



PARTICIPANT HANDOUTS

2024 Immunization Update

Thank you for attending the On-Demand Module. By doing so you are strengthening the ability of your community-based and patient-directed health center or public health department to deliver comprehensive, culturally competent, high-quality primary health care services.

Presented by:

A. Patricia Wodi, MD, Immunization Services Division, National Center for Immunization and Respiratory Diseases

Target Audience:

Clinical leadership, clinicians, and clinical support staff at health centers and public health departments in Region VIII (CO, MT, ND, SD, UT, WY), including physicians, PAs, NPs, nurses, MAs, and other interested health care professionals.

Event Overview:

This annual presentation is intended to update health care personnel on the latest updates to routine immunization schedules and the most recent Advisory Committee on Immunization Practices (ACIP) recommendations.

Learning Objectives:

Upon completion of this session, participants should be able to:

1. Identify important updates to the 2024 ACIP recommended immunization schedules for children and adolescents.
2. Identify important updates to the 2024 ACIP recommended immunization schedule for adults.
3. Locate current vaccination resources for healthcare providers.
4. Locate and utilize the child/adolescent and adult immunization schedules.

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CHAMPS ON-DEMAND MODULES

This event will be posted on the [CHAMPS On-Demand Modules and Courses](#) page, and enduring Continuing Medical Education (CME) credit will be awarded. The module will remain available until new ACIP immunization recommendations are released, likely near the end of 2024.

DESCRIPTION OF CHAMPS AND RMPHTC

Community Health Association of Mountain/Plains States (CHAMPS) is a nonprofit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally designated Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, policy and funding communications, and the collection and dissemination of regional data. Staff and board members of [CHAMPS Organizational Members](#) receive targeted benefits in the areas of business intelligence, networking, and peer support, recognition and awards, recruitment and retention, training discounts and reimbursement, and more.

For over 35 years, CHAMPS has been an essential resource for Community Health Centers training and support! Be sure to take advantage of CHAMPS' programs, products, resources, and other services. For more information about CHAMPS, please visit www.CHAMPSonline.org.

The Rocky Mountain Public Health Training Center (RMPHTC) is housed within the Center for Public Health Practice at the Colorado School of Public Health. They are one of the ten Regional Public Health Training Centers designated by the Health Resources & Services Administration (HRSA) to provide training to professionals addressing public health issues. They are a member of the Public Health Training Center Network and serve Region VIII. For more information about RMPHTC, please visit www.rmphtc.org.

SPEAKER BIOGRAPHY

A. Patricia Wodi, MD, is a public health physician with the Centers for Disease Control and Prevention's Immunization Services Division, located in the National Center for Immunization and Respiratory Diseases. Prior to joining the CDC, Dr. Wodi worked in clinical practice and clinical drug development for over 15 years. At the CDC, she is the co-lead for the Advisory Committee on Immunization Practice Combined Immunization Schedule Work Group, editor for the Epidemiology and Prevention of Vaccine-Preventable Disease textbook (otherwise known as the "Pink Book"), provides immunization educational resources and training to healthcare providers, and has worked on several vaccine safety research studies. Dr. Wodi holds a Doctor of Medicine degree from the College of Medicine, University of Port-Harcourt in Nigeria, and is board certified in general pediatrics and pediatric infectious diseases.



ACIP Recommended Immunization Schedules: 2023 Updates

CHAMPS 2024 Immunization Update **05 February 2024**

A. Patricia Wodi, MD

Immunization Services Division

National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention

Disclosure and Disclaimer

- The presenters has been asked to disclose any significant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during our presentations
 - Dr. Wodi has no relationships to disclose
- Use of vaccines in a manner not approved by the U.S. Food and Drug Administration (FDA) will be discussed
 - But in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations
- The findings and conclusions in this presentation are those of the presenters and do not necessarily represent the official position of the Centers for Disease Control and Prevention

Learning Objectives

- Describe the 2024 updates to the Childhood and Adolescent Immunization Schedule
- Describe the 2024 updates to the Adult Immunization Schedule
- Locate relevant vaccination resources for health care providers

Outline

- Overview of immunization schedule
- 2024 update to the child & adolescent immunization schedule
- 2024 update to the adult immunization schedule
- Vaccination resources for healthcare providers

Immunization schedule: Overview

Immunization Schedules: Overview

- Two separate schedules
 - Child and adolescent schedule (age birth through 18 years)
 - Adult schedule (age 19 years or older)
- Updated each year
 - Represents current, approved ACIP policy
 - Designed for implementation of ACIP policy

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

UNITED STATES
2024

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

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	1vCOV-mRNA	Comirnaty [®] /Pfizer-BioNTech COVID-19 Vaccine Spikevax [®] /Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Haemophilus influenzae type b vaccine	Hib	ActHIB [®] Hiberix [®] PedvaxHIB [®]
Hepatitis A vaccine	HepA	Havrix [®] Vaqta [®]
Hepatitis B vaccine	HepB	Twinrix [®]
Hepatitis A and hepatitis B vaccine	HepA-HepB	
Hepatitis B vaccine	HepB	Engerix-B [®] HepSav-B [®] PreHevbio [®] Recombivax HB [®]
Human papillomavirus vaccine	HPV	Gardasil 9 [®]
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist [®] Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok [®] Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II [®] Priorix [®]
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo [®] MenQuadfi [®]
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero [®] Trumenba [®]
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya [™]
Mpox vaccine	Mpox	Jynneos [®]
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance [™] Prevnar 20 [™]
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23 [®]
Poliovirus vaccine	IPV	Ipol [®]
Respiratory syncytial virus vaccine	RSV	Tenivac [®] Abrysvo [™]
Tetanus and diphtheria toxoids	Td	Tenivac [®] Tdvax [™]
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel [®] Boostrix [®]
Varicella vaccine	VAR	Varivax [®]
Zoster vaccine, recombinant	RZV	Shingrix [®]

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

12/28/2023

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2024

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty [®] /Pfizer-BioNTech COVID-19 Vaccine Spikevax [®] /Moderna COVID-19 Vaccine
Haemophilus influenzae type b vaccine	Hib	ActHIB [®] Hiberix [®] PedvaxHIB [®]
Hepatitis A vaccine	HepA	Havrix [®] Vaqta [®]
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix [®]
Hepatitis B vaccine	HepB	Engerix-B [®] HepSav-B [®] PreHevbio [®] Recombivax HB [®]
Human papillomavirus vaccine	HPV	Gardasil 9 [®]
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist [®] Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok [®] Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II [®] Priorix [®]
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo [®] MenQuadfi [®]
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero [®] Trumenba [®]
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya [™]
Mpox vaccine	Mpox	Jynneos [®]
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance [™] Prevnar 20 [™]
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23 [®]
Poliovirus vaccine	IPV	Ipol [®]
Respiratory syncytial virus vaccine	RSV	Tenivac [®] Abrysvo [™]
Tetanus and diphtheria toxoids	Td	Tenivac [®] Tdvax [™]
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel [®] Boostrix [®]
Varicella vaccine	VAR	Varivax [®]
Zoster vaccine, recombinant	RZV	Shingrix [®]

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

12/28/2023

How to use the child and adolescent immunization

- 1 Determine recommended vaccinations by age (Table 1)
- 2 Assess need for additional recommended vaccinations by medical condition or other indication (Table 2)
- 3 Review vaccine types, dosing intervals, and considerations for special situations (Notes)
- 4 Review contraindications and precautions for vaccine types (Appendix)
- 5 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 College of Physicians (www.acponline.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 Assistants (www.aapa.org/), American Pharmacists Association (www.pharmacist.com/), and Society for Healthcare Epidemiology of America (www.shea-online.org/).

Report
 • Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department.
 • Clinically significant adverse events to the Vaccine Adverse Event Reporting System 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 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: www.cdc.gov/vaccines/acip/acip-scdm-faqs.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 (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual

Scan QR code for access to online schedule

CS1910021-0

www.cdc.gov/vaccines/schedules/index.html

Adult Immunization Schedule by Age

Recommendations for Ages 19 Years or Older, United States, 2024

[Print](#)

Using the schedule


To make vaccination recommendations, healthcare providers should:

1. Determine recommended vaccinations by age ([Table 1](#))
2. Assess need for additional recommended vaccinations by medical condition or other indication ([Table 2](#))
3. Review vaccine types, dosing frequencies and intervals, and considerations for special situations ([Notes](#))
4. Review contraindications and precautions for vaccine types ([Appendix](#))
5. Review new or updated ACIP guidance ([Addendum](#))

Vaccines You May Need

[Recommended vaccines for adults](#)

[Get personalized recommendations](#)

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The Immunization Schedule

[Vaccines in the schedule](#)

[Vaccination notes](#)

[Table 1. By age](#)


[Appendix](#)

[Table 2. By indications](#)

[Addendum](#)

Download the Schedule

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More Schedule Resources

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Adult Immunization Schedule by Age

Recommendations for Ages 19 Years or Older, United States, 2024

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To make vaccination recommendations, healthcare providers should:

1. Determine recommended vaccinations by age ([Table 1](#))
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The Immunization Schedule

Vaccines in the schedule

Vaccination notes

Table 1. By age


Appendix

Table 2. By indications

Addendum

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Adult Immunization Schedule Changes for 2024

General schedule	▼
COVID-19 vaccination	▼
Hepatitis A vaccination	▼
Hepatitis B vaccination	▼
HPV vaccination	▼
Influenza vaccination	▼
Meningococcal vaccination	▼
Mpox vaccination	▼
Pneumococcal vaccination	▼
Poliovirus vaccination	▼
Respiratory syncytial virus vaccination	▼
Tdap vaccination	▼

Child and Adolescent Immunization Schedule Changes for 2024

General schedule	▼
COVID-19 vaccination	▼
DTaP vaccination	▼
HPV vaccination	▼
Influenza vaccination	▼
MMR vaccination	▼
Meningococcal ACWY vaccination	▼
MenB vaccination	▼
Mpox vaccination	▼
Pneumococcal vaccination	▼
Poliovirus vaccination	▼
Respiratory syncytial virus immunization	▼
Respiratory syncytial virus vaccination	▼
Tdap vaccination	▼
Appendix	▼

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2024

Weekly / January 11, 2024 / 73(1):11–15

[Print](#)

Neil Murthy, MD¹; A. Patricia Wodi, MD¹; Veronica V. McNally, JD²; Matthew F. Daley, MD³; Sybil Cineas, MD⁴ ([VIEW AUTHOR AFFILIATIONS](#))

[View suggested citation](#)

At its October 2023 meeting, the Advisory Committee on Immunization Practices* (ACIP) approved the Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2024. The adult immunization schedule, which can be found on the CDC immunization schedule website (<https://www.cdc.gov/vaccines/schedules>), is published annually to consolidate and summarize updates to ACIP recommendations on the vaccination of adults and to assist health care providers in implementing current ACIP recommendations. The 2024 immunization schedule includes several changes to the cover page, tables, notes, and appendix from the 2023 immunization schedule.¹ In addition, the 2024 adult immunization schedule includes a new addendum section that summarizes new or updated ACIP recommendations that will occur before the next annual update to the adult immunization schedule. Health care providers are advised to use the cover page, tables, notes, appendix, and addendum together to determine recommended vaccinations for patient populations.

