# Recommended Child and Adolescent Immunization Schedule

**for ages 18 years or younger**

## Vaccines in the Child and Adolescent Immunization Schedule*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Abbreviation(s)</th>
<th>Trade name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19†</td>
<td>1vCOV-mRNA</td>
<td>Comirnaty*/Pfizer-BioNTech COVID-19 Vaccine</td>
</tr>
<tr>
<td></td>
<td>2vCOV-mRNA</td>
<td>SPIKEVAX®/Moderna COVID-19 Vaccine</td>
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<tr>
<td></td>
<td>1vCOV-APS</td>
<td>Moderna COVID-19 Vaccine, Bivalent</td>
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<td></td>
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<td>Novavax COVID-19 Vaccine</td>
</tr>
<tr>
<td>Dengue vaccine</td>
<td>DEN4CYD</td>
<td>Dengvaxia*</td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis vaccine</td>
<td>DTaP</td>
<td>Daptacel*</td>
</tr>
<tr>
<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>No trade name</td>
</tr>
<tr>
<td>Haemophilus influenza type b vaccine</td>
<td>Hib</td>
<td>ActHIB®</td>
</tr>
<tr>
<td></td>
<td>Hib</td>
<td>Hibrix*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PedvaxHib®</td>
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<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix®</td>
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<td></td>
<td></td>
<td>Vaqta*</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix-B®</td>
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<tr>
<td></td>
<td></td>
<td>Recombivax HB®</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9®</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)†</td>
<td>IIV4</td>
<td>Multiple</td>
</tr>
<tr>
<td>Influenza vaccine (live, attenuated)†</td>
<td>LAIV4</td>
<td>FluMist® Quadivalent</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R III, Priorix®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Priorix®</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra®</td>
</tr>
<tr>
<td></td>
<td>MenACWY-CRM</td>
<td>Menveo®</td>
</tr>
<tr>
<td></td>
<td>MenACWY-TT</td>
<td>MenQuadFi®</td>
</tr>
<tr>
<td></td>
<td>MenB-4C</td>
<td>Bexsero®</td>
</tr>
<tr>
<td></td>
<td>MenB-FHbp</td>
<td>Trumenba®</td>
</tr>
<tr>
<td>Pneumococcal conjugate vaccine†</td>
<td>PCV13</td>
<td>Pneumococcal conjugate vaccine†</td>
</tr>
<tr>
<td></td>
<td>PCV15</td>
<td>Prevnar 13®</td>
</tr>
<tr>
<td></td>
<td>PPSV23</td>
<td>Voimmune™</td>
</tr>
<tr>
<td>Poliovirus vaccine (inactivated)†</td>
<td>IPV</td>
<td>IPOL®</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td>RV1</td>
<td>Rotarix®</td>
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<tr>
<td></td>
<td>RV5</td>
<td>Rotarix®</td>
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<tr>
<td></td>
<td>Tdap</td>
<td>Adacel®</td>
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<tr>
<td></td>
<td></td>
<td>Boostrix®</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Td</td>
<td>Tenivac®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tdavax®</td>
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<td></td>
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<td>Varivax®</td>
</tr>
<tr>
<td>组合疫苗 (使用组合疫苗代替单独注射时适用)</td>
<td>DTaP, hepatitis B, and inactivated poliovirus vaccine</td>
<td>Pediarix*</td>
</tr>
<tr>
<td></td>
<td>DTaP-HepB-IPV</td>
<td>Pediarix*</td>
</tr>
<tr>
<td></td>
<td>DTaP-IP/Hib</td>
<td>Pentacel®</td>
</tr>
<tr>
<td></td>
<td>DTaP-IPV</td>
<td>Kinrix®</td>
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<td></td>
<td>DTaP-IPV-Hib-HeB</td>
<td>Vaxelis®</td>
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<tr>
<td></td>
<td></td>
<td>Vaxelis®</td>
</tr>
<tr>
<td>Measles, mumps, rubella, and varicella vaccine</td>
<td>MMRV</td>
<td>ProQuad*</td>
</tr>
</tbody>
</table>

### How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age *(Table 1)*
2. Determine recommended interval for catch-up vaccination *(Table 2)*
3. Assess need for additional recommended vaccines by medical condition or other indication *(Table 3)*
4. Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
5. Review contraindications and precautions for vaccine types *(Appendix)*
6. Review new or updated ACIP guidance *(Addendum)*

**Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).**

**Questions or comments**

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

**Helpful information**

- [Complete Advisory Committee on Immunization Practices (ACIP) recommendations](www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- [General Best Practice Guidelines for Immunization](www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- [Vaccine information statements](www.cdc.gov/vaccines/hcp/vis/index.html)
- [Manual for the Surveillance of Vaccine-Preventable Diseases](www.cdc.gov/vaccines/pubs/surv-manual)
- [ACIP Shared Clinical Decision-Making Recommendations](www.cdc.gov/vaccines/acip/acip-scdm-faqs.html)

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*COVID-19, Poliovirus, Influenza, and Pneumococcal vaccines have new or updated ACIP recommendations. Please see Addendum for more details.
These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.

