



# Immunization Schedules

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## Child and Adolescent Immunization Schedule by Age

Recommendations for Ages 18 Years or Younger, United States, 2023

### Using the schedule

To make vaccination recommendations, healthcare providers should:

1. Determine needed vaccines based on age ([Table 1](#))
2. Determine appropriate intervals for catch-up, if needed ([Table 2](#))
3. Assess for medical conditions and other indications ([Table 3](#))
4. Review special situations ([Vaccination Notes](#))
5. Review contraindications and precautions to vaccination ([Appendix](#))

### For Parents

Parent-friendly schedules

- [Birth to 6 years](#)
- [7 to 18 years](#)

[Vaccines your child may need](#): Get a personalized list of recommended vaccines

### The Immunization Schedule

Table 1. By age

Table 2. Catch-up schedule

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### Legend

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination



Range of recommended ages for certain high-risk groups

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

## Birth to 15 Months

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
<a href="#">Hepatitis B</a>  (HepB)	1 <sup>st</sup> dose	←2 <sup>nd</sup> dose→				←3 <sup>rd</sup> dose→		
<a href="#">Rotavirus</a>  (RV) RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	<a href="#">See notes</a>			

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Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
<a href="#">COVID-19</a> ⓘ (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)					2- or 3-dose primary series and booster (See <a href="#">notes</a> )			
<a href="#">Influenza (IIV4)</a> ⓘ					Annual vaccination 1 or 2 doses			
<b>or</b> <a href="#">Influenza (LAIV4)</a> ⓘ								
<a href="#">Measles, mumps, rubella</a> ⓘ (MMR)					See <a href="#">notes</a>		←1 <sup>st</sup> dose→	
<a href="#">Varicella</a> ⓘ (VAR)							←1 <sup>st</sup> dose→	
<a href="#">Hepatitis A</a> ⓘ (HepA)					See <a href="#">notes</a>		←2-dose series, See <a href="#">notes</a> →	
<a href="#">Tetanus, diphtheria, &amp; acellular pertussis</a> ⓘ (Tdap: ≥7 yrs)								
<a href="#">Human papillomavirus</a> ⓘ (HPV)								
<a href="#">Meningococcal</a> ⓘ (MenACWY-D: ≥9 mos, MenACWY-CRM: ≥2 mos, MenACWY-TT: ≥2years)					See <a href="#">notes</a>			
<a href="#">Meningococcal B</a> ⓘ (MenB-4C, MenB-FHbp)								
<a href="#">Pneumococcal polysaccharide</a> ⓘ (PPSV23)								
<a href="#">Dengue</a> ⓘ (DEN4CYD: 9-16 yrs)								

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Vaccines	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Diphtheria, tetanus, & acellular pertussis <b>i</b> (DTaP: <7 yrs)	←4 <sup>th</sup> dose→			5 <sup>th</sup> dose					
<i>Haemophilus influenzae</i> type b <b>i</b> (Hib)									
Pneumococcal conjugate <b>i</b> (PCV13, PCV15)									
Inactivated poliovirus <b>i</b> (IPV: <18 yrs)	←3 <sup>rd</sup> dose→			4 <sup>th</sup> dose					See notes
COVID-19 <b>i</b> (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)	2- or 3- dose primary series and booster (See notes)								
Influenza (IIV4) <b>i</b>	Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only			
<b>or</b> Influenza (LAIV4) <b>i</b>			Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only			
Measles, mumps, rubella <b>i</b> (MMR)				2 <sup>nd</sup> dose					
Varicella <b>i</b> (VAR)				2 <sup>nd</sup> dose					
Hepatitis A <b>i</b> (HepA)	← 2-dose series, See notes→								
Tetanus, diphtheria, & acellular pertussis <b>i</b> (Tdap: ≥7 yrs)						1 dose			

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Vaccines	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
<a href="#">Pneumococcal polysaccharide</a> ⓘ (PPSV23)									See <a href="#">notes</a>
<a href="#">Dengue</a> ⓘ (DEN4CYD: 9-16 yrs)								Seropositive in endemic dengue areas (See <a href="#">notes</a> )	

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 does not imply endorsement by the ACIP or CDC.

## 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](#).
- 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*.
- Information on travel vaccination requirements and recommendations is available at <https://www.cdc.gov/travel/>.
- For vaccination of persons with immunodeficiencies, see [Table 8-1](#), Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization*, Immunization in Special Clinical Circumstances (In: Kimberlin DW, Barnett ED, Lynfield Ruth, Sawyer MH, eds. Red Book: 2021–2024 Report of the Committee on Infectious Diseases. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local

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- 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/clinical-considerations/interim-considerations-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.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/clinical-considerations/interim-considerations-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html)
- Pre-exposure prophylaxis (monoclonal antibodies) may be considered to complement COVID-19 vaccination. See [www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised)

For Janssen COVID-19 Vaccine recipients see COVID-19 schedule at [www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html)

Note: Administer an age-appropriate vaccine product for each dose. Current COVID-19 schedule and dosage formulation available at [www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf](https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf) . For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see [www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) .