This adult immunization schedule is recommended by ACIP (<https://www.cdc.gov/vaccines/acip>) and approved by CDC (<https://www.cdc.gov>), the American College of Physicians (<https://www.acponline.org>), the American Academy of Family Physicians (<https://www.aafp.org>), the American College of Obstetricians and Gynecologists (<https://www.acog.org>), the American College of Nurse-Midwives (<https://www.midwife.org>), the American Academy of Physician Associates (<https://www.aapa.org>), the American Pharmacists Association (<https://www.pharmacist.com>), and the Society for Healthcare Epidemiology of America (<https://shea-online.org>).

ACIP's recommendations on the use of each vaccine are developed after in-depth reviews of vaccine-related data, including disease epidemiology and societal impacts, vaccine efficacy and effectiveness, vaccine safety, quality of evidence, feasibility of program implementation, impact on health equity, and economic analyses of immunization policy (1,2). Health care providers should be aware that changes in recommendations for specific vaccines occur between these annual updates to the adult immunization schedule.³ Such changes will be summarized in the new addendum section; however, health care providers are encouraged to refer to ACIP recommendations for detailed guidance on the use of each vaccine (<https://www.cdc.gov/vaccines/hcp/acip-recs>). An online version of the 2024 adult immunization schedule and instructions for downloading the schedule app to use on mobile devices are available on the immunization schedule website (<https://www.cdc.gov/vaccines/schedules>). The use of vaccine trade names in this report and in the adult immunization schedule is for identification purposes only and does not imply endorsement by ACIP or CDC.

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Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2024

Weekly / January 11, 2024 / 73(1):6–10

[Print](#)

A. Patricia Wodi, MD¹; Neil Murthy, MD¹; Veronica V. McNally, JD²; Matthew F. Daley, MD³; Sybil Cineas, MD⁴ ([VIEW AUTHOR AFFILIATIONS](#))

[View suggested citation](#)

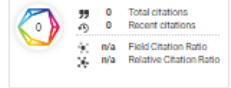
At its October 2023 meeting, the Advisory Committee on Immunization Practices* (ACIP) approved the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024. The child and adolescent immunization schedule, which can be found on the CDC immunization schedule website (<https://www.cdc.gov/vaccines/schedules>), is published annually to consolidate and summarize updates to ACIP recommendations on the vaccination of children and adolescents and to assist health care providers in implementing current ACIP recommendations. The 2024 immunization schedule includes several changes to the cover page, tables, notes, and appendix from the 2023 immunization schedule.¹ In addition, the 2024 child and adolescent immunization schedule includes a new addendum section to summarize new or updated ACIP recommendations that will occur before the next annual update to the child and adolescent immunization schedule. Health care providers are advised to use the cover page, tables, notes, appendix, and addendum together to identify the recommended immunizations for patient populations.

The 2024 child and adolescent immunization schedule is recommended by ACIP (<https://www.cdc.gov/vaccines/acip>) and approved by CDC (<https://www.cdc.gov>), the American Academy of Pediatrics (<https://www.aap.org>), the American Academy of Family Physicians (<https://www.aafp.org/home.htm>), the American College of Obstetricians and Gynecologists (<https://www.acog.org>), the American College of Nurse-Midwives (<https://www.midwife.org>), the American Academy of Physician Associates (<https://www.aapa.org>), and the National Association of Pediatric Nurse Practitioners (<https://www.napnnp.org>).

ACIP's recommendations for the use of each vaccine and other immunizing agents are developed after in-depth reviews of product-related data, including the epidemiology and societal impacts of the vaccine-preventable disease, efficacy and effectiveness of the vaccine or other immunizing agent, safety of the vaccine or other immunizing agent, quality of evidence, feasibility of program implementation, impact on health equity, and economic analyses of immunization policy (1,2). Health care providers should be aware that changes in recommendations for specific vaccines and related agents occur between these annual updates to the child and adolescent immunization schedule.³ Such changes will be summarized in the new addendum section; however, health care providers are encouraged to refer to ACIP vaccine recommendations for detailed guidance on the use of each product (<https://www.cdc.gov/vaccines/hcp/acip-recs>). An online version of the 2024 child and adolescent immunization schedule and instructions for downloading the schedule app are available on the immunization schedule website (<https://www.cdc.gov/vaccines/schedules>). The use of trade names in the child and adolescent immunization schedule and in this report is for identification purposes only and does not imply endorsement by ACIP or CDC.

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1. [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2024 | MMWR\(cdc.gov\)](#)
2. [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2024 | MMWR\(cdc.gov\)](#)

Adult Immunization Schedule by Age

Recommendations for Ages 19 Years or Older, United States, 2024

[Print](#)

Using the schedule


To make vaccination recommendations, healthcare providers should:

1. Determine recommended vaccinations by age ([Table 1](#))
2. Assess need for additional recommended vaccinations by medical condition or other indication ([Table 2](#))
3. Review vaccine types, dosing frequencies and intervals, and considerations for special situations ([Notes](#))
4. Review contraindications and precautions for vaccine types ([Appendix](#))
5. Review new or updated ACIP guidance ([Addendum](#))

Vaccines You May Need

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<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2024

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
		Engerix-B®
Hepatitis B vaccine		
Human papillomavirus vaccine		
Influenza vaccine (inactivated)		
Influenza vaccine (live, attenuated)		
Influenza vaccine (recombinant)		
Measles, mumps, and rubella vaccine		
Meningococcal serogroups A, C, W, Y vaccine		
Meningococcal serogroup B vaccine		
Meningococcal serogroup A, B, C, W, Y vaccine		
Mpox vaccine		
Pneumococcal conjugate vaccine		
Pneumococcal polysaccharide vaccine		
Poliovirus vaccine		
Respiratory syncytial virus vaccine		
Tetanus and diphtheria toxoids		
Tetanus and diphtheria toxoids and acellular pertussis vaccine		
Varicella vaccine		
Zoster vaccine, recombinant		

How to use the adult immunization schedule

- 1 Determine recommended vaccinations by age (**Table 1**)
- 2 Assess need for additional recommended vaccinations by medical condition or other indication (**Table 2**)
- 3 Review vaccine types, dosing frequencies and intervals, and considerations for special situations (**Notes**)
- 4 Review contraindications and precautions for vaccine types (**Appendix**)
- 5 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

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

UNITED STATES
2024

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

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus™
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	1vCOV-mRNA	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHIB® Hiberix® PedvaxHIB®
	Hib (PRP-OMP)	Havrix® Vaqta®
Hepatitis A vaccine	HepA	Engerix-B® Recombivax HB®
Hepatitis B vaccine	HepB	Gardasil 9®
Human papillomavirus vaccine	HPV	Multiple
Influenza vaccine (inactivated)	IV4	FluMist® Quadrivalent
Influenza vaccine (live, attenuated)	LAIV4	M-M-R II® Priorix®
Measles, mumps, and rubella vaccine	MMR	Menveo®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C	Bexsero®
Meningococcal serogroup A, B, C, W, Y vaccine	MenB-FHbp	Trumenba®
	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance™
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	Ipol®
Respiratory syncytial virus vaccine	RSV	Abrysvo™
Rotavirus vaccine	RV1	Rotarix®
	RV5	RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	DTaP	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
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® Quadacel® Vaxelis®
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	ProQuad®
Measles, mumps, rubella, and varicella vaccine	MMRV	

*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.

11/16/2023

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/).

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 or 800-822-7967

Questions or comments

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Use the cover page, tables, notes, appendix, and addendum together to determine recommended vaccinations for patient populations.

2024 Updates to Child/Adolescent Immunization Schedule

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

UNITED STATES
2024

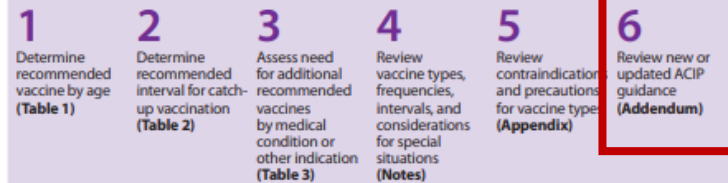
Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus™
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	1vCOV-mRNA	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHIB® Hiberix®
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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
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Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo®
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	MenB-4C	Bexsero®
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	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance™
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Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
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DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadacel®
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

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How to use the child and adolescent immunization schedule



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

UNITED STATES
2024

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11/16/2023

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Centers for Disease Control and Prevention

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

UNITED STATES
2024

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

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U.S. Department of Health and Human Services
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Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

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

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Helpful information

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- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): 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 (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual



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CS310020-D

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

UNITED STATES
2024

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

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus™
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	TvCOV-mRNA	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	TvCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia*
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHIB® Hiberix® PedvaxHIB®
	Hib (PRP-OMP)	Havrix® Vaqta®
Hepatitis A vaccine	HepA	Engerix-B® Recombivax HB®
Hepatitis B vaccine	HepB	Gardasil 9®
Human papillomavirus vaccine	HPV	Multiple
Influenza vaccine (inactivated)	IIV4	FluMist® Quadrivalent
Influenza vaccine (live, attenuated)	LAIV4	M-M-R II®
Measles, mumps, and rubella vaccine	MMR	Priorix®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C	Bexsero®
	MenB-FHbp	Trumenba®
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance™ Prenar 20®
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	Ipol®
Respiratory syncytial virus vaccine	RSV	Abrysvo™
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
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 vaccine	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.

11/16/2023


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).

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 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 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: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
- * General Best Practice Guidelines for Immunization (including contraindications and precautions): 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 (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual



Deleted the following vaccines because they are no longer recommended or distributed in the U.S.