To determine minimum intervals between doses, see the catch-up schedule (Table 2).

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td></td>
<td>2nd dose</td>
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<tr>
<td>Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See Notes</td>
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<tr>
<td>Diphtheria, tetanus, acellular pertussis (DTaP &lt;7 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See Notes</td>
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<tr>
<td>Pneumococcal conjugate (PCV13, PCV15)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
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<tr>
<td>Inactivated poliovirus (IPV &lt;18 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
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<td>COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)</td>
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<td>Influenza (IIV4)</td>
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<td>Influenza (LAIV4)</td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
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<tr>
<td>Hepatitis A (HepA)</td>
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<tr>
<td>Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)</td>
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<td>Human papillomavirus (HPV)</td>
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<tr>
<td>Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)</td>
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<tr>
<td>Meningococcal B (MenB-4C, MenB-FHbp)</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
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<tr>
<td>Dengue (DEN4CYD; 9-16 yrs)</td>
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</tr>
</tbody>
</table>

Table 1: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

See Addendum for new or updated ACIP vaccine recommendations
The table 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 Table 1 and the Notes that follow.

### Table 2
Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2023

The table 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 Table 1 and the Notes that follow.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</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><strong>Children age 4 months through 6 years</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose</td>
<td>minimum age for the final dose is 24 weeks</td>
<td></td>
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</tr>
<tr>
<td><strong>Rotavirus</strong></td>
<td>6 weeks; Maximum age for first dose is 14 weeks, 6 days.</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>maximum age for final dose is 8 months, 0 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria, tetanus, and acellular pertussis</strong></td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Haemophilus influenzae type b</strong></td>
<td>6 weeks</td>
<td>No further doses needed</td>
<td>No further doses needed</td>
<td>If first dose was administered at age 15 months or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal conjugate</strong></td>
<td>6 weeks</td>
<td>No further doses needed</td>
<td>No further doses needed</td>
<td>If current age is younger than 12 months and first dose was administered at age 15 months or older</td>
<td></td>
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</tr>
<tr>
<td><strong>Inactivated poliovirus</strong></td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella</strong></td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>12 months</td>
<td></td>
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</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>12 months</td>
<td></td>
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</tr>
<tr>
<td><strong>Meningococcal ACWY</strong></td>
<td>2 months; MenACWY-CRM</td>
<td>8 weeks</td>
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<tr>
<td><strong>Meningococcal ACWY</strong></td>
<td>2 months; MenACWY-OD</td>
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</tr>
<tr>
<td><strong>Meningococcal ACWY</strong></td>
<td>2 years; MenACWY-TT</td>
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</tr>
<tr>
<td><strong>Inactivated poliovirus</strong></td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella</strong></td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>12 months</td>
<td>3 months</td>
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<tr>
<td><strong>Hepatitis A</strong></td>
<td>12 months</td>
<td>6 months</td>
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</tr>
<tr>
<td><strong>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis</strong></td>
<td>7 years</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td><strong>Human papillomavirus</strong></td>
<td>9 years</td>
<td>Routine dosing intervals are recommended.</td>
<td></td>
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<tr>
<td><strong>Hepatitis A</strong></td>
<td>N/A</td>
<td>6 months</td>
<td></td>
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</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
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</tr>
<tr>
<td><strong>Inactivated poliovirus</strong></td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
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</tr>
<tr>
<td><strong>Measles, mumps, rubella</strong></td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
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</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>N/A</td>
<td>3 months if younger than age 13 years.</td>
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<tr>
<td><strong>Dengue</strong></td>
<td>9 years</td>
<td>6 months</td>
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</tbody>
</table>

### Notes
- A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.

- A fourth dose of DTaP/DT is administered before the 1st birthday.

- A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.

- A fourth dose of DTaP/DT was administered before the 1st birthday.