## Contraindications and Precautions

For contraindications and precautions to COVID-19 vaccination, see [COVID-19 Appendix](#)

## Dengue Vaccination

(minimum age: 9 years)

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## Contraindications and Precautions



For contraindications and precautions to dengue vaccination, see [Dengue Appendix](#)

## Diphtheria, tetanus, and pertussis (DTaP) vaccination

(minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

### 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. For detailed information, see [www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm](http://www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm).

## Contraindications and Precautions



For contraindications and precautions to Diphtheria, tetanus, pertussis (DTaP) vaccination, see [DTaP Appendix](#)

## *Haemophilus influenzae* type b vaccination

(minimum age: 6 weeks)

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## 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 age 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](http://www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm).

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## Special situations

- Chemotherapy or radiation treatment:  
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

*Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.*
- Hematopoietic stem cell transplant (HSCT):
  - 3-dose series 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

\*Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)


## Contraindications and Precautions


For contraindications and precautions to Haemophilus influenzae type b (Hib) vaccination, see [Hib Appendix](#)

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- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents age 18 years or older may receive the combined HepA and HepB vaccine, Twinrix®, as a 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).

### International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (<http://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.

### Contraindications and Precautions

For contraindications and precautions to Hepatitis A (HepA) vaccination, see [HepA Appendix](#)

## 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  $\geq 2,000$  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

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- 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 < 10mIU/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 <http://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.

### Contraindications and Precautions ∨

For contraindications and precautions to Hepatitis B (HepB) vaccination, see [HepB Appendix](#)

### Human papillomavirus vaccination

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- 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.

### Special situations

- Immunocompromising conditions, including HIV infection: 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
- History of sexual abuse or assault: Start at age 9 years.
- Pregnancy: Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant

### Contraindications and Precautions

For contraindications and precautions to Human papillomavirus (HPV) vaccination, see [HPV Appendix](#)

## 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
- For the 2022-2023 season, see [www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm](http://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm).
- For the 2023–24 season, see the 2023–24 ACIP influenza vaccine recommendations.

### Special situations

- 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

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[RIV4 Appendix.](#)

## 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

### Special situations



- International travel
  - Infants age 6–11 months: 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
  - Unvaccinated children age 12 months or older: 2-dose series at least 4 weeks apart before departure
- In mumps outbreak settings, for information about additional doses of MMR (including 3rd dose of MMR), see [www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm](http://www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm)

### Contraindications and Precautions



For contraindications and precautions to Measles, mumps, rubella (MMR), see [MMR Appendix](#)

## Meningococcal serogroup A, C, W, Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra], 2 years [MenACWY-TT,

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Special situations



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

- 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)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- Menactra®
  - Persistent complement component deficiency or complement inhibitor use:
    - Age 9–23 months: 2-dose series at least 12 weeks apart
    - Age 24 months or older: 2-dose series at least 8 weeks apart
  - Anatomic or functional asplenia, sickle cell disease, or HIV infection:
    - Age 9–23 months: Not recommended
    - Age 24 months or older: 2-dose series at least 8 weeks apart
    - Menactra® must be administered at least 4 weeks after completion of PCV series.
- MenQuadfi®
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj

([www.cdc.gov/travel/](http://www.cdc.gov/travel/)):

- Children less than age 24 months:
  - Menveo®\* (age 2–23 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)
    - 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)

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\* *Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years.*

Note: Menactra® should be administered either before or at the same time as DTaP. MenACWY may be administered simultaneously with MenB vaccines if indicated, but at a different anatomic site, if feasible.

For MenACWY booster dose recommendations for groups listed under “Special situations” and in an outbreak setting and additional meningococcal vaccination information, see [www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm](http://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm).

## Contraindications and Precautions

For contraindications and precautions to Meningococcal ACWY (MenACWY) [MenACWY-CRM (Menveo®); MenACWY-D (Menactra®); MenACWY-TT (MenQuadfi®)], see [MenACWY Appendix](#)

## Meningococcal serogroup B vaccination

(minimum age: 10 years [MenB-4C, Bexsero®, MenB-FHbp, Trumenba®])

### Shared Clinical Decision-Making

- Adolescents not at increased risk age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
  - 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 3<sup>rd</sup> dose at least 4 months after dose 2)

### Special situations

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

- Bexsero®: 2-dose series at least 1 month apart
- Trumenba®: 3-dose series at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a 4<sup>th</sup> dose should be administered at least 4 months after dose 3)

Note: Bexsero® and Trumenba® are not interchangeable; the same product should be used for all doses in a series.