1. Bivalent mRNA COVID-19 vaccines
2. Diphtheria, Tetanus vaccine (DT)
3. 13-valent pneumococcal conjugate vaccine (PCV13)
4. MenACWY-D (Menactra)

Table 1

Child Immunization Schedule by Age

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

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 mos	4 mos	6 mos	9 mos	12 mos	15 mos	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	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes												
Hepatitis B (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →														
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)	1 st dose		2 nd dose	See Notes														
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)	1 st dose		2 nd dose	3 rd dose	← 4 th dose →			5 th dose										
Haemophilus influenzae type b (Hib)	1 st dose		2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →												
Pneumococcal conjugate (PCV15, PCV20)	1 st dose		2 nd dose	3 rd dose	← 4 th dose →													
Inactivated poliovirus (IPV <18 yrs)	1 st dose		2 nd dose	← 3 rd dose →					4 th dose	See Notes								
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																	
Influenza (IIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
Influenza (LAIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →		2 nd dose									
Varicella (VAR)							← 1 st dose →		2 nd dose									
Hepatitis A (HepA)					See Notes		2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)											1 dose							
Human papillomavirus (HPV)											See Notes							
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes													1 st dose	2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																See Notes		
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy, See Notes			
Dengue (DEN4CYD; 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)				
Mpox																		

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

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

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 mos	4 mos	6 mos	9 mos	12 mos	15 mos	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							
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes																		
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →																			
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes																			
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →			5 th dose													
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →																	
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →																
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →					4 th dose														
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																							
Influenza (IIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only													
OR											Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only						
Influenza (LAIV4)											Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only						
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →				2 nd dose													
Varicella (VAR)							← 1 st dose →				2 nd dose													
Hepatitis A (HepA)					See Notes		2-dose series, See Notes																	
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose											
Human papillomavirus (HPV)													See Notes											
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1 st dose	2 nd dose								
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes										
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy, See Notes										
Dengue (DEN4CYD; 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)										
Mpox																								

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

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

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 mos	4 mos	6 mos	9 mos	12 mos	15 mos	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	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes			1 dose (8 through 19 months), See Notes														
Hepatitis B (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →														
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →											
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →						4 th dose				See Notes			
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																	
Influenza (IIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
OR											Annual vaccination 1 or 2 doses			OR Annual vaccination 1 dose only				
Influenza (LAIV4)											Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →				2 nd dose							
Varicella (VAR)							← 1 st dose →				2 nd dose							
Hepatitis A (HepA)					See Notes		2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose					
Human papillomavirus (HPV)													See Notes					
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1 st dose	2 nd dose		
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy, See Notes			
Dengue (DEN4CYD; 9–16 yrs)															Seropositive in endemic dengue areas (See Notes)			
Mpox																		

 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

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

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 mos	4 mos	6 mos	9 mos	12 mos	15 mos	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		
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes			1 dose (8 through 19 months), See Notes															
Hepatitis B (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →															
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes														
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose							
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →												
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →											
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →						4 th dose								
COVID-19 (1vCOV-mRNA, 1vCOV-aP5)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																		
Influenza (IIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only								
OR											Annual vaccination 1 or 2 doses								
Influenza (LAIV4)											Annual vaccination 1 dose only								
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →				2 nd dose								
Varicella (VAR)							← 1 st dose →				2 nd dose								
Hepatitis A (HepA)					See Notes		2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose						
Human papillomavirus (HPV)													See Notes						
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1 st dose			2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy, See Notes					
Dengue (DEN4CYD; 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)					
Mpox																			

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

Table 2

Catch-up Immunization Schedule

Table 2 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 Dose 1	Minimum Interval Between Doses			
		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.
<i>Haemophilus influenzae</i> 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 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1 st birthday and second dose was administered at younger than 15 months; OR if both doses were PedvaxiHIB® and were administered before the 1st birthday	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older 4 weeks if first dose was administered before the 1 st birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after	No further doses needed for healthy children if previous dose was administered at age 24 months or older 4 weeks 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 dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 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	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
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 DTaP/DT was administered before the 1 st birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday	6 months if first dose of DTaP/DT was administered before the 1 st 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 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		

Table 3

Immunization by Medical Indication

Table 3: Immunization by medical indication

- Revised the legend definitions to improve clarity of the recommendations
- Harmonized changes with the adult immunization schedule

Table 3 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 or indications are often not mutually exclusive. If multiple conditions/indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)		HIV Infection CD4 percentage and count ^a		CSF leak or cochlear implant	Asplenia or persistent complement deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes
		Immunocompromised (excluding HIV infection)	HIV Infection CD4 percentage and count ^a	<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2nd RSV season (See Notes)		1 dose depending on maternal RSV vaccination status, See Notes				2nd RSV season (See Notes)		1 dose depending on maternal RSV vaccination status, See Notes	
Hepatitis B											
Rotavirus		SCID ^b									
DTaP											
DTaP/Tdap	Tdap: 1 dose each pregnancy										
Hib		HSCT: 3 doses	See Notes				See Notes				
Pneumococcal											
IPV											
COVID-19			See Notes								
IIV4											
LAIN4								Asthma, wheezing: 2-4 years ^c			
MMR	*										
VAR	*										
Hepatitis A											
HPV	*		3 dose series. See Notes								
MenACWY											
MenB											
RSV (Abrysvo)	Seasonal administration, See Notes										
Dengue											
Mpox	See Notes										

 Recommended for all age-eligible children who lack documentation of a complete vaccination series.
 Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease.
 Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
 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.

^a For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, www.cdc.gov/vaccines/imz/downloads/pdf/gbpi/gbpi-general-recommendations-immunocompetence.html and Table 4-1 (Botocote 1) at www.cdc.gov/vaccines/imz/downloads/pdf/gbpi/gbpi-general-recommendations-immunocompetence.html.
 ^b Severe Combined Immunodeficiency
^c LAIN4 contraindicated for children 2-4 years of age with asthma or wheezing during the preceding 12 months

Table 3: New Legend Definitions







 Recommended for all age-eligible children who lack documentation of a complete vaccination series	 Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease	 Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.	 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
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Table 3 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.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count*		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2nd RSV season	1 dose depending on maternal RSV vaccination status, See Notes				2nd RSV season for chronic lung disease (See Notes)		1 dose depending on maternal RSV vaccination status, See Notes	
Hepatitis B										
Rotavirus		SCID ^a								
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19			See Notes							
IIV4										
LAIV4							Asthma, wheezing: 2–4 years ^c			
MMR	+									
VAR	+									
Hepatitis A										
HPV	+	3 dose series. See Notes								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration, See Notes									
Dengue										
Mpox	See Notes									

 Recommended for all age-eligible children who lack documentation of a complete vaccination series
 Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease
 Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
 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

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

b. Severe Combined Immunodeficiency

c. LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Table 3 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.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count ^a		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2nd RSV season	1 dose depending on maternal RSV vaccination status, See Notes				2nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status, See Notes		
Hepatitis B										
Rotavirus		SCID ^b								
DTaP/Tdap	DTaP									
	Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes		See Notes					
Pneumococcal										
IPV										
COVID-19		See Notes								
IIV4										
LAIV4								Asthma, wheezing: 2–4 years ^c		
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 dose series. See Notes								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration, See Notes									
Dengue										
Mpox	See Notes									

 Recommended for all age-eligible children who lack documentation of a complete vaccination series
 Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease
 Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
 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

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

b. Severe Combined Immunodeficiency

c. LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Table 3 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.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count ^a		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2nd RSV season	1 dose depending on maternal RSV vaccination status, See Notes				2nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status, See Notes		
Hepatitis B										
Rotavirus		SCID ^b								
DTaP/Tdap	DTaP									
	Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19			See Notes							
IIV4										
LAIV4							Asthma, wheezing: 2–4 years ^c			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 dose series. See Notes								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration, See Notes									
Dengue										
Mpox	See Notes									

 Recommended for all age-eligible children who lack documentation of a complete vaccination series
 Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease
 Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
 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

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
 b. Severe Combined Immunodeficiency
 c. LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Table 3 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.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count ^a		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2nd RSV season	1 dose depending on maternal RSV vaccination status, See Notes				2nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status, See Notes		
Hepatitis B										
Rotavirus		SCID ^b								
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19		See Notes								
IIV4										
LAIV4							Asthma, wheezing: 2–4 years ^c			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 dose series, See Notes								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration, See Notes									
Dengue										
Mpox	See Notes									

 Recommended for all age-eligible children who lack documentation of a complete vaccination series
 Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease
 Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
 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

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
 b. Severe Combined Immunodeficiency
 c. LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Notes

Notes

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

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2024.

Additional information

- 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 vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and 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 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, PPSV23, RSV, Mpox and COVID-19 vaccines. Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination

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

Routine vaccination

Age 6 months–4 years

- **Unvaccinated:**
 - 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4–8 weeks
 - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3–8, 11–16 weeks
- **Previously vaccinated* with 1 dose of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna 4–8 weeks after the most recent dose.
- **Previously vaccinated* with 2 or more doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 8 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3–8 weeks).
- **Previously vaccinated* with 2 or more doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

- **Unvaccinated:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine.
- **Previously vaccinated* with 1 or more doses of Moderna or Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine at least 8 weeks after the most recent dose.

Age 12 years

1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine at least 8 weeks after the most recent dose.

1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine at least 8 weeks after the most recent dose.

1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine at least 8 weeks after the most recent dose.

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1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine at least 8 weeks after the most recent dose.

Special situations

Persons who are moderately or severely immunocompromised**

Age 6 months–4 years

- **Unvaccinated:**
 - 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
 - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 11 weeks.
- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna and dose 1: 4 weeks).
- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.
- **Previously vaccinated* with 3 or more doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 8 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3 weeks).
- **Previously vaccinated* with 2 or more doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

- **Unvaccinated:** 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks

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, PPSV23, **RSV, Mpox**, and COVID-19 vaccines. Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

Notes

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

For vaccination recommendations for persons ages 18 years or older, see the Recommended

Routine vaccination

Persons **NOT** moderately or severely immunocompromised

- Outlines vaccination series by age group and previous COVID-19 vaccination history.

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 vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and 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 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, PPSV23, RSV, Mpox and COVID-19 vaccines. Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination

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

Routine vaccination

Age 6 months–4 years

- **Unvaccinated:**
 - 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4–8 weeks
 - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3–8, 11–16 weeks
- **Previously vaccinated* with 1 dose of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna 4–8 weeks after the most recent dose.
- **Previously vaccinated* with 2 or more doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 8 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3–8 weeks).
- **Previously vaccinated* with 2 or more doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

- **Unvaccinated:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine.
- **Previously vaccinated* with 1 or more doses of Moderna or Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 12–18 years

- **Unvaccinated:**
 - 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
 - 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks
- **Previously vaccinated* with any COVID-19 vaccine(s):** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

Special situations

Persons who **ARE** moderately or severely immunocompromised

- Outlines vaccination series by age group and previous COVID-19 vaccination history.

Special situations

Persons who are moderately or severely immunocompromised

Age 6 months–4 years

- **Unvaccinated:**
 - 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
 - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 11 weeks.
- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna and dose 1: 4 weeks).
- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.
- **Previously vaccinated* with 3 or more doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 8 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3 weeks).
- **Previously vaccinated* with 2 or more doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 5–11 years

- **Unvaccinated:**
 - 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
 - 3-dose series updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks.
- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna and dose 1: 4 weeks).
- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3 weeks)
- **Previously vaccinated* with 2 doses of any Pfizer-BioNTech:** 1 dose of 2023–2024 Pfizer-BioNTech at least 4 weeks after the most recent dose.

Notes

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

- **Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Age 12–18 years

Unvaccinated:

- 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks

- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks).

- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.

- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).

- **Previously vaccinated* with 2 doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after the most recent dose.