- A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.
### Table 3
**Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2023**

Always use this table in conjunction with Table 1 and the Notes that follow.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Immunocompromised status (excluding HIV infection)</th>
<th>HIV infection CD4+ counts</th>
<th>Kidney failure, end-stage renal disease, or on hemodialysis</th>
<th>Heart disease or chronic lung disease</th>
<th>CSF leak or cochlear implant</th>
<th>Asplenia or persistent complement component deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td><a href="#">pregnancy</a></td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
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<tr>
<td>Rotavirus</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
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<td><a href="#">diabetes</a></td>
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<tr>
<td>Diphtheria, tetanus, and acellular pertussis (DTaP)</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
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<td></td>
</tr>
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<td>Haemophilus influenzae type b</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
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<tr>
<td>Inactivated poliovirus</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
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<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
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<td></td>
</tr>
<tr>
<td>Influenza (IIV4)</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
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</tr>
<tr>
<td>Influenza (LAIV4)</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
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<tr>
<td>Measles, mumps, rubella</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
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<td></td>
</tr>
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<td><a href="#">heart disease</a></td>
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<td>Meningococcal ACWY</td>
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<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
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<td></td>
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<tr>
<td>Meningococcal B</td>
<td><a href="#">immunocompromised status</a></td>
<td><a href="#">HIV infection CD4+ counts</a></td>
<td><a href="#">kidney failure</a></td>
<td><a href="#">heart disease</a></td>
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<td></td>
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<tr>
<td>Pneumococcal polysaccharide</td>
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<td><a href="#">HIV infection CD4+ counts</a></td>
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<td><a href="#">chronic liver disease</a></td>
<td><a href="#">diabetes</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Notes:**

- For additional information regarding HIV laboratory parameters and use of live vaccines, see [the General Best Practice Guidelines for Immunization](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html), "Altered Immunocompetence" at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
- [Severe Combined Immunodeficiency](#)
- LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

COVID-19 vaccination
(minimum age: 6 months [Moderna and Pfizer-BioNTech COVID-19 vaccines], 12 years [Novavax COVID-19 Vaccine])

Routine vaccination
- Primary series:
  - Age 6 months–4 years: 2-dose series at 0, 4-8 weeks (Moderna) or 3-dose series at 0, 3-8, 11-16 weeks (Pfizer-BioNTech)
  - Age 5–11 years: 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Pfizer-BioNTech)
  - Age 12–18 years: 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)

- For booster dose recommendations see www.cdc.gov/vaccines/covid-19/catch-up/vaccine-recommendations.html

Special situations

Persons who are moderately or severely immunocompromised
- Primary series:
  - Age 6 months–4 years: 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 11 weeks (Pfizer-BioNTech)
  - Age 5–11 years: 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
  - Age 12–18 years: 3-dose series at 0, 4, 8 weeks (Moderna) or 2-dose series at 0, 3 weeks (Novavax) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)

- Booster dose: see www.cdc.gov/vaccines/covid-19/catch-up/vaccine-recommendations.html

- Pre-exposure prophylaxis (monoclonal antibodies) may be considered to complement COVID-19 vaccination. See www.cdc.gov/vaccines/covid-19/catch-up/vaccine-recommendations.html

For Janssen COVID-19 Vaccine recipients see COVID-19 schedule at www.cdc.gov/vaccines/covid-19/vaccine-recommendations.html


Dengue vaccine
(minimum age: 9 years)

Routine vaccination
- Age 9–16 years living in areas with endemic dengue AND have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html
- Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.


Routine vaccination
- 5-dose series at age 2, 4, 6, 15–18 months, 4–6 years
  - Prospectively: Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - Retrospectively: A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination
- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations
- Wound management in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. See www.cdc.gov/vaccines/hcp/acip-recs/general-recs/tetanus.html for guidance on tetanus toxoid-containing vaccine.

Notes
For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2023.

Additional information
- Consult relevant ACIP statements for detailed recommendations 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 age or minimum interval 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 3-2, 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 vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PP SV23, and COVID-19 vaccines. COVID-19 vaccines that are authorized or approved by the FDA are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.
- For more information on laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html.
Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination
- **AchTb**, **Hiberix**, **Pentacel**, or Vaxelis*: 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
  - Vaxelis* is not recommended for use as a booster dose.
  - A different Hib-containing vaccine should be used for the booster dose.
- **PedvaxHIB**: 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)

Catch-up vaccination
- **Dose 1 at age 7–11 months**: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at age 12–14 months**: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before age 12 months and dose 2 before age 15 months**: Administer dose 3 (final dose) at least 8 weeks after dose 2.
- **2 doses of PedvaxHIB** before age 12 months: Administer dose 3 (final dose) at age 12–59 months and at least 8 weeks after dose 2.
- **1 dose administered at age 15 months or older**: No further doses needed
- **Unvaccinated at age 15–59 months**: Administer 1 dose.
- **Previously unvaccinated children 60 months or older who are not considered high risk**: Do not require catch-up vaccination

For other catch-up guidance, see Table 2. Vaxelis* can be used for catch-up vaccination in children less than age 5 years. Follow the catch-up schedule even if Vaxelis* is used for one or more doses. For detailed information on use of Vaxelis* see www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm.