For MenB booster dose recommendations for groups listed under “Special situations” and in an outbreak setting and

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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)

Cerebrospinal 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)

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- 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) and a dose 2 of PPSV23 5 years later

Age 6–18 years

- No history of either PCV or PPSV23: 1 dose PCV, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV: 1 dose PCV at least 8 weeks after the most recent PPSV23 dose and a dose 2 of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV

\*Incomplete series = Not having received all doses in either the recommended series or an age-appropriate catch-up series see Table 2 in ACIP pneumococcal recommendations at [www.cdc.gov/mmwr/volumes/71/wr/mm7137a3.htm](http://www.cdc.gov/mmwr/volumes/71/wr/mm7137a3.htm)

For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: [www.cdc.gov/vaccines/vod/pneumo/hcp/pneumoapp.html](http://www.cdc.gov/vaccines/vod/pneumo/hcp/pneumoapp.html)

Contraindications and Precautions



For contraindications and precautions to Pneumococcal conjugate (PCV), see [PCV Appendix](#) and Pneumococcal polysaccharide (PPSV23), see [PPSV23 Appendix](#)

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

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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](http://www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html)

Contraindications and Precautions ∨

For contraindications and precautions to Poliovirus vaccine, inactivated (IPV), see [Appendix](#)

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](#).

Contraindications and Precautions ∨

For contraindications and precautions to Rotavirus (RV) [RV1 (Rotarix®), RV5 (RotaTeq®)], see [Rotavirus Appendix](#)

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## 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](#).

\*Fully vaccinated = 5 valid doses of DTaP OR 4 valid doses of DTaP if dose 4 was administered at age 4 years or older.

## 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](http://www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm).

## Contraindications and Precautions



For contraindications and precautions to Tetanus, diphtheria, and acellular pertussis (Tdap) and Tetanus, diphtheria (Td), see [Tdap and Td Appendix](#)

## Varicella vaccination

(minimum age: 12 months)

### Routine vaccination



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- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at [www.cdc.gov/mmwr/pdf/rr/rr5604.pdf](http://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.

## Contraindications and Precautions



For contraindications and precautions to Varicella (VAR), see [VAR Appendix](#)

# Appendix - 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* and *ACIP's Recommendations for the Prevention and Control of 2022-23 seasonal influenza with Vaccines*.

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)

Vaccine  
Vaccine

Contraindicated or Not Recommended<sup>1</sup>  
Contraindicated or Not Recommended<sup>1</sup>

Precautions<sup>2</sup>  
Precautions<sup>2</sup>

Vaccine  
Influenza, egg-based, inactivated injectable (IIV4)

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Influenza, cell culture-based inactivated injectable  
 [(ccIV4), Flucelvax® Quadrivalent]

**Contraindicated or Not Recommended<sup>1</sup>**

- Severe allergic reaction (e.g., anaphylaxis) to any ccIV of any valency, or to any component<sup>3</sup> of ccIV4

**Precautions<sup>2</sup>**

- 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 ccIV4, administer in medical setting under supervision of healthcare provider who can recognize and manage severe allergic reactions. May consult an allergist.
- Moderate or severe acute illness with or without fever

**Vaccine**

Influenza, recombinant injectable  
 [(RIV4), Flublok® Quadrivalent]

**Contraindicated or Not Recommended<sup>1</sup>**

- Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component<sup>3</sup> of RIV4

**Precautions<sup>2</sup>**

- 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, ccIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of healthcare provider who can recognize and manage severe allergic reactions. May consult an allergist.
- Moderate or severe acute illness with or without fever

**Vaccine**

Influenza, live attenuated [LAIV4, Flumist® Quadrivalent]

**Contraindicated or Not Recommended<sup>1</sup>**



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- 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

Precautions<sup>2</sup>

- 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

Vaccine

Dengue (DEN4CYD)

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>
- 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

Precautions<sup>2</sup>

- Pregnancy
- HIV infection without evidence of severe immunosuppression
- Moderate or severe acute illness with or without fever

Vaccine

Diphtheria, tetanus, pertussis (DTaP)

Tetanus, diphtheria (DT)



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Precautions<sup>2</sup>

- 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

Vaccine

*Haemophilus influenzae* type b (Hib)

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>
- For Hiberix, ActHib, and PedvaxHIB only: History of severe allergic reaction to dry natural latex
- Age <6 weeks

Precautions<sup>2</sup>

- Moderate or severe acute illness with or without fever

Vaccine

Hepatitis A (HepA)

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup> including neomycin

Precautions<sup>2</sup>

- Moderate or severe acute illness with or without fever

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Vaccine

Hepatitis A- Hepatitis B vaccine [HepA-HepB, (Twinrix®)]

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup> including neomycin and yeast

Precautions<sup>2</sup>

- Moderate or severe acute illness with or without fever

Vaccine

Human papillomavirus (HPV)

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>
- Pregnancy: HPV vaccination not recommended.

