Child and Adolescent Immunization Schedule

ecommended Child and Adolescent Immunization Schedule for ages 18 years or younger



child and adolescent immunization

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

ody	Abbreviation(s) Trade name(s)	Trade name(s)	How to use the	use the (
al virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus***	July	
	Abbreviation(s) Trade name(s)	Trade name(s)	SCHEGUIL	1)
	1vCOV-mRNA	Comirnaty®/Pfizer-	_	C
		BioNTech COVID-19	_	7
		Vaccine	Determine	Determine
		Spikevax®/Moderna	recommended	recommended
		COVID-19 Vaccine	vaccine by age	interval for catc
	1vCOV-aPS	Novavax COVID-19	(Table 1)	up vaccination
		Vaccine		(Table 2)
	DEN4CYD	Dengvaxia®		
s, and acellular pertussis vaccine	DTaP	Daptacel®		
		Infanrix®		
nzae type b vaccine	Hib (PRP-T)	ActHIB®		

Review new or updated ACIP guidance (Addendum)

contraindications u and precautions g for vaccine types (/ (Appendix)

Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Assess need for additional recommended vaccines by medical condition or other indication (Table 3)

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.anidwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

FluMist® Quadrivalent

MenQuadfi®

Menveo®

MenACWY-CRM

MenACWY-TT MenB-FHbp

Priorix®

Frumenba[®]

Bexsero®

Penbraya™

MenACWY-TT/ MenB-FHbp

Engerix-B® Recombivax HB®

Gardasil 9°

PedvaxHIB[®]

HIP (PRP-OMP)

Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health

Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

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 Download the CDC Vaccine Schedules app for providers at

Vaxneuvance[™] Prevnar 20® Pneumovax 23®

PCV15 PCV20 PPSV23

Jynneos®

www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

 Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html ACIP Shared Clinical Decision-Making Recommendations:

Rotarix® RotaTeq® Adacel®

RSV RV1 RV5 Tdap

Boostrix®

Abrysvo***

General Best Practice Guidelines for Immunization (including contraindications and precautions):

www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

Vaccine information statements:

Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response):

www.cdc.gov/vaccines/pubs/surv-manual

Quadracel®

Vaxelis®

DTaP-IPV-Hib-HepB

Pentacel*

Pediarix® Varivax® **Fenivac**® Tdvax™

hepatitis B, and inactivated poliovirus vaccine

Health and Human Services



Control and Prevention Centers for Disease

Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and doses not imply endorsement by the ACIP or CDC. DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine DTaP, inactivated poliovirus, Haemophilus influenzae type b, and Tetanus, diphtheria, and acellular pertussis vaccine Measles, mumps, rubella, and varicella vaccine Meningococcal serogroup A, B, C, W, Y vaccine Meningococcal serogroups A, C, W, Y vaccine DTaP and inactivated poliovirus vaccine Pneumococcal polysaccharide vaccine Measles, mumps, and rubella vaccine Meningococcal serogroup B vaccine Influenza vaccine (live, attenuated) Respiratory syncytial virus vaccine Pneumococcal conjugate vaccine Human papillomavirus vaccine Poliovirus vaccine (inactivated) Tetanus and diphtheria vaccine Influenza vaccine (inactivated) Diphtheria, tetanus, Haemophilus influen Hepatitis A vaccine Hepatitis B vaccine Dengue vaccine Mpox vaccine For access to Notes, Appendix, and Addendum, visit: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-indications.html#addendum-child

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024 able '

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).