- **Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

- **Previously vaccinated* with 1 or more doses of Janssen or Novavax or with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Administer an age-appropriate COVID-19 vaccine product for each dose. For information about transition from age 4 years to age 5 years or age 11 years to age 12 years during COVID-19 vaccination series, see Tables 1 and 2 at www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html# covid-vaccines.

Current COVID-19 schedule and dosage formulation available at www.cdc.gov/covidschedule. 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-vaccine

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose. Moderately or severely immunocompromised children 6 months–4 years of age should receive homologous updated (2023–2024 Formula) mRNA vaccine dose(s) if they receive additional doses.

Dengue vaccination
(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.html?cid=r7006a1_w](http://www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.html?cid=r7006a1_w&www.cdc.gov/dengue/vaccine/hcp/index.html) and www.cdc.gov/dengue/vaccine/hcp/index.html.

Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel™])

Routine vaccination

- 5-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose at ages 15–18 months and 4–6 years)

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***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

Haemophilus influenzae type b vaccination
(minimum age: 6 weeks)

Routine vaccination

- ActHIB®, 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 12–39 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.

Notes

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

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 <10 mIU/mL) is recommended for certain populations, including:
 - Infants born to HBsAg-positive mothers
 - Persons who are predialysis or on maintenance dialysis
 - Other immunocompromised personsFor detailed revaccination recommendations, see www.cdc.gov/vaccines/imz/imzrecs/wacc-specific/hspb.html.

Note: HepSlay B and PreHevbio 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: 5 months; repeat dose if administered too soon)

- No additional dose recommended when any HPV vaccine series **of any valency** has been completed using 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

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:
 - **Age 6 months–8 years** who have received **fewer than 2** influenza vaccine doses before July 1, 2023, or whose influenza vaccination history is unknown: 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.
 - **Age 6 months–8 years** who have received **at least 2** influenza vaccine doses before July 1, 2023: 1 dose
 - **Age 9 years or older:** 1 dose
- For the 2023–2024 season, see www.cdc.gov/mmwr/volumes/72/wr/w7202a1.html.
- For the 2024–25 season, see the 2024–25 ACIP influenza vaccine recommendations.

Special situations

- Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment: should not receive LAIV4. If LAIV4 is given, they should avoid contact with such immunosuppressed persons for 7 days after vaccination.

Note: Egg-based and non-egg-based: appropriate for age and health status.

Measles, mumps, and rubella vaccination (minimum age: 12 months)

Routine vaccination

- MMR or MMRV* may be administered:
 - Dose 1 at age 12–15 months
 - Dose 2 at age 4–6 years
- Note:** For those who do not receive MMR until age 15 months, MMRV* may be administered to administer MMR and varicella vaccines separately. MMRV* may be administered to children who express a preference.

Catch-up vaccination

- Unvaccinated children through age 18 years:
 - At least 4 weeks apart*
 - The maximum age for use of MMRV* is 12 years.

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/weekly/67/wr/mm6701a7.html.

***Note:** If MMRV is used, the minimum interval between MMRV doses is 3 months.

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 2 years [MenACWY-TT, MenQuadfi], 10 years [MenACWY-TT/MenB-FHbp, Penbraya])

Routine vaccination

- 2-dose series at age 11–12 years: 16 years

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

• **MenQuadfi** (minimum age: 2 years): 2-dose series (dose 1 at age 2 years, dose 2 at age 4 years) for children with a known component deficiency, complement inhibitor (e.g., eculizumab), or other immunodeficiency.

• **MenACWY-CRM** (minimum age: 2 months): 2-dose series (dose 1 at age 2 months, dose 2 at age 4 months) for children with a known component deficiency, complement inhibitor (e.g., eculizumab), or other immunodeficiency.

• **MenACWY-TT** (minimum age: 2 years): 2-dose series (dose 1 at age 2 years, dose 2 at age 4 years) for children with a known component deficiency, complement inhibitor (e.g., eculizumab), or other immunodeficiency.

• **MenQuadfi**

• **MenACWY-TT/MenB-FHbp** (minimum age: 10 years): 2-dose series (dose 1 at age 10 years, dose 2 at age 12 years) for children with a known component deficiency, complement inhibitor (e.g., eculizumab), or other immunodeficiency.

Routine and catch-up vaccination

- No additional dose recommended when any HPV vaccine series **of any valency** has been completed using recommended dosing intervals.
- Deleted bullet on interrupted HPV schedule

Notes

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

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 personsFor detailed revaccination recommendations, see www.cdc.gov/vaccines/imz/ncip/recs/acute-specific/hepb.html.

Note: HepSiv[®] B and PreHevbio 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: 5 months; repeat dose if administered too soon).
- No additional dose recommended when any HPV vaccine series of **any valency** has been completed using 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.

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:
 - **Age 6 months–8 years who have received fewer than 2 influenza vaccine doses before July 1, 2023, or whose influenza vaccination history is unknown:** 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.
 - **Age 6 months–8 years who have received at least 2 influenza vaccine doses before July 1, 2023:** 1 dose
 - **Age 9 years or older:** 1 dose
- For the 2023–2024 season, see www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm.
- For the 2024–25 season, see the 2024–25 ACIP influenza vaccine recommendations.

Special situations

- **Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV4. If LAIV4 is given, they should avoid contact with for such immunosuppressed persons for 7 days after vaccination.

Note: Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg-based) appropriate for age and health status.

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.

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/mm6701a1.html.

* **Note:** If MMRV is used, the minimum interval between MMRV doses is 3 months.

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 2 years [MenACWY-TT, MenQuadfi], 10 years [MenACWY-TT/MenB-FHbp, Penbraya])

Routine vaccination

- 2-dose series at age 11–12 years; 16 years

Catch-up vaccination

- Age 11–12 years: 1 dose now and booster at ages 16–18 years (minimum interval: 5 years)

* Age 10 years

* Age 16 years

* Age 18 years

* Age 20 years

* Age 22 years

* Age 24 years

* Age 26 years

* Age 28 years

* Age 30 years

* Age 32 years

* Age 34 years

* Age 36 years

* Age 38 years

* Age 40 years

* Age 42 years

* Age 44 years

* Age 46 years

* Age 48 years

* Age 50 years

* Age 52 years

* Age 54 years

* Age 56 years

* Age 58 years

Added information for vaccinating persons with a history of egg allergy.

Notes

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

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 < 10 mIU/mL) is recommended for certain populations, including:
 - Infants born to HBsAg-positive mothers
 - Persons who are predialysis or on maintenance dialysis
 - Other immunocompromised personsFor detailed revaccination recommendations, see www.cdc.gov/vaccines/imz/ncip/ncip-recs-vacc-specific/hepb/ab.html.

Note: HepSiv B and PreHevrio 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: 5 months; repeat dose if administered too soon)
- No additional dose recommended when any HPV vaccine series of **any valency** has been completed using 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.

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:
 - **Age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2023, or whose influenza vaccination history is unknown: 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.
 - **Age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2023: 1 dose.
 - **Age 9 years or older:** 1 dose.
- For the 2023–2024 season, see www.cdc.gov/mmwr/volumes/72/mm/7202a1.html.
- For the 2024–25 season, see the 2024–25 ACIP influenza vaccine recommendations.

Special situations

- **Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV4. If LAIV4 is given, they should avoid contact with such immunosuppressed persons for 7 days after vaccination.
- Note:** Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg-based) appropriate for age and health status.

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.

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

***Note:** If MMRV is used, the minimum interval between MMRV doses is 3 months.

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 2 years [MenACWY-TT, MenQuadfi], 10 years [MenACWY-TT/MenB-FHbp, Penbraya])

Routine vaccination

- 2-dose series at age 11–12 years; 16 years

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

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

MenQuadfi*

- Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart.

Moved information on minimal doses between MMRV to clarify this also applies to Special situations.

Notes

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

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 <10 mIU/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: Hepisav B and Pretekybri are contraindicated during pregnancy due to lack of safety data.

Human papillomavirus vaccination (minimum age: 9 years)

Routine and catch-up vaccination

• HPV vaccination routinely 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: 5 months; repeat dose if administered too soon)

• No additional dose recommended when any HPV vaccine series of any valency has been completed using 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.

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:

Age 6 months–8 years who have received fewer than 2 influenza vaccine doses before July 1, 2023, or whose influenza vaccination history is unknown: 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.

Age 6 months–8 years who have received at least 2

immunosuppressed persons who require a protected environment: should not receive LAIV4. If LAIV4 is given, they should avoid contact with such immunosuppressed persons for 7 days after vaccination.

Note: Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg-based) appropriate for age and health status.

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.

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/nmwr/volumes/67/wr/mm6701a7.html

***Note:** If MMRV is used, the minimum interval between MMRV

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 2 years [MenACWY-TT, MenQuadfi]), 10 years [MenACWY-TT/MenB-FHbp, Penbraya])

Routine vaccination

• 2-dose series at age 11–12 years; 16 years

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

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

• **MenQuadfi***

- Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

- Deleted MenACWY-D (Menactra) recommendations from all sections.
- Added MenABCWY (Penbraya)

Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (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)
- Children age 2 years or older: 1 dose Menveo** or MenQuadfi*

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose Menveo** or MenQuadfi*

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.

*Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www.cdc.gov/vaccines/vpd/mening/downloads/menveo-single-vial-presentation.pdf.

Note: 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.

Children age 10 years or older may receive a single dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day (see “Meningococcal serogroup B vaccination” section below for more information).

Meningococcal serogroup B vaccination
 minimum age: 10 years [MenB-4C, Bexsero*; MenB-FHbp, Trumenba*; MenACWY-TT/MenB-FHbp, enbraya™]

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 3rd dose at least 4 months after dose 2)

For additional information on shared clinical decision making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/job-aid-scdm-mening-b-shared-clinical-decision-making.pdf

Special situations

Asplenic 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 4th 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 additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Children age 10 years or older may receive a dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For age-eligible children not at increased risk, if Penbraya™ is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For age-eligible children at increased risk of meningococcal disease, Penbraya™ may be used for additional MenACWY and MenB doses (including booster doses) if both vaccines are administered on the same clinic day and at least 4 months after the previous dose. For additional information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Mpox vaccination
 (minimum age: 18 years [Jynneos*])

Special situations

• **Age 18 years and at risk for Mpox infection:** 2-dose series, 28 days apart.

Risk factors for Mpox infection include:

- Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
 - A new diagnosis of at least 1 sexually transmitted disease
 - More than 1 sex partner
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
- Persons who are sexual partners of the persons described above
- Persons who anticipate experiencing any of the situations described above

• **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

For detailed information, see: www.cdc.gov/vaccines/acip/meetings/downloads/slides_2023_10_25_26/04-MPOX_R00-508.pdf

Pneumococcal vaccination
 (minimum age: 6 weeks [PCV15], [PCV20]; 2 years [PPSV23])

Routine vaccination with PCV

• 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV

- Healthy children ages 2–4 years with any incomplete* PCV series: 1 dose PCV
- For other catch-up guidance, see Table 2.

