or severe acute illness with or without fever                                                                                                                                                     |
| Measles, mumps, rubella (MMR)     | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
                                          • Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy), or persons with human immunodeficiency virus (HIV) infection who are severely immunocompromised  
                                          • Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test  
                                          • Pregnancy                                                                                                                                                                                               | • Moderate or severe acute illness with or without fever  
                                          • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)  
                                          • For MMRV only: Family history of seizures  
                                          • History of thrombocytopenia or thrombocytopenic purpura  
                                          • Need for tuberculin skin testing                                                                                                                                                                           |
### Table: Contraindications and Precautions to Commonly Used Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella (Var)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy), or persons with HIV infection who are severely immunocompromised</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pregnancy</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.</td>
</tr>
<tr>
<td>Influenza, inactivated injectable (IIV)5,10</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• History of GBS within 6 weeks of previous influenza vaccination</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pregnancy</td>
</tr>
<tr>
<td>Meningococcal (MenACWY; MenB)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pregnancy</td>
</tr>
<tr>
<td>Recombinant zoster vaccine (RZV)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Zoster vaccine live (ZVL)</td>
<td>• For ZVL only: Severe cellular immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, or long-term immunosuppressive therapy), or persons with HIV infection who are severely immunocompromised.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For ZVL only: Pregnancy</td>
<td>• For ZVL only: Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For RZV only: Pregnancy</td>
</tr>
</tbody>
</table>

**FOOTNOTES**

1. The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipient. For a person with a severe allergy to latex (e.g., anaphylaxis), vaccines supplied in vials or syringes that contain natural rubber latex should not be administered unless the benefit of vaccination clearly outweighs the risk for a potential allergic reaction. For latex allergies other than anaphylaxis, vaccines supplied in vials or syringes that contain dry, natural rubber or natural rubber latex may be administered. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.  
2. Hepatitis B vaccination should be deferred for preterm infants and infants weighing less than 2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-negative at the time of the infant’s birth. Vaccination can commence at chronological age 1 month or at hospital discharge. For infants born to women who are HBsAg-positive, hepatitis B immunoglobulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.  
4. MMR, varicella, or zoster vaccines can be administered on the same day. If not administered on the same day, these live vaccines should be separated by at least 28 days.  
5. Immunosuppressive steroid dose is considered to be 2 or more weeks of daily receipt of 20 mg prednisone or equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.  
7. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see “Table 3-5. Recommended Intervals Between Administration of Antibody-Containing Products and Measles- or Varicella-Containing Vaccine, by Product and Indication for Vaccination” found in “Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP),” available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.)  
8. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing, or should be postponed for at least 4 weeks after the vaccination.  
10. Live attenuated influenza vaccine (LAIV) should not be used during the 2017–2018 influenza season.  
**Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza, inactivated (IV)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Influenza, recombinant (RV)</td>
<td></td>
<td>• History of Guillain-Barre Syndrome (GBS) within 6 weeks of previous influenza vaccination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For IV vaccine only: Egg allergy other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis), or required epinephrine or another emergency medical intervention (IV may be administered in a medical setting, under the supervision of a healthcare provider who is able to recognize and manage severe allergic conditions)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For RV only: progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy, defer until a treatment regimen has been established and the condition has stabilized</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) with or without fever</td>
</tr>
<tr>
<td></td>
<td>• For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of a vaccine containing tetanus or diphtheria toxoid or acellular pertussis.</td>
<td>• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For ZVL only: Pregnancy and lactation</td>
</tr>
<tr>
<td>Varicella (Var)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td>• Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy), or persons with human immunodeficiency virus (HIV) infection who are severely immunocompromised</td>
<td>• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)</td>
</tr>
<tr>
<td></td>
<td>• Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test</td>
<td>• History of thrombocytopenia or thrombocytopenic purpura</td>
</tr>
<tr>
<td></td>
<td>• Pregnancy</td>
<td>• Need for tuberculin skin testing</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pregnancy</td>
</tr>
<tr>
<td>Recombinant zoster vaccine (RZV)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Zoster vaccine live (ZVL)</td>
<td>• For ZVL only: Severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy), or persons with HIV infection who are severely immunocompromised</td>
<td>• For ZVL only: Pregnancy and lactation</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td>• Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy), or persons with HIV infection who are severely immunocompromised</td>
<td>• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)</td>
</tr>
<tr>
<td></td>
<td>• Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test</td>
<td>• History of thrombocytopenia or thrombocytopenic purpura</td>
</tr>
<tr>
<td></td>
<td>• Pregnancy</td>
<td>• Need for tuberculin skin testing</td>
</tr>
<tr>
<td>Pneumococcal: conjugate (PCV13), polysaccharide (PPSV23)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component (including, for PCV13, to any vaccine containing diphtheria toxoid)</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
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**Footnotes**

1. The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipient. For a person with a severe allergy to latex (e.g., anaphylaxis), vaccines supplied in vials or syringes that contain natural rubber latex should not be administered unless the benefit of vaccination clearly outweighs the risk for a potential allergic reaction. For late allergies other than anaphylaxis, vaccines supplied in vials or syringes that contain dry, natural rubber or natural rubber latex may be administered.

2. Live attenuated influenza vaccine (LAIV) should not be used during the 2017–2018 influenza season.


4. MMR may be administered with VAR or ZVL on the same day. If not administered on the same day, separate live vaccines by at least 28 days.

5. Immunosuppressive steroid dose is considered to be 20 mg or more prednisone or equivalent for two or more weeks. Vaccination should be deferred for at least 1 month after discontinuation of immunosuppressive steroid therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.

6. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see Table 3-5 “Best Practices Guidance of the Advisory Committee on Immunization Practices [ACIP],” available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html).

7. Malaria vaccination may temporarily suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing, or should be postponed for at least 4 weeks after the vaccination.


Technical content reviewed by the Centers for Disease Control and Prevention