1 dose depe RSV vaccinat	1st dose																			Range of recommended age: for catch-up vaccination
epe	p p														_					E. ⊝
ending on n ion status, S	ose▶	1st dose	1st dose	1st dose	1st dose	1st dose														led ages on
naternal see Notes		2 nd dose	2 nd dose	2 nd dose	2 nd dose	2 nd dose														Rang
1 dose (see Notes	3⁴ dose	see Notes	3 rd dose					See Notes		See Notes								Range of recommended ages for certain high-risk groups
(8 through 19	3 rd dose			43 rd or 4 th See N	→ ——4 th d	3 rd dose				1 st d	— 1 st d ₀	2								
months), See			4 4 th dos	dose,▶ otes	→ eso		1 or mo	Annual vaccin		▲ əso	→	-dose series, !			See Notes					Recommer can begin
Notes	<u> </u>		A			1	e doses of updated	ation 1 or 2 doses				see Notes								Recommended vaccination can begin in this age group
							(2023–2024 Fo		Annual 1 o											Reco
			th dose			th dose	rmula) vaccine (%			esop pui	esop pui									Recommended vaccination based on shared clinical decision-making
							see Notes)						1 dose	See	1st dose		np	Seropos dengue		nation based ision-making
								al vaccination 1 dose only	ual vaccination 1 dose only						2 nd dose	See Notes	Seasonal administration ring pregnancy, See Notes	itive in endemic areas (See Notes)		No recommendation/ not applicable
	and ing on maternal 1 dose (8 through 19 months), See Notes on status, See Notes		See Notes	1 dose (8 through 19 months), See No See Notes 3" dose	1 dose (8 through 19 months), See Notes ✓———————————————————————————————————	1 dose (8 through 19 months), See Notes See Notes 3 rd dose 3 rd dose See Notes 4——4 ^{rh} dose— See Notes 4—4 ^{rh} dose— A——4 ^{rh} dose—	1 dose (8 through 19 months), See Notes See Notes 3 ^{ad} dose 3 ^{ad} dose 4——4 ^{ad} dose— See Notes 4—4 ^{ad} dose— 4—4 ^{ad} dose— 4——4 ^{ad}	1 dose (8 through 19 months), See Notes See Notes	1 dose (8 through 19 months), See Notes See Notes 2	See Notes 3 nd dose 5 ^{nh} dose 5 ^{nh} dose See Notes 4 ^{3nd} dose 4 ^{nh} dose 4 ^{nh} dose 3 nd dose 4 ^{nh} dose 4 ^{nh} dose 4 4 ^{nh} dose 4 ^{nh} dose 4 4 ^{nh} dose 4 ^{nh} dose 4 4 ^{nh} dose 4 ^{nh} dose 5 ^{nh} dose 4 ^{nh} dose 4 ^{nh} dose 4 4 ^{nh} dose 4 ^{nh} dose 4 4 ^{nh} dose 4 ^{nh} dose 4 4 ^{nh} dose 4 ^{nh} dose 1 or more doses of updated (2023-2024 Formula) vaccination 1 dose only 1 or 2 doses Annual vaccination 1 dose only 1 or 2 doses	1 dose (8 through 19 months), See Notes	1 dose (8 through 19 months), See Notes	1 doze (8 through 19 months), See Notes See Notes	1 dose (8 through 19 months) See Notes See Notes	1 doze (8 trough 19 months), See Notes See Notes	1 dose (8 through 19 months), See Notes See Notes	1 dose (8 through 19 months), See Notes See Notes	1 dose (8 through 19 months), See Notes See Notes	1 dose (8 through 19 months), See Notes 3 nd dose 4 nd dose 4 nd dose 5 nd dose 4 nd dose	1 doxe (8 through 19 months), See Notes

For acces

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2024

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.

			Children age 4 months through 6 years		
Vaccine	Minimum Age for		Minimum Interval Between Doses		
	Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months A fifth dose is not necessary if the fourth dose was administered at age 4 years or older and at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1s birthday. 8 weeks las final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if productions of the state of th	8 weeks (as final dose) In do doe only neessary for children age 12 through 3 doses before the 1" birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children for the children for the sage 24 months or older 4 weeks (if first dose was administered before the 1% birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1% birthday or after	No further doses needed for the healthy children if previous dose was administered at age 24 months or older for healthy children if previous dose was administered at <7 months old if current age is younger than 12 months and previous dose was administered between 7–11 months (wait until at least 12 months old); OR if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	8 weeks (as final dose) In dis dose is only necessary for children age 1.2 through S9 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 1.2 months.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years ff current age is <4 years if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella Varicella Hamatirie A	12 months 12 months	4 weeks 3 months 6 months			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT		See Notes Children and adolescents and 7 through 18 years	See Notes	
Meningococcal ACWY	Not applicable (N/A)	8 weeks	Cinidien and adolescents age 7 modgin 10 years		
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first doe of DTaP/DT was administered before the 1" birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1" birthday	6 months if first dose of DTaP/DT was administered before the 1⁴ birthday	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 agministered R if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older			
Dengue	9 years	6 months	6 months		

For access to the Notes, Appendix, and Addendum, visit: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-indications.html#addendum-child

Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2024

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed. able 3

			HIV infecti	on CD4		Aspienia or			
Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	percentage and count ^a <15% or >15% and <200mm		CSF leak or cochlear implant	persistent complement component deficiencies	Heart disease or chronic luna disease	Kidney tailure, End-stage renal disease Chro or on Dialvsis di	Chronic liver disease Diabetes
RSV-mAb (nirsevimab)		2nd RSV season		1 dose RSV vac	on ma us, Se	ternal e Notes	2nd RSV season for chronic lung disease (See Notes)	1 dose depen RSV vaccinatio	1 dose depending on maternal RSV vaccination status, See Notes
Hepatitis B									
Rotavirus		SCID							
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy	×							
흎		HSCT: 3 doses	See Notes			See Notes			
Pneumococcal									
IPV									
COVID-19		See Notes	ites						
IIV4									
LAIV4							Asthma, wheezing: 2-4 years ^c		
MMR	*								
VAR	*								
Hepatitis A									
НРV	*	3 dose series.	e series. See Notes						
MenACWY									
MenB									
RSV (Abrysvo)	Seasonal administration, See Notes								
Dengue									
Мрох	See Notes								
Recommended for all age- eligible children who lack documentation of a comp vaccination series	 olete	Nor recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease	_	Recommende children, and a necessary base or other indica	Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.	be ion	Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction	Contraindicated or not recommended *Vaccinate after pregnancy, if indicated	No Guidance/ Not Applicable cy,
or additional inforr	nation regarding HIV laboratory paran	For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization,	seneral Best Pract	ice Guidelines for In	nmunization,			Sibaicataco MA I	this containalisation for whileholds