Note: For children without risk conditions, PCV20 is not indicated if they have received 4 doses of PCV13 or PCV15 or another age-appropriate complete PCV series.

Added information for use of MenABCWY in children ages 10 years and older.

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

• Children age 2 years or older: 1 dose Menveo** or MenQuadfi*

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

• 1 dose Menveo** or MenQuadfi*

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.

*Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www.cdc.gov/vaccines/vpd/mening/downloads/menveo-single-vial-presentation.pdf.

Note: 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.

Children age 10 years or older may receive a single dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day (see “Meningococcal serogroup B vaccination” section below for more information).

Meningococcal serogroup B vaccination
(minimum age: 10 years [MenB-4C, Bexsero®; MenB-FHbp, Trumenba®; MenACWY-TT/MenB-FHbp, Penbraya™])

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 3rd dose at least 4 months after dose 2)

For additional information on shared clinical decision-making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf

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 4th 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 additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Children age 10 years or older may receive a dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For age-eligible children not at increased risk, if Penbraya™ is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For age-eligible children at increased risk of meningococcal disease, Penbraya™ may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day **and** at least 6 months have elapsed since most recent Penbraya™ dose.

Mpox vaccination
(minimum age: 18 years [Jynneos®])

Special situations

• **Age 18 years and at risk for Mpox infection:** 2-dose series, 28 days apart.

Risk factors for Mpox infection include:

Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:

- A new diagnosis of at least 1 sexually transmitted disease

- More than 1 sex partner

- Sex at

- Sex

- Persons

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Added a link to more information on shared clinical decision-making for MenB vaccination

Pneumococcal vaccination
(minimum age: 6 weeks [PCV15], [PCV 20]; 2 years [PPSV23])

Routine vaccination with PCV

• 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV

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Added information for use of MenABCWY in children ages 10 years and older.

Travel to countries with endemic meningococcal meningitis

* Children 18 years of age or older

Menveo®

Dose 1: age 4, 5, 6, 7, 8, 9, 10, 11, 12 years

Dose 2: 12 weeks after dose 1

and after 12 weeks after dose 1

followed by a booster dose at age 16 years or older

and after 12 weeks after dose 1

or MenQuadfi®

Dose 1: age 11, 12 years

Dose 2: 12 weeks after dose 1

* Children 18 years of age or older

or MenQuadfi®

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

* 1 dose Menveo® or MenQuadfi®

Adolescent vaccination of children prior to age 10 years:

* Children for whom boosters are not recommended (e.g., those with complement components or asplenia): Follow the booster schedule for 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.

* Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www.cdc.gov/vaccines/vpd/mening/downloads/menveo_single_vial_presentation.pdf.

Note: 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/mmrw/volumes/69/rr/r6909a1.htm.

Children age 10 years or older may receive a single dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day (see "Meningococcal serogroup B vaccination" section below for more information).

Special situations

- **Age 18 years and at risk for Mpox infection: 2-dose series, 28 days apart.**
Risk factors for Mpox infection include:

- Added bullet on use of Jynneos in pregnant persons

and job and student meningitis shared clinical decision making.pdf

Special situations

Anatomic or functional asplenia (including sickle cell disease)

* Children 18 years of age or older

or MenQuadfi®

Dose 1: age 11, 12 years

Dose 2: 12 weeks after dose 1

and after 12 weeks after dose 1

followed by a booster dose at age 16 years or older

and after 12 weeks after dose 1

or MenQuadfi®

Dose 1: age 11, 12 years

Dose 2: 12 weeks after dose 1

and after 12 weeks after dose 1

followed by a booster dose at age 16 years or older

and after 12 weeks after dose 1

or MenQuadfi®

Dose 1: age 11, 12 years

Dose 2: 12 weeks after dose 1

and after 12 weeks after dose 1

followed by a booster dose at age 16 years or older

and after 12 weeks after dose 1

or MenQuadfi®

Dose 1: age 11, 12 years

Dose 2: 12 weeks after dose 1

and after 12 weeks after dose 1

followed by a booster dose at age 16 years or older

and after 12 weeks after dose 1

or MenQuadfi®

Dose 1: age 11, 12 years

Dose 2: 12 weeks after dose 1

Mpox vaccination

(minimum age: 18 years [Jynneos®])

Special situations

Age 18 years and at risk for Mpox infection: 2-dose series, 28 days apart.

Risk factors for Mpox infection include:

- Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
 - A new diagnosis of at least 1 sexually transmitted disease
 - More than 1 sex partner
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
- Persons who are sexual partners of the persons described above
- Persons who anticipate experiencing any of the situations described above

- **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

For detailed information, see: www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-MPOX-Rao-508.pdf

Pneumococcal vaccination

(minimum age: 6 weeks [PCV15], [PCV 20]; 2 years [PPSV23])

Routine vaccination with PCV

- 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV

- Healthy children ages 2–4 years with any incomplete* PCV series: 1-dose PCV

- For other catch-up guidance, see Table 2.

Note: For children **without** risk conditions, PCV20 is not indicated if they have received 4 doses of PCV13 or PCV15 or another age-appropriate complete PCV series.

Notes

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

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

• Children age 2 years or older: 1 dose Menveo™ or MenQuadfi™

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

• 1 dose Menveo™ or MenQuadfi™

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.

*Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www.cdc.gov/vaccines/vpd/mening/downloads/menveo_single_vial_presentation.pdf.

Note: 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/r6909a1.htm.

Children age 10 years or older may receive a single dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day [see “Meningococcal serogroup B vaccination” section below for more information].

Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero™; MenB-FHbp, Trumenba™; MenACWY-TT/MenB-FHbp, Penbraya™])

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 3rd dose at least 4 months after dose 2)

For additional information on shared clinical decision making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-sdcm-mening-b-shared-clinical-decision-making.pdf

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 4th 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 additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/r6909a1.htm.

Children age 10 years or older may receive a dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For age-eligible children not at increased risk, if Penbraya™ is used for dose 1, MenB, MenB-FHbp (Trumenba) should be administered for dose 2. For age-eligible children at increased risk of meningococcal disease, Penbraya™ may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day and at least 6 months have elapsed since most recent Penbraya™ dose.

Mpox vaccination (minimum age: 18 years [Jynneos™])

Special situations

• **Age 18 years and at risk for Mpox infection:** 2-dose series, 28 days apart.

Risk factors for Mpox infection include:

Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:

• A new diagnosis of at least 1 sexually transmitted disease

• More than 1 sex partner

• Sex at a commercial sex venue

• Sex in association with a large public event in a geographic area where Mpox transmission is occurring

Persons who are sexual partners of the persons described above

Persons who anticipate experiencing any of the situations described above

• **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

For detailed information, see: www.cdc.gov/vaccines/acip/meetings/downloads/slides/2023-10-25-26/04-MPOX-Rao-508.pdf

Pneumococcal vaccination (minimum age: 6 weeks [PCV15], [PCV 20]; 2 years [PPSV23])

Routine vaccination with PCV

• **4-dose series at 2, 4, 6, 12–15 months**

Catch-up vaccination with PCV

• **Healthy children ages 2–4 years with any incomplete* PCV series: 1 dose PCV**

• **For other catch-up guidance, see Table 2.**

Note: For children without risk conditions, PCV20 is not indicated if they have received 4 doses of PCV13 or PCV15 or another age appropriate complete PCV series.

Notes

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

Special situations

Children and adolescents with 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; or diabetes mellitus:

Age 2–5 years

- Any incomplete* PCV series with:
 - 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
 - Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received PPSV23
 - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
 - Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

Age 6–18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**
- Received PCV before age 6 years but have not received PPSV23
 - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
 - Not previously received PCV20: 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: no further doses of any PCV or PPSV23 indicated.

Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as 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; or sickle cell disease or other hemoglobinopathies:

Age 2–5 years

- Any incomplete PCV series with:
 - Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received PPSV23
 - Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
 - Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

Age 6–18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**
 - Received PCV before age 6 years but have not received PPSV23
 - Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
 - Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
 - Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
 - Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.
- *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 stacks.cdc.gov/view/cdc/133252

**When both PCV15 and PPSV23 are indicated, administer all doses of PCV15 first. PCV15 and PPSV23 should not be administered during the same visit.

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/vpd/pneumo/hcp/pneumoapp.html

Added the following medical conditions

- Chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome)
- Chronic liver disease
- Chronic lung disease (including moderate persistent or severe persistent asthma)

In the first 6 months of life, use minimum ages and intervals only for travel to a polio endemic region or during an outbreak.

Adolescents age 18 years known or suspected to be unvaccinated or incompletely vaccinated; administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most persons aged 18 years or older born and raised in the United States can assume they were vaccinated against polio as children.

Series containing oral poliovirus vaccine (OPV), either mixed IPV-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?cid=mm6601a6_w.

Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.

Doses of OPV administered before April 1, 2016, should 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/wr/mm6606a7.htm?cid=mm6606a7_w.

For other catch-up guidance, see Table 2.

Notes

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

Special situations

Children and adolescents with 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; or diabetes mellitus:

Age 2–5 years

• Any incomplete* PCV series with:

- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)

• Completed recommended PCV series but have not received PPSV23

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

Age 6–18 years

• Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**

• Received PCV before age 6 years but have not received PPSV23

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

• Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose.

• Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: no further doses of any PCV or PPSV23 indicated.

Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as 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; or sickle cell disease or other hemoglobinopathies:

Age 2–5 years

• Any incomplete* PCV series:

- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)

• Completed recommended PCV series but have not received PPSV23

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

Age 6–18 years

• Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**

• Received PCV before age 6 years but have not received PPSV23

- Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

• Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

• Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.

*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 stacks.cdc.gov/view/cdc/133252

**When both PCV15 and PPSV23 are indicated, administer all doses of PCV15 first. PCV15 and PPSV23 should not be administered during the same visit.

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/vpd/pneumo/hcp/pneumoapp.html

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.

Adolescents age 18 years known or suspected to be unvaccinated or incompletely vaccinated: administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most persons aged 18 years or older born and raised in the United States can assume they were vaccinated against polio as children.

Series containing oral poliovirus 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?%20id=mm6601a6_w.

• Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.

Doses of OPV administered before April 1, 2016, should 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/wr/mm6606a7.htm?%20id=mm6606a7_w.

• For other catch-up guidance, see Table 2.

Special situations

Children and adolescents with 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; or diabetes mellitus:

Age 2–5 years

* Any incomplete* PCV series with:

- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)

- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)

* Completed recommended PCV series but not received PPSV23

- Previously received at least 1 dose of PCV20 or PPSV23 doses needed

- Not previously received PCV20: administer 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

Age 6–18 years

* Not previously received any dose of PCV15 or PCV20. If previous receipt of PPSV23, administer 1 dose PCV20 at least 8 weeks after the PCV15 dose.**

* Received PCV before age 6 years but has not received PPSV23

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed

- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

* Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose.