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

Anatomic or functional asplenia (including sickle cell disease):
**Age 12–59 months**
- Unvaccinated or only 1 dose before age 12 months:
  - 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months:
    - 1 dose at least 8 weeks after previous dose
**Unvaccinated persons age 5 years or older**
- 1 dose

Elective splenectomy:
**Unvaccinated persons age 15 months or older**
- 1 dose (preferably at least 14 days before procedure)

HIV infection:
**Age 12–59 months**
- Unvaccinated or only 1 dose before age 12 months:
  - 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months:
    - 1 dose at least 8 weeks after previous dose
**Unvaccinated persons age 5–18 years**
- 1 dose

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

Hepatitis A vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination
- 2-dose series (minimum interval: 6 months) at age 12–23 months

Catch-up vaccination
Unvaccinated persons through age 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.

Hepatitis B vaccination (minimum age: birth)

Routine vaccination
- 3-dose series at age 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
  - Birth weight ≥2,000 grams: 1 dose within 24 hours of birth if medically stable
  - Birth weight <2,000 grams: 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still <2,000 grams).
- Infants who did not receive a birth dose should begin the series as soon as possible (see Table 2 for minimum intervals).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum intervals (see Table 2)**: when 4 doses are administered, substitute “dose 4” for “dose 3” in these calculations
- **Final (3rd or 4th) dose**: age 6–18 months (minimum age 24 weeks)

Mother is HBsAg-positive
- Birth dose (monovalent HepB vaccine only): administer HepB vaccine and hepatitis B immune globulin (HBIG) (in separate limbs) within 12 hours of birth, regardless of birth weight.
- Birth weight <2000 grams: administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses)
- **Final (3rd or 4th) dose**: administer at age 6 months (minimum age 24 weeks)
- Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.

International travel
- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
  - Infants age 6–11 months: 1 dose before departure; revaccinate with 2 doses (separated by at least 6 months) between age 12–23 months.
  - Unvaccinated age 12 months or older: Administer dose 1 as soon as travel is considered.

Notes
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

### Notes

- **Mother is HBsAg-unknown**
  If other evidence suggestive of maternal hepatitis B infection exists (e.g., presence of HBV DNA, HBcAg-positive, or mother known to have chronic hepatitis B infection), manage infant as if mother is HBsAg-positive.
  - **Birth dose (monovalent HepB vaccine only):**
    - Birth weight ≥2,000 grams: administer HepB vaccine within 12 hours of birth. Determine mother’s HBsAg status as soon as possible. If mother is determined to be HBsAg-positive, administer HBIG as soon as possible (in separate limb), but no later than 7 days of age.
    - Birth weight <2,000 grams: administer HepB vaccine and HBIG (in separate limbs) within 12 hours of birth. Administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses)
  - **Final (3rd or 4th) dose:** administer at age 6 months (minimum age 24 weeks)
    - If mother is determined to be HBsAg-positive or if status remains unknown, test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.

### Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months. See Table 2 for minimum intervals
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation Recombivax HB® only).
- Adolescents age 18 years or older may receive:
  - Heplisav-B®: 2-dose series at least 4 weeks apart
  - PreHevBrio®: 3-dose series at 0, 1, and 6 months
  - Combined HepA and HepB vaccine, Twinrix®: 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

### Special situations

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Post-vaccination serology testing and revaccination** (if anti-HBs < 10mlU/mL) is recommended for certain populations, including:
  - Infants born to HBsAg-positive mothers
  - Persons who are predialysis or on maintenance dialysis
  - Other immunocompromised persons
  - For detailed revaccination recommendations, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html.

**Note:** Heplisav-B and PreHevBrio are not recommended in pregnancy due to lack of safety data in pregnant persons.

### Human papillomavirus vaccination

**(minimum age: 9 years)**

#### Routine and catch-up vaccination

- HPV vaccination routinely recommended at **age 11–12 years** (can start at age 9 years) and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9–14 years at initial vaccination:** 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
  - **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 3–5 months; repeat dose if administered too soon)
- **Interrupted schedules:** If vaccination schedule is interrupted, the series does not need to be restarted.
- No additional dose recommended when any HPV vaccine series has been completed using the recommended dosing intervals.

