#### Child and Adolescent Immunization Schedule

## Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

How to use the child and adolescent immunization Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule $^st$ 

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Review new or updated ACIP guidance (Addendum)

Review
Contraindications u
and precautions g
for vaccine types (
(Appendix)

vaccine types, frequencies, intervals, and considerations

Assess need for additional recommended

Determine recommended finterval for catch-

schedule

for special

vaccines
by medical
condition or
other indication
(Table 3)

Monoclonal antibody	Abbreviation(s) Trade name(s)	Trade name(s)	HOW TO
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus	July
Vaccine	Abbreviation(s) Trade name(s)	Trade name(s)	SCHEMAIN
COVID-19 vaccine	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine	_
		Spikevax/Moderna COVID-19 Vaccine	Determine recommended
	1vCOV-aPS	Novavax COVID-19 Vaccine	(Table 1)
Dengue vaccine	DEN4CYD	Dengvaxia	
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix	
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix	
	Hib (PRP-OMP)	PedvaxHIB	Recommended
Hepatitis A vaccine	HepA	Havrix	html) and appro

Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Dostetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.anidwife.org), American Academy of Physician Associates (www.aapa.org), and National Associaten of Pediatric Nurse Practitioners (www.napnapong). Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/acip/index html) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American

#### Report

Recombivax HB

- 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

### 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. Questions or comments

MenQuadfi Trumenba

M-M-R II Menveo Bexsero

Priorix

MenACWY-CRM

MenACWY-TT

Penbraya

MenACWY-TT/

MenB-FHbp MenB-FHbp Jynneos

Download the CDC Vaccine Schedules app for providers at



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

### Helpful information

Pneumovax 23 Vaxneuvance

PPSV23 PCV15 PCV20

Abrysvo

RSV RV1 RV5 Tdap

Adacel Boostrix RotaTeq

VAR

Prevnar 20

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html
- www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html ACIP Shared Clinical Decision-Making Recommendations:

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

- www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.htm Vaccine information statements:
  - Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/hcp/vis/index.html



DTaP-IPV-Hib-

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definists recommended vacrines firmmunization 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 subsequent visit. The use of trade names is for identification purposes only and doses not imply endorsement by the ACP or CD. DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine DTaP, inactivated poliovirus, Haemophilus influenzae type b, and DTaP, hepatitis B, and inactivated poliovirus vaccine Tetanus, diphtheria, and acellular pertussis vaccine Measles, mumps, rubella, and varicella vaccine Administer recommended vaccines if immunization h Meningococcal serogroup A, B, C, W, Y vaccine Meningococcal serogroups A, C, W, Y vaccine Influenza vaccine (inactivated: cell-culture) Influenza vaccine (inactivated: egg-based) DTaP and inactivated poliovirus vaccine Pneumococcal polysaccharide vaccine Meningococcal serogroup B vaccine Influenza vaccine (live, attenuated) Poliovirus vaccine (inactivated) Respiratory syncytial virus vaccine Pneumococcal conjugate vaccine Human papillomavirus vaccine Tetanus and diphtheria vaccine Hepatitis B vaccine hepatitis B vaccine Mpox vaccine For access to the Notes, Appendix, and Addendum, visit: https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf

# Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

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).