* Received 1 dose PCV13 at or after age 6 years: no further doses of PCV or PPSV23 needed

Children and adolescents with immunocompromising conditions: congenital or acquired immunodeficiency; congenital or acquired bone marrow failure; congenital or acquired conditions that impair humoral immunity; chemotherapy; radiation therapy; solid organ transplant; HIV infection; or other hemoglobinopathy

Age 2–5 years

* Any incomplete* PCV series:

- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)

- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)

* Completed recommended PCV series but have not received PPSV23

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed

- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after the most recent PCV dose.

* Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after the most recent PCV13 dose.

* Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after the most recent PPSV23 dose.

* Received 1 dose PCV13 at or after age 6 years: no further doses of PCV or PPSV23 needed

Children and adolescents with immunocompromising conditions: congenital or acquired immunodeficiency; congenital or acquired bone marrow failure; congenital or acquired conditions that impair humoral immunity; chemotherapy; radiation therapy; solid organ transplant; HIV infection; or other hemoglobinopathy

Catch-up vaccination

- Added information for persons age 18 years known or suspected to be unvaccinated or incompletely vaccinated.

Special situations

- Revised to include recommendations for persons age 18 years at increased risk of exposure to poliovirus and have completed the primary series.

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.

- Adolescents aged 18 years known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most persons aged 18 years or older born and raised in the United States can assume they were vaccinated against polio as children.

Series containing oral poliovirus 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 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/wr/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 and completed primary series*:** may administer one lifetime IPV booster

*Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Special situations

- **Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series***: may administer one lifetime IPV booster

***Note**: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see:

www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus immunization (minimum age: birth [Nirsevimab, RSV-mAb (Beyfortus™)])

Routine immunization

• Infants born October – March in most of the continental United States*

- Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting
- Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting
- Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)

• Infants born April–September in most of the continental United States*

- Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab shortly before start of RSV season*
- Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab shortly before start of RSV season*
- Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)

Infants with prolonged birth hospitalization** (e.g., for prematurity) discharged October through March should be immunized shortly before or promptly after discharge.

Special situations

- **Ages 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 the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or 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)****:
- 1 dose nirsevimab shortly before start of second RSV

Routine vaccination

For infants younger than age 8 months

and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

***Note**: While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.

****Note**: Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm and www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

Respiratory syncytial virus vaccination (RSV [Abrysvo™])

Routine vaccination

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States***: 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.
Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.
- **All other pregnant persons**: RSV vaccine not recommended. There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

***Note**: Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality.

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.

Special situations

- **Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series***: may administer one lifetime IPV booster

***Note:** Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus immunization
(minimum age: birth [Nirsevimab, RSV-mAb (Beyfortus™)])

Routine immunization

- **Infants born October – March in most of the continental United States***
 - Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting
 - Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting
 - Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)
- **Infants born April–September in most of the continental United States***
 - Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab shortly before start of RSV season*
 - Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab shortly before start of RSV season*
 - Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)

Infants with prolonged birth hospitalization** (e.g., for prematurity) discharged October through March should be immunized shortly before or promptly after discharge.

Special situations

- **Ages 8–19 months with chronic prematurity requiring medical supervision, chronic corticosteroid therapy, or supplemental oxygen) any time period before the start of the season or immunocompromise; cystic fibrosis with either weight for length <10th percentile or 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)**:**
 - 1 dose nirsevimab shortly before start of second RSV season*
- **Ages 8–19 months who are American Indian or Alaska Native:**
 - 1 dose nirsevimab shortly before start of second RSV season*
- **Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass**:** 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

***Note:** While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.

****Note:** Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm and www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

Special Situations

For children aged 8-19 months and age-eligible children undergoing certain cardiac surgery

through 36 weeks and 6 days through January in most of the continental United States** (1 dose RSV vaccine (Abrysvo™)). Administer RSV vaccine regardless of previous RSV infection. Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended.

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality.

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.

Special situations

- **Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series***: may administer one lifetime IPV booster

***Note**: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus immunization (minimum age: birth [Nirsevimab, RSV-mAb (Beyfortus™)])

Routine immunization

- **Infants born October – March in most of the continental United States***

- Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting

- Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting

- Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)

- **Infants born April–September in most of the continental United States***

- Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab shortly before start of RSV season*

- Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab shortly before start of RSV season*

- Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html)

Infants with prolonged birth hospitalization** (e.g., for prematurity) discharged October through March should be immunized shortly before or promptly after discharge.

Special situations

- **Ages 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 the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or 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)****:

- 1 dose nirsevimab shortly before start of second RSV season*

- **Ages 8–19 months who are American Indian or Alaska Native**:

- 1 dose nirsevimab shortly before start of second RSV season*

- **Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass****: 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

***Note**: While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.

****Note**: Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm and www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html

Respiratory syncytial virus vaccination (RSV [Abrysvo™])

Routine vaccination

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States***: 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons**: RSV vaccine not recommended.

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

***Note**: Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality.

Routine**Routine**

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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.

- Added note on timing of nirsevimab administration.
- Added note on use of nirsevimab in children who are eligible to receive palivizumab.

Added link to nirsevimab frequently asked questions webpage

Special situations

- Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series*: may administer one lifetime IPV booster

*Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus immunization (minimum age: birth) (Nirsevimab, RSV-mAb (Beyfortus™))

Routine immunization

- Infants born October – March in most of the continental United States*

Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting

Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth in hospital or outpatient setting

Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child_faqs.html)

- Infants born April – September in most of the continental United States*

Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown: administer 1 dose nirsevimab shortly before start of RSV season*

Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab shortly before start of RSV season*

Mother received RSV vaccine **at least 14 days** prior to delivery: nirsevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers (see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child_faqs.html)

Infants with prolonged birth hospitalization** (e.g., for prematurity) discharged October through March should be immunized shortly before or promptly after discharge.

Special situations

- Ages 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 the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or 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)**:

1 dose nirsevimab shortly before start of second RSV season*

- Ages 8–19 months who are American Indian or Alaska Native:

1 dose nirsevimab shortly before start of second RSV season*

- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass**:
- 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/child_faqs.html

*Note: While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.

**Note: Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

For further guidance, see www.cdc.gov/nmwr/volumes/72/wr/mm7234a4.htm and www.cdc.gov/vaccines/vpd/rsv/hcp/child_faqs.html

Respiratory syncytial virus vaccination

(RSV [Abrysvo™])

Routine vaccination

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended.

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

*Note: Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality.

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.

Appendix

Contraindications and Precautions

Addendum

New ACIP recommendations

2024 Updates to Adult Immunization Schedule

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2024

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Hepelisav-B® PreHevbrio® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance™ Prevnar 20™
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine	IPV	Ipol®
Respiratory syncytial virus vaccine	RSV	Arexvy® Abrysvo™
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the adult immunization schedule

- 1 Determine recommended vaccinations by age (**Table 1**)
- 2 Assess need for additional recommended vaccinations by medical condition or other indication (**Table 2**)
- 3 Review vaccine types, dosing frequencies and intervals, and considerations for special situations (**Notes**)
- 4 Review contraindications and precautions for vaccine types (**Appendix**)
- 5 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 College of Physicians (www.acponline.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), American Pharmacists Association (www.pharmacist.com), and Society for Healthcare Epidemiology of America (www.shea-online.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System 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 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: www.cdc.gov/vaccines/acip/acip-scdm-faqs.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 (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual

Scan QR code for access to online schedule



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2024

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine Spikevax®/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Hepelisav-B® PreHevbrio® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15	vaxneuvance™
	PCV20	Pevnar 20™
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine	IPV	Ipol®
Respiratory syncytial virus vaccine	RSV	Arexvy® Abrysvo™
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
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Report

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Helpful information

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- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.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 (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual

Scan QR code for access to online schedule



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2024

Vaccines in the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
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	1vCOV-aPS	Novavax COVID-19 Vaccine
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Hepelisav-B® PreHevbrio® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Many brands
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV4	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance™
	PCV20	Prennar 20™
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine	IPV	Ipol®
Respiratory syncytial virus vaccine	RSV	Arexvy® Abrysvo™
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Deleted the following vaccines because they are no longer recommended or distributed in the U.S.

- 1. Bivalent mRNA COVID-19 vaccines**
- 2. MenACWY-D (Menactra)**

Table One

Adult Immunization Schedule by Age

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023-2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023-2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023-2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

Table 2

The Medical Indications Table

Table 2: Immunization by Medical Indication

- Revised the legend definitions to improve clarity of the recommendations
- Harmonized changes with the child schedule

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2024

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

VACCINE	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count		Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease; alcoholism ^a	Diabetes	Healthcare Personnel ^b	
			<15% or <200mm	≥15% and ≥200mm								
COVID-19		See Notes										
IV4 or RIV4		1 dose annually										
LAIV4						1 dose annually if age 19 - 49 years		1 dose annually if age 19 - 49 years				
RSV	Seasonal administration. See Notes	See Notes					See Notes					
Tdap or Td	Tdap: 1 dose each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years										
MMR	*											
VAR	*	See Notes										
RZV		See Notes										
HPV	*	3 dose series if indicated										
Pneumococcal												
HepA												
Hep B	See Notes											
MenACWY												
MenB												
Hib		HSCT: 3 doses ^c							Asplenia: 1 dose			
Mpox	See Notes					See Notes				See Notes		

 Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity
 Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or severe outcomes from disease
 Recommended based on shared clinical decision-making
 Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.
 Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
 Contraindicated or not recommended *Reccate after pregnancy, if indicated
 No Guidance/ Not Applicable

a. Precaution for LAIV4 does not apply to alcoholism.
 b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.
 c. Hematopoietic stem cell transplant.

Table 2: New Legend Definitions








 Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity	 Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or severe outcomes from disease	 Recommended based on shared clinical decision-making	 Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.	 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
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Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2024

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

VACCINE	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count		Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease; alcoholism ^a	Diabetes	Healthcare Personnel ^b
			<15% or <200mm	≥15% and ≥200mm							
COVID-19		See Notes									
IIV4 or RIV4	1 dose annually										
LAIV4					1 dose annually if age 19 - 49 years		1 dose annually if age 19 - 49 years				
RSV	Seasonal administration. See Notes	See Notes					See Notes				
Tdap or Td	Tdap: 1 dose each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	*										
VAR	*	See Notes									
RZV		See Notes									
HPV	*	3 dose series if indicated									
Pneumococcal											
HepA											
Hep B	See Notes									Age ≥ 60 years	
MenACWY											
MenB											
Hib		HSCT: 3 doses ^c					Asplenia: 1 dose				
Mpox	See Notes				See Notes						See Notes

Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity

Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or severe outcomes from disease

Recommended based on shared clinical decision-making

Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended
^aVaccinate after pregnancy, if indicated

No Guidance/ Not Applicable

a. Precaution for LAIV4 does not apply to alcoholism.

b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant.