### Measles, mumps, and rubella vaccination

**(minimum age: 12 months for routine vaccination)**

#### Routine vaccination

- 2-dose series at age 12–15 months, age 4–6 years
- MMR or MMRV may be administered

**Note:** For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.

#### Catch-up vaccination

- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.
- Minimum interval between MMRV doses: 3 months

**Notes**

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using egg-based IIV4 or LAIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions.
- **Severe allergic reaction (e.g., anaphylaxis) to a vaccine component or a previous dose of any influenza vaccine:** see Appendix listing contraindications and precautions
- **Close contacts (e.g., caregivers, healthcare personnel) of severely immunosuppressed persons who require a protected environment:** these persons should not receive LAIV4. If LAIV4 is given, they should avoid contact with/caring for such immunosuppressed persons for 7 days after vaccination.

### Influenza vaccination

**(minimum age: 6 months [IIV], 2 years [LAIV4], 18 years [recombinant influenza vaccine, RIV4])**

#### Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually:
  - 2 doses, separated by at least 4 weeks, for **children age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2022, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
  - 1 dose for **children age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2022
  - 1 dose for **all persons age 9 years or older**
**Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra], 2 years [MenACWY-TT, MenQuadfi])**

**Notes**

If a child needs a dose of 2-dose series at age 3–6 months, 2 doses at least 12 weeks apart until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months.

**Catch-up vaccination**
- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

**Special situations**

Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, or complement inhibitor (e.g., eculizumab, ravulizumab) usage:

- **Menveo**:
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)

- **Menactra** (age 9–23 months):
  - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)

- **Menactra** (age 9–23 months):
  - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)

- **Menactra** (age 2 months):
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)

- **Menactra** (age 9–23 months):
  - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)

- **Menactra** (age 2 months):
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)

- **Menactra** (age 9–23 months):
  - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)

- **Menactra** (age 2 months):
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)

- **Menactra** (age 9–23 months):
  - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)

**Shared clinical decision-making**

**Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, or complement inhibitor (e.g., eculizumab, ravulizumab) usage**:

- **Bexsero**: 2-dose series at least 1 month apart
- **Trumenba**: 2-dose series at least 6 months apart (if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2)

**Adolescent vaccination of children who received MenACWY prior to age 10 years**

- Children for whom boosters are recommended because of an ongoing increased risk of meningococcal disease (e.g., those with complement component deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.

- Children for whom boosters are not recommended (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.
**Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023**

### Pneumococcal vaccination

**Minimum age: 6 weeks (PCV13), (PCV15), 2 years (PPSV23)**

#### Routine vaccination with PCV
- 4-dose series at 2, 4, 6, 12–15 months

#### Catch-up vaccination with PCV
- Healthy children age 24–59 months with any incomplete* PCV series: 1 dose PCV
- For other catch-up guidance, see Table 2.

**Note:** PCV13 and PCV15 can be used interchangeably for children who are healthy or have underlying conditions. PCV15 is not indicated for children who have received 4 doses of PCV13 or another age-appropriate complete PCV13 series.

### Special situations

#### Underlying conditions below: When both PCV and PPSV23 are indicated, administer PCV first. PCV and PPSV23 should not be administered during the same visit.

- **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* series with:
      - 3 PCV doses: 1 dose PCV (at least 8 weeks after any prior PCV dose)
      - Less than 3 PCV doses: 2 doses PCV (8 weeks after the most recent dose and administered 8 weeks apart)
    - No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after completing all recommended PCV doses)
  - **Age 6–18 years**
    - Any incomplete* series with PCV: no further PCV doses needed
    - No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after completing all recommended PCV doses)

#### Chronic spinal fluid leak, cochlear implant:
- **Age 2–5 years**
  - Any incomplete* series with:
    - 3 PCV doses: 1 dose PCV (at least 8 weeks after any prior PCV dose)
    - Less than 3 PCV doses: 2 doses PCV (8 weeks after the most recent dose and administered 8 weeks apart)
  - No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after completing all recommended PCV doses)

#### Poliovirus vaccination

**Minimum age: 6 weeks**

#### Routine vaccination
- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after age 4 years and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before age 4 years when a combination vaccine containing IPV is used. However, a dose is still recommended on or after age 4 years 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.
- IPV is not routinely recommended for U.S. residents age 18 years or older.

#### Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:
- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
- Doses of OPV administered before April 1, 2016, should not be counted (unless specifically noted as administered during a campaign).
- Doses of OPV administered on or after April 1, 2016, should not be counted.
- For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/ww/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

#### Special situations
- **Adolescents aged 18 years at increased risk of exposure to poliovirus with:**
  - No evidence of a complete polio vaccination series (i.e., at least 3 doses): administer remaining doses (1, 2, or 3 doses) to complete a 3-dose series
  - Evidence of completed polio vaccination series (i.e., at least 3 doses): may administer one lifetime IPV booster

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html
Rotavirus vaccination
(minimum age: 6 weeks)

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

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

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

Routine vaccination
- **Adolescents age 11–12 years**: 1 dose Tdap
- **Pregnancy**: 1 dose Tdap during each pregnancy, preferably in 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 age 13–18 years who have not received Tdap**: 1 dose Tdap, then Td or Tdap booster every 10 years
- **Persons age 7–18 years not fully vaccinated with DTaP**: 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at age 7–10 years**:
  - **Children age 7–9 years** who receive Tdap should receive the routine Tdap dose at age 11–12 years.
  - **Children age 10 years** who receive Tdap do not need the routine Tdap dose at age 11–12 years.
- **DTaP inadvertently administered on or after age 7 years**:  
  - **Children age 7–9 years**: DTaP may count as part of catch-up series. Administer routine Tdap dose at age 11–12 years.
  - **Children age 10–18 years**: Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.

Special situations
- **Wound management** in persons age 7 years or older with history of 3 or more doses of tetanus-toxoid-containing vaccine: For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine; for all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine. Tdap is preferred for persons age 11 years or older who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant adolescent, use Tdap.
- For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm.

Varicella vaccination
(minimum age: 12 months)

Routine vaccination
- 2-dose series at age 12–15 months, 4–6 years
- VAR or MMRV may be administered*
- Dose 2 may be administered as early as 3 months after dose 1 (a dose inadvertently administered after at least 4 weeks may be counted as valid)

*Note: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.

Catch-up vaccination
- Ensure persons age 7–18 years without evidence of immunity (see MMWR at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have a 2-dose series:
  - **Age 7–12 years**: Routine interval: 3 months (a dose inadvertently administered after at least 4 weeks may be counted as valid)
  - **Age 13 years and older**: Routine interval: 4–8 weeks (minimum interval: 4 weeks)
  - The maximum age for use of MMRV is 12 years.
# Guide to Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions available at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and ACIP’s Recommendations for the Prevention and Control of 2022-23 seasonal influenza with Vaccines available at [www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm](http://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm).

## For COVID-19 vaccine contraindications and precautions see

[www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#contraindications](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#contraindications)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindicated or Not Recommended&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Precautions&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza, egg-based, inactivated injectable ([IIV4])</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component&lt;sup&gt;3&lt;/sup&gt; (excluding egg)</td>
<td>• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Influenza, cell culture-based inactivated injectable ([ccIIV4], Flucelvax&lt;sup&gt;®&lt;/sup&gt; Quadrivalent)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency, or to any component&lt;sup&gt;3&lt;/sup&gt; of ccIIV4</td>
<td>• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Influenza, recombinant injectable ([RIV4], Flublok&lt;sup&gt;®&lt;/sup&gt; Quadrivalent)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component&lt;sup&gt;3&lt;/sup&gt; of RIV4</td>
<td>• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Influenza, live attenuated ([LAIV4, Flumist&lt;sup&gt;®&lt;/sup&gt; Quadrivalent])</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component&lt;sup&gt;3&lt;/sup&gt; (excluding egg) • Children age 2 – 4 years with a history of asthma or wheezing • Anatomic or functional asplenia • Immunocompromised due to any cause including, but not limited to, medications and HIV infection • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Cochlear implant • Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak • Children and adolescents receiving aspirin or salicylate-containing medications • Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days</td>
<td>• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Asthma in persons aged 5 years old or older • Persons with underlying medical conditions (other than those listed under contraindications) that might predispose to complications after wild-type influenza virus infection (e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)) • Moderate or severe acute illness with or without fever</td>
</tr>
</tbody>
</table>

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)

2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)

3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at [www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states)
### Appendix

#### Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindicated or Not Recommended</th>
<th>Precautions</th>
</tr>
</thead>
</table>
| Dengue (DEN4CYD) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
• Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)  
• Lack of laboratory confirmation of a previous Dengue infection | • Pregnancy  
• HIV infection without evidence of severe immunosuppression  
• Moderate or severe acute illness with or without fever |
| Diphtheria, tetanus, pertussis (DTaP)  
Tetanus, diphtheria (DT) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
For DTaP only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP | • Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus-toxoid–containing vaccine  
• History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria–toxoid–containing or tetanus–toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus–toxoid–containing vaccine  
• For DTaP only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized  
• Moderate or severe acute illness with or without fever |
| Hoemophilus influenzae type b (Hib) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
For Hibrix, ActHib, and PedvaxHIB only: History of severe allergic reaction to dry natural latex  
Less than age 6 weeks | • Moderate or severe acute illness with or without fever |
| Hepatitis A (HepA) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1 including neomycin  
Pregnancy: HepA-Bl and PreHevrio are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepA is indicated2 | • Moderate or severe acute illness with or without fever |
| Hepatitis B (HepB) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
Pregnancy: HepB-Bl and PreHevrio are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepB is indicated2 | • Moderate or severe acute illness with or without fever |
| Human papillomavirus (HPV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1 including neomycin and yeast  
Pregnancy: HPV vaccination not recommended. | • Moderate or severe acute illness with or without fever |
| Meningococcal ACWY (MenACWY)  
MenACWY-CRM (Menveo®),  
MenACWY-D (Menactra®),  
MenACWY-TT (MenQuadr®1) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)  
Pregnancy  
Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent | • For MenACWY-CRM: only; Preterm birth if less than 9 months  
• Moderate or severe acute illness with or without fever |
| Meningococcal B (MenB)  
MenB-4C (Bexsero®),  
MenB-FrPb (Trumenba®) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
Recent (<1 month) receipt of antibody-containing blood product (specific interval depends on product)  
History of thrombocytopenia or thrombocytopenic purpura  
Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing  
Pregnancy  
Personal or family (i.e., sibling or parent) history of seizures of any etiology | • For MenB-4C only: Latex sensitivity  
• Moderate or severe acute illness with or without fever |
| Pneumococcal conjugate (PCV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
Severe allergy reaction (e.g., anaphylaxis) to any diphtheria–toxoid–containing vaccine or its component2  
Severe allergy reaction (e.g., anaphylaxis) to any protein component | • Moderate or severe acute illness with or without fever |
| Pneumococcal polysaccharide (PPSV23) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1 | • Moderate or severe acute illness with or without fever |
| Poliovirus vaccine, inactivated (IPV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1 | • Pregnancy  
• Moderate or severe acute illness with or without fever |
| Rotavirus (RV)  
RV1 (Rotarix®),  
RV3 (Rotarix®)3 | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
Severe combined immunodeficiency (SCID)  
History of intussusception | • Altered immunocompetence other than SCID  
• Chronic gastrointestinal disease  
• RV1 only: Spina bifida or bladder exstrophy  
• Moderate or severe acute illness with or without fever |
| Tetanus, diphtheria, and acellular pertussis (Tdap)  
Tetanus, diphtheria (Td) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component1  
For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap  
For Td only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer Tdap until neurologic status clarified and stabilized  
For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized  
For Td only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized | • Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus-toxoid–containing vaccine  
• History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria–toxoid–containing or tetanus–toxoid–containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus–toxoid–containing vaccine  
• For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized  
• Moderate or severe acute illness with or without fever  
• If using MMRV, see MMR/MMRV for additional precautions |

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states.
4. For information on the pregnancy exposure registry for persons who were inadvertently vaccinated with Heplisav-B or PreHevrio while pregnant, please visit heplisavpregnancyregistry.com or www.prehevrio.com/safety.
### Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

In addition to the recommendations presented in the previous sections of this Immunization Schedule, ACIP has approved the following recommendations by majority vote since October 20, 2022. The following recommendations have been adopted by the CDC Director and are now official. Links are provided if these recommendations have been published in *Morbidity and Mortality Weekly Report (MMWR).*