Vaccine and other immunizing agents	Birth	1 mo	2.	nos 4 mos 6n	6 mos	som 6	12 mos	15 mos	18 mos 1	15 mos   18 mos   19-23 mos   2-3 vrs   4-6 vrs   7-10 vrs   11-12 vrs   13-15 vrs	vrs 4-6 vr	s 7–10 vrs	11-12 vrs	3-15 vrs 1	16 vrs 17	17-18 vrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])		1 dose de	1 dose depending on maternal SV vaccination status (See Note	1 dose depending on maternal RSV vaccination status (See Notes)	_	1 dose (81	hrough 19 r	1 dose (8 through 19 months), See Notes	e Notes				ı			
Hepatitis B (HepB)	1st dose	✓ 2nd dose	d dose —▶				3rd dose		1							
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	e 2nd dose	See Notes				П							
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	e 2nd dose	3rd dose			4th dose ·			5th dose	e,				
Haemophilus influenzae type b (Hib)			1st dose	a 2nd dose	See Notes		3rd or 4th dose (See Notes)	n dose_▶ otes)								
Pneumococcal conjugate (PCV15, PCV20)			1st dose	a 2nd dose	3rd dose		<b>4 4th dose</b>	asc								
inactivated poliovirus (IPV)			1st dose	a 2nd dose	<b>\</b>		3rd dose		1		4th dose	Đ.				See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)									1 or more	1 or more doses of 2024–2025 vaccine (See Notes)	2025 vaccine (	See Notes)				
cdIV3)								1 or 2 de	or 2 doses annually	<u> </u>				1 dose annually	ally	
											1 or 2 doses annually	<b>3</b>		1 dose annually	ıally	
Measles, mumps, rubella (MMR)					See Notes	lotes	1st dose				2nd dose	Se				
Varicella (VAR)							1st dose ·				2nd dose	Se				
Hepatitis A (HepA)					See Notes	lotes	2-	2-dose series (See Notes)	See Notes)							
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose			
Human papillomavirus (HPV)												8	See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)							0,	See Notes					1st dose	2n	2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes	ı	
Respiratory syncytial virus vaccine (RSV [Abrysvo])													Se durin	Seasonal administration during pregnancy (See Notes)	iistration (See Notes)	
Dengue (DEN4CYD: 9–16 yrs)													Seropositiv dengue are	Seropositive in endemic dengue areas (See Notes)	; (S	
Мрох																
Range of recommended ages for all children	Range of I	Range of recommended ages for catch-up vaccination	ided ages ition	for po	Range of recommended ages for certain high-risk groups or populations	mended age risk groups o		Recommended vaccination can begin in this age group	ended vacci his age grou	nation can up	Recommer on shared a	Recommended vaccination based on shared clinical decision-making	ı based making	No Gu Not Ap	No Guidance/ Not Applicable	Page 2

For access to the Notes, Appendix, and Addendum, visit: https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf

## Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

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	<b>8 weeks <i>and</i> at least 16 weeks after first dose</b> minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	<b>4 weeks</b> 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 if first dose was administered before the 1st birthday.  8 weeks las final dose)  if first dose was administered at age 12 through 14 months.	No further doses needed if provides and the state of the	8 weeks (as final dose) This doose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children children first dose was administered at age 24 months or older first stokes was administered before if first dose was administered before the 1st birthday 8 weeks (as final dose for healthy children children) if first dose was administered at the 1st birthday or after	No further doses needed for 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 at <7 months old 8 weeks (as final dose for healthy children) 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) This doose is only increasary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received a doses before age 12 months.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years 6 months (as final dose) if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A Meningococcal ACWY	12 months 2 months MenACWY-CRM	6 months 8 weeks	See Notes	See Notes	
	2 years MenACWY-TT		Children and adolescents age 7 through 18 years		
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DIaP/DT was administered before the 1st birthday  G months (as final dose) if first dose of DIaP/DT or Tdap/Td was administered at or after the 1st birthday	6 months if first dose of DTaP/DT was administered before the 1st 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	٨/٨	4 weeks	<b>6 months</b> A fourth dose is not necessary if the third dose was administered at age 4 years or older <b>and</b> at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years OR if the third dose was administered <6 months after the second dose.	
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		Page 3
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# Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2025