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2024

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			<15% or <200mm	≥15% and ≥200mm								
COVID-19		See Notes										
IIV4 or RIV4	1 dose annually											
LAIV4					1 dose annually if age 19 - 49 years		1 dose annually if age 19 - 49 years					
RSV	Seasonal administration. See Notes	See Notes					See Notes					
Tdap or Td	Tdap: 1 dose each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years										
MMR	*											
VAR	*	See Notes										
RZV		See Notes										
HPV	*	3 dose series if indicated										
Pneumococcal												
HepA												
Hep B	See Notes									Age ≥ 60 years		
MenACWY												
MenB												
Hib		HSCT: 3 doses ^c					Asplenia: 1 dose					
Mpox	See Notes				See Notes							See Notes

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			<15% or <200mm	≥15% and ≥200mm								
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IIV4 or RIV4	1 dose annually											
LAIV4					1 dose annually if age 19 - 49 years		1 dose annually if age 19 - 49 years					
RSV	Seasonal administration. See Notes	See Notes					See Notes					
Tdap or Td	Tdap: 1 dose each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years										
MMR	*											
VAR	*	See Notes										
RZV		See Notes										
HPV	*	3 dose series if indicated										
Pneumococcal												
HepA												
Hep B	See Notes									Age ≥ 60 years		
MenACWY												
MenB												
Hib		HSCT: 3 doses ^c					Asplenia: 1 dose					
Mpox	See Notes				See Notes							See Notes

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			<15% or <200mm	≥15% and ≥200mm								
COVID-19		See Notes										
IIV4 or RIV4	1 dose annually											
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RSV	Seasonal administration. See Notes	See Notes					See Notes					
Tdap or Td	Tdap: 1 dose each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years										
MMR	*											
VAR	*	See Notes										
RZV		See Notes										
HPV	*	3 dose series if indicated										
Pneumococcal												
HepA												
Hep B	See Notes									Age ≥ 60 years		
MenACWY												
MenB												
Hib		HSCT: 3 doses ^c					Asplenia: 1 dose					
Mpox	See Notes				See Notes							See Notes

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 No Guidance/ Not Applicable

a. Precaution for LAIV4 does not apply to alcoholism.

b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant.

Notes

For vaccination recommendations for persons ages 18 years or younger, see the Recommended Child and Adolescent Immunization Schedule, 2024: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Additional Information

- 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. **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 vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html
- 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 adult immunization schedule except PPSV23, RSV, RZV, Mpox, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination

Routine vaccination

Age 19 years or older

• Unvaccinated:

- 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks

- **Previously vaccinated* with 1 or more doses of any COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

Special situations

Persons who are moderately or severely immunocompromised**

• Unvaccinated:

- 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks

- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks)

- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after most recent dose.

- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).

- **Previously vaccinated* with 2 doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after most recent dose.

- **Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

- **Previously vaccinated* with 1 or more doses of Janssen or Novavax with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) of COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Current COVID-19 vaccine information available at www.cdc.gov/covidschedule. For 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.

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

Notes

Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2024

For vaccination recommendations for persons ages

18 years or younger, see the Recommended Child and Adolescent Immunization Schedule, 2024: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Additional Information

- 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. **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 vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html
- 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 adult immunization schedule except PPSV23, RSV, RZV, Mpox, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination

outine vaccination

ge 19 years or older

Unvaccinated:

- 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks

Previously vaccinated* with 1 or more doses of any COVID-19 vaccine: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

pecial situations

ersons who are moderately or severely immunocompromised**

Unvaccinated:

- 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks

Previously vaccinated* with 1 dose of any Moderna: 2-dose series of updated (2023–2024 Formula) Moderna administered at least 8 weeks between previous dose and first updated dose.

Previously va

Moderna:

Moderna:

Pfizer-BioNTech:

Pfizer-BioNTech:

Novavax:

Novavax:

Interval betwe

dose 1: 3 week

Previously va

BioNTech: 1 d

Pfizer-BioNTech

dose.

*** Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

*** Previously vaccinated* with 1 or more doses of Janssen or Novavax with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) of COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Current COVID-19 vaccine information available at www.cdc.gov/covidschedule. For 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.

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive

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 adult immunization schedule except PPSV23, RSV, RZV, Mpox, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

Routine vaccination

Persons **NOT** moderately or severely immunocompromised

- Outlines vaccination series by previous COVID-19 vaccination history.

* 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. 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 vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.

* 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 adult immunization schedule except PPSV23, RSV, RZV, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). 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.

COVID-19 vaccination

Routine vaccination

Age 19 years or older

• Unvaccinated:

- 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks

• Previously vaccinated* with 1 or more doses of any COVID-19 vaccine: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

Special situations

Persons who are moderately or severely immunocompromised**

• Unvaccinated:

- 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks

• Previously vaccinated* with 1 dose of any Moderna: 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks)

• Previously vaccinated* with 2 doses of any Moderna: 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after most recent dose.

• Previously vaccinated* with 1 dose of any Pfizer-BioNTech: 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).

• Previously vaccinated* with 2 doses of any Pfizer-BioNTech: 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after most recent dose.

• Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

• Previously vaccinated* with 1 or more doses of Janssen or Novavax with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine: 1 dose of any updated (2023–2024 Formula) of COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Current COVID-19 vaccine information available at www.cdc.gov/covidschedule. For 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.

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

Notes

Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2024

For vaccination recommendations for persons ages 18 years or younger, see the Recommended Child and Adolescent Immunization Schedule, 2024: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Additional information

- * 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.”

Special situations

Persons who **ARE** moderately or severely immunocompromised

- Outlines vaccination series by previous COVID-19 vaccination history.

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 vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.
- * 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 adult immunization schedule except PPSV23, RSV, RZV, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). 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.

COVID-19 vaccination

Routine vaccination

Age 19 years or older

• Unvaccinated:

- 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks

• Previously vaccinated* with 1 or more doses of any COVID-19 vaccine:

1 dose of any updated (2023–2024 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

Special situations

Persons who are moderately or severely immunocompromised**

• Unvaccinated:

- 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks

• Previously vaccinated* with 1 dose of any Moderna:

2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks)

• Previously vaccinated* with 2 doses of any Moderna:

1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after most recent dose.

• Previously vaccinated* with 1 dose of any Pfizer-BioNTech:

2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).

• Previously vaccinated* with 2 doses of any Pfizer-BioNTech:

1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after most recent dose.

• Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:

1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

• Previously vaccinated* with 1 or more doses of Janssen or Novavax with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine:

1 dose of any updated (2023–2024 Formula) of COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Current COVID-19 vaccine information available at www.cdc.gov/covidschedule. For 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.

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

Notes

Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2024

For vaccination recommendations for persons ages 18 years or younger, see the Recommended Child and Adolescent Immunization Schedule, 2024: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Additional information

- * 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. 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 vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.
- * 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 adult immunization schedule except PPSV23, RSV, RZV, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). 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.

COVID-19 vaccination

Routine vaccination

Age 19 years or older

- **Unvaccinated:**
 - 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
 - 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks
- **Previously vaccinated* with 1 or more doses of any COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

Special situations

Persons who are moderately or severely immunocompromised**

- **Unvaccinated:**
 - 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
 - 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
 - 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks
- **Previously vaccinated* with 1 dose of any Moderna:** 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks)
- **Previously vaccinated* with 2 doses of any Moderna:** 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after most recent dose.
- **Previously vaccinated* with 1 dose of any Pfizer-BioNTech:** 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).
- **Previously vaccinated* with 2 doses of any Pfizer-BioNTech:** 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after most recent dose.

- **Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech:** 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.
- **Previously vaccinated* with 1 or more doses of Janssen or Novavax with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine:** 1 dose of any updated (2023–2024 Formula) of COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Current COVID-19 vaccine information available at www.cdc.gov/covidschedule. For 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.

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

Notes

Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2024

For vaccination recommendations for persons ages 18 years or younger, see the Recommended Child and Adolescent Immunization Schedule, 2024: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Additional information

- 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 interval should not be counted as valid. For information on how to count doses, see Table 3-2, and intervals in the *Practice Guide for Vaccines* (www.cdc.gov/vaccines/hcp/).
- Information on recommendations for 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 adult immunization schedule except PPSV23, RSV, RZV, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). 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.

COVID-19 vaccination

Routine vaccination

Age 19 years or older

• Unvaccinated:

- 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3–8 weeks

• Previously vaccinated* with 1 or more doses of any COVID-19 vaccine: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

• Previously vaccinated* with 1 dose of any Moderna: 2-dose series of updated (2023–2024 Formula) Moderna at 0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks)

• Previously vaccinated* with 2 doses of any Moderna: 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after most recent dose.

• Previously vaccinated* with 1 dose of any Pfizer-BioNTech: 2-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).

• Previously vaccinated* with 2 doses of any Pfizer-BioNTech: 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after most recent dose.

• Previously vaccinated* with 3 or more doses of any Moderna or Pfizer-BioNTech: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

• Previously vaccinated* with 1 or more doses of Janssen or Novavax with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine: 1 dose of any updated (2023–2024 Formula) of COVID-19 vaccine at least 8 weeks after the most recent dose.

There is no preferential recommendation for the use of one COVID-19 vaccine over another when more than one recommended age-appropriate vaccine is available.

Current COVID-19 vaccine information available at www.cdc.gov/covidschedule. For 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.

***Note:** Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

****Note:** Persons who are moderately or severely immunocompromised have the option to receive one additional dose of updated (2023–2024 Formula) COVID-19 vaccine at least 2 months following the last recommended updated (2023–2024 Formula) COVID-19 vaccine dose. Further additional updated (2023–2024 Formula) COVID-19 vaccine dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

Haemophilus influenzae type b vaccination

Special situations

- **Anatomical or functional asplenia (including sickle cell disease):** 1 dose if previously did not receive Hib vaccine; if elective splenectomy, 1 dose preferably at least 14 days before splenectomy.
- **Hematopoietic stem cell transplant (HSCT):** 3-dose series 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history.

Hepatitis A vaccination

Routine vaccination

Any person who is not fully vaccinated and request vaccination (identification of risk factor not required) 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

Special situations

- Any person who is not fully vaccinated and who is at risk for hepatitis A virus infection:** 2-dose series HepA or 3-dose series HepA-HepB as above. Risk factors for hepatitis A virus infection include:
- **Chronic liver disease** (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
 - **HIV infection**
 - **Men who have sex with men**
 - **Injection or noninjection drug use**
 - **Persons experiencing homelessness**
 - **Work with hepatitis A virus** in research laboratory or with nonhuman primates with hepatitis A virus infection

- **Travel in countries with high or intermediate endemic hepatitis A** (HepA-HepB [Twinrix] may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months)
- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

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Hepatitis

Routine v...