<table>
<thead>
<tr>
<th>Vaccines and Other Immunizing Agents</th>
<th>Recommendation</th>
<th>Effective Date of Recommendation*</th>
</tr>
</thead>
</table>
| **Meningococcal Vaccines**         | Pfizer’s MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit.*  
*1) Healthy individuals aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccination,  
2) individuals aged 10 years and older at increased risk of meningococcal disease (e.g., due to persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia) due for both vaccines. | October 26, 2023 |
| **Mpx Vaccines**                    | ACIP recommends vaccination* with the 2-dose§ JYNNEOS vaccine series for persons aged 18 years and older at risk for mpx¶  
*This is an interim recommendation that ACIP will revisit in 2-3 years  
§Dose 2 administered 28 days after dose 1  
¶Persons at risk:  
• Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:  
  – A new diagnosis of ≥1 sexually transmitted disease  
  – More than one sex partner  
  – Sex at a commercial sex venue  
  – Sex in association with a large public event in a geographic area where mpx transmission is occurring  
• Sexual partners of persons with the risks described in above  
• Persons who anticipate experiencing any of the above | October 26, 2023 |
| **Respiratory syncytial virus (RSV)** | Maternal Respiratory Syncytial Virus (RSV) vaccine (ABRYSVO™) is recommended for pregnant people during 32 through 36 weeks gestation, using seasonal administration, to prevent RSV lower respiratory tract infection in infants. | September 22, 2023 |
| **COVID-19 (Moderna, Pfizer-BioNTech)** | All persons ≥6 months of age should receive 2023–2024 (monovalent, XBB containing) COVID-19 vaccines as authorized under EUA or approved by BLA.  
Bivalent mRNA COVID-19 vaccines are no longer recommended in the United States  
For detailed information, see: www.cdc.gov/covidschedule | September 12, 2023 |
| **Respiratory syncytial virus (RSV-mAb (Nirsevimab))** | All infants younger than 8 months and born shortly before or during the RSV season should receive 1 dose of nirsevimab within 1 week of birth either in hospital or outpatient setting  
Infants younger than age 8 months not born during RSV season and now entering their first RSV season should receive 1 dose of nirsevimab shortly before the start of RSV season  
Infants aged 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before start of the second RSV season; severe immunocompromise; cystic fibrosis with weight for length <10th percentile; or with manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) should receive 1 dose of nirsevimab shortly before start of second RSV season  
Infants 8–19 months who are American Indian or Alaska Native should receive 1 dose of nirsevimab before start of second RSV season  
Infants who are age-eligible and undergoing cardiac surgery with cardiopulmonary bypass should receive 1 additional dose of nirsevimab after surgery  
For detailed information, see: www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm?s_cid=mm7234a4_w | August 3, 2023 |
| **Poliovirus (IPV)**                | Adolescents age 18 years who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary vaccination series with inactivated polio vaccine (IPV).  
Adolescents age 18 years who have received a primary series of trivalent oral polio vaccine (tOPV) or IPV in any combination and who are at increased risk of poliovirus exposure may receive another dose of IPV. Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults. | June 27, 2023 |
| **Influenza (IIV4, ccIV4, RIV4, LAIV4)** | All persons ages ≥6 months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient’s age and health status can be used.  
Affirm the updated MMWR Recommendations and Reports, “Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023-24 Influenza Season” www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm | June 27, 2023 |

*The effective date is the date when the CDC director adopted the recommendation and when the ACIP recommendation became official.*
In addition to the recommendations presented in the previous sections of this Immunization Schedule, ACIP has approved the following recommendations by majority vote since October 20, 2022. The following recommendations have been adopted by the CDC Director and are now official. Links are provided if these recommendations have been published in *Morbidity and Mortality Weekly Report (MMWR)*.

### Vaccines and Other Immunizing Agents

<table>
<thead>
<tr>
<th>Pneumococcal (PCV15, PCV20)</th>
<th>Recommendation</th>
<th>Effective Date of Recommendation*</th>
</tr>
</thead>
</table>
| • Use of either pneumococcal conjugate vaccines (PCV) PCV15 or PCV20 is recommended for all children aged 2–23 months according to currently recommended PCV dosing and schedules.  
  • For children with an incomplete PCV vaccination status, use of either PCV15 or PCV20 according to currently recommended PCV dosing and schedules is recommended for:  
    – Healthy children aged 24–59 months  
    – Children with specified risk conditions* aged 24 through 71 months  
  • For children aged 2–18 years with any risk condition who have received all recommended doses of PCV before age 6 years  
    – Using ≥1 dose(s) of PCV20: No additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data become available.  
    – Using PCV13 or PCV15 (no PCV20): A dose of PCV20 or PPSV23 using previously recommended dosing and schedules is recommended.  
  • For children aged 6–18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, a single dose of PCV15 or PCV20 is recommended. When PCV15 is used, it should be followed by a dose of PPSV23 at least 8 weeks later if not previously given.  
  *Risk conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease and other hemoglobinopathies). |

*The effective date is the date when the CDC director adopted the recommendation and when the ACIP recommendation became official.*