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. **Fable 3** 

chronic liver disease se depending on matern accination status (See No or not regard for children 2- or wheezing during the precipe of children 2- or wheezing during the precipe of the second	Vaccine			HIV infection CD4 percentage and count			Asplenia or persistent		Kidney failure,		
Hepatrities   Steek National   Steek N	and otner immunizing agents	Pregnancy	immunocompromised (excluding HIV infection)	<15% or 200/mm³				Heart disease or chronic lung disease	End-Stage renal disease or on dialysis	Chronic liver disease	Diabetes
Protectives	RSV-mAb (nirsevimab)		2nd RSV seasor	r	1 dose depe RSV vaccinatic	nding on maternal on status (See Notes		d RSV season for chronic ıng disease (See Notes)	1 dose RSV vacc	depending on mat cination status (See	ernal Notes)
Diap Tidap   Diap Processed programmo   FEGTS Stocks   See Notes	Hepatitis B										
High   Disp'Tdap   Disp' Tdap   Loos each programs   See Notes   See Notes   See Notes   See Notes   See Notes   See Notes   High cost and programs   See Notes	Rotavirus		SCID®	Į							
High   High High High High High High High High	DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy									
PV   COVID-19   See Notes   Actions   Action	뮢		HSCT: 3 doses	See N	Votes	See	Notes				
Asthma, wheezing: 2–4 years!  ligible	Pneumococcal										
Asthma, wheezing; 2-4 years  Asthma, wheezing; 2-4 years  I wheezing whee	IPV										
Asthma, wheezing: 2–4 years' ligible	COVID-19		See Notes								
eligible ses may be indicated if benefit of protection outweighs a lacondition is condition.  B. Severe Combined Immunodeficiency  Asthma, wheezing: 2–4 years*  Contact in indicated if benefit of recording indicated if benefit of protection at weight is did adverse reaction if indicated in its of adverse reaction if indicated in its of adverse condition if indicated in its of adverse reaction if indicated its order in its of adverse reaction if indicated its order indicated in its order i	Influenza inactivated		Solid organ transplant: 18yrs (See Notes)								
eligible ses may be indicated if benefit of recordition protection outweighs "Vacordition protection outweighs "Vacordition protection outweighs "Vacordition protection outweighs "Vacordition protection if indicated it is severe Combined Immunodeficiency in the control of the	LAIV3						Asth	nma, wheezing: 2–4 years <sup>c</sup>			
eligible ses may be indicated if benefit of recontion of its condition protection outweighs "Vacor is of adverse reaction if indicated to be severe Combined Immunodeficiency	MMR	*									
eligible ses may be indicated if benefit of recont protection outwelghs "Vacci risk of adverse reaction if ind if ind b. Severe Combined Immunodeficiency	VAR	*									
eligible ses may be indicated if benefit of recontion of risk of adverse reaction if indicated if benefit of recontion by Severe Combined Immunodeficiency if indicated in the reconting it indicated if the reconting it indicated if the reconting it indicated in the reconting it indicated in the reconting it indicated in the reconting in the reco	Hepatitis A										
eligible Precaution: Might be cont indicated if benefit of recondition protection outweighs "Vacondition risk of adverse reaction if indicates."	АМ	*	3-dose serie	s (See Notes)							
eligible ses may be indicated if benefit of recordition protection autwelghs "Vacques. sees."  Is oddition risk of adverse reaction if indicated if benefit of recordition and recordition and recordition risk of adverse reaction if indicated its protection in the recordition in t	MenACWY										
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eligible indicated floanefit of recontions. Might be recondition indicated floanefit of recondition protection outweighs "Vaces. risk of adverse reaction floaneficiency b. Severe Combined Immunodeficiency	Dengue										
eligible ses may be indicated if benefit of recont at condition protection outweighs "Vaccondition risk of adverse reaction if indicated if indicated if severe Combined Immunodeficiency	Мрох	See Notes									
b. Severe Combined Immunodeficiency	Recomment eligible chilc documentat vaccination s	ete	lot recommended for all childrer ut recommended for some hildren based on increased risk f r severe outcomes from disease	، or	Recommended for all children, and addition necessary based on roother indications.	l age-eligible nal doses may be nedical condition See Notes.	Prec indii prot risk	aution: Might be cated if benefit of tection outweighs of adverse reaction	Contraindicated crecommended *Vaccinate after pif indicated	or not oregnancy,	No Guidance/ Not Applicable
	a. For additional info "Altered Immunoc www.cdc.gov/vaca	ormation regarding HIV laboratory param competence, at www.cdc.gov/vaccines/r. cines/hcp/acip-recs/general-recs/contrair	eters and use of live vaccines, see the ncp/acip-recs/general-recs/immunocndications.html.	e General Best Practi competence.html an	ce Guidelines for Immuniz nd Table 4-1 (footnote J) at	ation,	b. Severe Comk	bined Immunodeficiency	c. LAIV3 con asthma or	itraindicated for childre wheezing during the p	n 2–4 years of age with

For access to the