Precautions<sup>2</sup>

- Moderate or severe acute illness with or without fever

Vaccine

Measles, mumps, rubella (MMR)

Measles, mumps, rubella, and varicella (MMRV)

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>
- 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



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Vaccine

Meningococcal ACWY (MenACWY)

[MenACWY-CRM (Menveo®); MenACWY-D (Menactra®); MenACWY-TT (MenQuadfi®)]

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>
- For MenACWY-D and Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid- or CRM<sub>197</sub>-containing vaccine
- For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine

Precautions<sup>2</sup>

- For MenACWY-CRM only: Preterm birth if less than age 9 months
- Moderate or severe acute illness with or without fever

Vaccine

Meningococcal B (MenB)

[MenB-4C (Bexsero®); MenB-FHbp (Trumenba®)]

Contraindicated or Not Recommended<sup>1</sup>

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>

Precautions<sup>2</sup>

- Pregnancy
- For MenB-4C only: Latex sensitivity
- Moderate or severe acute illness with or without fever

Vaccine

Pneumococcal conjugate (PCV)

Contraindicated or Not Recommended<sup>1</sup>

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**Contraindicated or Not Recommended<sup>1</sup>**

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>

**Precautions<sup>2</sup>**

- Moderate or severe acute illness with or without fever

**Vaccine**

Poliovirus vaccine, inactivated (IPV)

**Contraindicated or Not Recommended<sup>1</sup>**

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>

**Precautions<sup>2</sup>**

- Pregnancy
- Moderate or severe acute illness with or without fever

**Vaccine**

Rotavirus (RV) [RV1 (Rotarix<sup>®</sup>), RV5 (RotaTeq<sup>®</sup>)]

**Contraindicated or Not Recommended<sup>1</sup>**

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>
- Severe combined immunodeficiency (SCID)
- History of intussusception

**Precautions<sup>2</sup>**

- Altered immunocompetence other than SCID
- Chronic gastrointestinal disease
- RV1 only: Spina bifida or bladder exstrophy
- Moderate or severe acute illness with or without fever

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**Precautions<sup>2</sup>**

- Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid-containing vaccine
- History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-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

**Vaccine**

Varicella (VAR)

**Contraindicated or Not Recommended<sup>1</sup>**

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup>
- 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

**Precautions<sup>2</sup>**

- Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product)
- Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)
- Use of aspirin or aspirin-containing products
- Moderate or severe acute illness with or without fever
- If using MMRV, see MMR/MMRV for additional precautions

# Vaccines in the Child and Adolescent Immunization Schedule\*

Vaccines	Abbreviation(s)	Trade name(s)
1. When a contraindication is present, a vaccine should NOT be administered. <a href="#">ACIP General Best Practice Guidelines for Immunization.</a>	Kroger A, Bahta L, Hunter D	ACIP General Best Practice
COVID-19		Comirnaty®/Pfizer, BioNTech COVID-19
2. When a precaution is present, vaccination should generally be deferred but might be warranted if the benefit of protection from the vaccine outweighs the risk from administration. <a href="#">Kroger A, Bahta L, Hunter D. ACIP General Best Practice Guidelines for</a>	Kroger A, Bahta L, Hunter D	ACIP General Best Practice

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Vaccines	Abbreviation(s)	Trade name(s)
Diphtheria, tetanus vaccine	DT	No Trade Name
<i>Haemophilus influenzae</i> type B vaccine	Hib (PRP-T)	ActHIB® Hiberix®
	Hib (PRP-OMP)	PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D	Menactra®
	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C	Bexsero®
	MenB-FHbp	Trumenba®
Pneumococcal conjugate vaccine	PCV13	Prevnar 13®
	PCV15	Vaxneuvance™
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	IPOL®

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(Use combination vaccines instead of separate injections when appropriate.)

Vaccines	Abbreviation(s)	Trade name(s)
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type B vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad®

\* 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 does not imply endorsement by the ACIP or CDC.

This schedule is recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP [link](#)), American Academy of Family Physicians (AAFP [link](#)), American College of Obstetricians and Gynecologists (ACOG [link](#)), American College of Nurse-Midwives (ACNM [link](#)), American Academy of Physician Associates (AAPA [link](#)), and National Association of Pediatric Nurse Practitioners (NAPNAP [link](#)).

The comprehensive summary of the ACIP recommended changes made to the child and adolescent immunization schedule can be found in the [February 10, 2023 MMWR](#).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) [link](#) or (800-822-7967)

Questions or comments

Contact [www.cdc.gov/cdc-info](http://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](#)
- [General Best Practice Guidelines for Immunization](#)
- [Vaccine information statements](#)

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