- **Age 19 through 59 years:** complete a 2- or 3- or 4-dose series
 - 2-dose series only applies when 2 doses of Hepsiv-B* are used at least 4 weeks apart
 - 3-dose series Engerix-B, PreHevbrio*, or Recombivax HB at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks])
 - 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])
 - 4-dose series HepA-HepB (Twinrix) accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months
- ***Note:** Hepsiv-B and PreHevbrio are not recommended in pregnancy due to lack of safety data in pregnant persons.

Routine vaccination

- Revised the description to align with ACIP policy

- **Age 60 years or older without** known risk factors for hepatitis B virus infection **may** receive a HepB vaccine series.
- **Age 60 years or older with** known risk factors for hepatitis B virus infection **should** receive a HepB vaccine series.
- **Any adult age 60 years of age or older** who requests HepB vaccination should receive a HepB vaccine series.
- **Risk factors for hepatitis B virus infection include:**

- Hepatitis C, r disease, nsferase) level mal
 - f hepatitis ns, sexually hous n or tion,
 - men who have sex with men
 - **Current or recent injection drug use**
 - **Percutaneous or mucosal risk for exposure to blood** e.g., household contacts of HBsAg-positive persons, residents and staff of facilities for developmentally disabled persons, health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids; persons on maintenance dialysis (including in-center or home hemodialysis and peritoneal dialysis), persons who are predialysis, and patients with diabetes*
 - **Incarceration**
 - **Travel in countries with high or intermediate endemic hepatitis B**
- ***Age 60 years or older with diabetes:** Based on shared clinical decision making, 2-, 3-, or 4-dose series as above.

Haemophilus influenzae type b vaccination

Special situations

- Anatomical or functional asplenia (including sickle cell disease): 1 dose if previously did not receive Hib vaccine; if elective splenectomy, 1 dose preferably at least 14 days before splenectomy.
- Hematopoietic stem cell transplant (HSCT): 3-dose series 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history.

Hepatitis A vaccination

Routine vaccination

- Any person who is not fully vaccinated and requests vaccination (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

Special situations

- Any person who is not fully vaccinated and who is at risk for hepatitis A virus infection: 2-dose series HepA or 3-dose series HepA-HepB as above. Risk factors for hepatitis A virus infection include:
 - Chronic liver disease (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
 - HIV infection
 - Men who have sex with men
 - Injection or noninjection drug use
 - Persons experiencing homelessness
 - Work with hepatitis A virus in research laboratory or with nonhuman primates with hepatitis A virus infection

- Travel in countries with high or intermediate endemic hepatitis A (HepA-HepB [Twinrix] may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months)
- Close contact with persons who have hepatitis A (e.g., after exposure to persons with acute hepatitis A, as adoptive parents, at remote wilderness locations, or adoptee's arrival)
- Pregnancy if at risk for infection or severe outcome from infection during pregnancy
- Settings for exposure, including health care settings targeting services to injection or noninjection drug users or group homes and nonresidential day care facilities for developmentally disabled persons (individual risk factor screening not required)

Hepatitis B vaccination

Routine vaccination

- **Age 19 through 59 years:** complete a 2- or 3- or 4-dose series
 - 2-dose series only applies when 2 doses of Heplisav-B* are used at least 4 weeks apart
 - 3-dose series Engerix-B, PreHevbrio*, or Recombivax HB at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks])
 - 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])
 - 4-dose series HepA-HepB (Twinrix) accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months

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

Routine vaccination

- Added new bullet

- **Age 60 years or older without** known risk factors for hepatitis B virus infection **may** receive a HepB vaccine series.

- **Age 60 years or older with** known risk factors for hepatitis B virus infection **should** receive a HepB vaccine series.

- **Any adult age 60 years of age or older** who requests HepB vaccination should receive a HepB vaccine series.

- **Risk factors for hepatitis B virus infection include:**

- **Chronic liver disease** e.g., persons with hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase (ALT) or aspartate aminotransferase (AST) level greater than twice the upper limit of normal
- **HIV infection**
- **Sexual exposure risk** e.g., sex partners of hepatitis B surface antigen (HBsAg)-positive persons, sexually active persons not in mutually monogamous relationships, persons seeking evaluation or treatment for a sexually transmitted infection, men who have sex with men
- **Current or recent injection drug use**
- **Percutaneous or mucosal risk for exposure to blood** e.g., household contacts of HBsAg-positive persons, residents and staff of facilities for developmentally disabled persons, health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids; persons on maintenance dialysis (including in-center or home hemodialysis and peritoneal dialysis), persons who are predialysis, and patients with diabetes*
- **Incarceration**
- **Travel in countries with high or intermediate endemic hepatitis B**

*Age 60 years or older with diabetes: Based on shared clinical decision making, 2-, 3-, or 4-dose series as above.

Haemophilus influenzae type b vaccination

Special situations

- Anatomical or functional asplenia (including sickle cell disease): 1 dose if previously did not receive Hib vaccine; if elective splenectomy, 1 dose preferably at least 14 days before splenectomy.
- Hematopoietic stem cell transplant (HSCT): 3-dose series 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history.

Hepatitis A vaccination

Routine vaccination

- Any person who is not fully vaccinated and requests vaccination (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

Special situations

- Any person who is not fully vaccinated and who is at risk for hepatitis A virus infection: 2-dose series HepA or 3-dose series HepA-HepB as above. Risk factors for hepatitis A virus infection include:
 - Chronic liver disease (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
 - HIV infection
 - Men who have sex with men
 - Injection or noninjection drug use
 - Persons experiencing homelessness
 - Work with hepatitis A virus in research laboratory or with nonhuman primates with hepatitis A virus infection

- Travel in countries with high or intermediate endemic hepatitis A (HepA-HepB [Twinrix] may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months)
- Close, personal contact with international adoptee (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)
- Pregnancy if at risk for infection or severe outcome from infection during pregnancy
- Settings for exposure, including health care settings targeting services to injection or noninjection drug users or group homes and nonresidential day care facilities for developmentally disabled persons (individual risk factor screening not required)

Hepatitis B vaccination

Routine vaccination

- **Age 19 through 59 years:** complete a 2- or 3- or 4-dose series
 - 2-dose series only applies when 2 doses of Heplisav-B* are used at least 4 weeks apart
 - 3-dose series Engerix-B, PreHevbrio*, or Recombivax HB at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks])
 - 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])
 - 4-dose series HepA-HepB (Twinrix) accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months

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

- **Age 60 years or older without** known risk factors for hepatitis B virus infection **may** receive a HepB vaccine series.
- **Age 60 years or older with** known risk factors for hepatitis B virus infection **should** receive a HepB vaccine series.
- **Any adult age 60 years of age or older** who requests HepB vaccination should receive a HepB vaccine series.
 - **Risk factors for hepatitis B virus infection include:**
 - **Chronic liver disease** e.g., persons with hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase (ALT) or aspartate aminotransferase (AST) level greater than twice the upper limit of normal
 - **HIV infection**
 - **Sexual exposure risk** e.g., sex partners of hepatitis B surface antigen (HBsAg)-positive persons, sexually active persons not in mutually monogamous relationships, persons seeking evaluation or treatment for a sexually transmitted infection, men who have sex with men
 - **Current or recent injection drug use**
 - **Percutaneous or mucosal risk for exposure to blood** e.g., household contacts of HBsAg-positive persons, residents and staff of facilities for developmentally disabled persons, health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids; persons on maintenance dialysis (including in-center or home hemodialysis and peritoneal dialysis), persons who are predialysis, and patients with diabetes*
 - **Incarceration**
 - **Travel in countries with high or intermediate endemic hepatitis B**

*Age 60 years or older with diabetes: Based on shared clinical decision making, 2-, 3-, or 4-dose series as above.

Special situations

- **Patients on dialysis:** complete a 3- or 4-dose series
 - 3-dose series Recombivax HB at 0, 1, 6 months (Note: Use Dialysis Formulation 1 mL = 40 mcg)
 - 4-dose series Engerix-B at 0, 1, 2, and 6 months (Note: Use 2 mL dose instead of the normal adult dose of 1 mL)

Human papillomavirus vaccination

Routine vaccination

- **All persons up through age 26 years:** 2- or 3-dose series depending on age at initial vaccination or condition
 - **Age 9–14 years at initial vaccination and received 1 dose or 2 doses less than 5 months apart:** 1 additional dose
 - **Age 9–14 years at initial vaccination and received 2 doses at least 5 months apart:** HPV vaccination series complete, no additional dose needed
 - **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: 5 months; repeat dose if administered too soon)
- No additional dose recommended when any HPV vaccine series of any valency has been completed using the recommended dosing intervals.

Shared clinical decision-making

- **Adults age 27–45 years:** Based on shared clinical decision-making, complete a 2-dose series (if initiated age 9–14 years) or 3-dose series (if initiated ≥15 years)

For additional information on shared clinical decision-making for HPV; see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-hpv-shared-clinical-decision-making-hpv.pdf

Special situations

- **Age ranges recommended above for routine and catch-up vaccination or shared clinical decision-making also apply in special situations**
 - **Immunocompromising conditions, including HIV infection:** 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
 - **Pregnancy:** Pregnancy testing is not needed before vaccination. HPV vaccination is not recommended until after pregnancy. No intervention needed if inadvertently vaccinated while pregnant.

Influenza vaccination

Routine vaccination

- **Age 19 years or older:** 1 dose any influenza vaccine appropriate for age and health status annually.
- **Age 65 years or older:** Any one of quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4) is preferred. If any of these three vaccines is not available, any inactivated influenza vaccine is appropriate.

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persons for 7 days after vaccination.

Note: Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg based) appropriate for age and health status.

Measles, mumps, and rubella vaccination

Routine vaccination

- **No evidence of immunity to measles, mumps, or rubella:** 1 dose
 - **Evidence of immunity:** Born before 1957 (except for health care personnel, see below), documentation of receipt of MMR vaccine, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

Special situations

- **Pregnancy with no evidence of immunity to rubella:** MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose
- **Nonpregnant persons of childbearing age with no evidence of immunity to rubella:** 1 dose
- **HIV infection with CD4 percentages ≥15% and CD4 count ≥200 cells/mm³ for at least 6 months and no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart; MMR

Routine vaccination

- No additional dose recommended when any HPV vaccine series **of any valency** has been completed using recommended dosing intervals.
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additional doses of MMR (including 3rd dose of MMR), see

www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm

Special situations

- **Patients on dialysis:** complete a 3- or 4-dose series
 - 3-dose series Recombivax HB at 0, 1, 6 months (Note: Use Dialysis Formulation 1 mL = 40 mcg)
 - 4-dose series Engerix-B at 0, 1, 2, and 6 months (Note: Use 2 mL dose instead of the normal adult dose of 1 mL)

Human papillomavirus vaccination**Routine vaccination**

- **All persons up through age 26 years:** 2- or 3-dose series depending on age at initial vaccination or condition
 - **Age 9–14 years at initial vaccination and received 1 dose or 2 doses less than 5 months apart:** 1 additional dose
 - **Age 9–14 years at initial vaccination and received 2 doses at least 5 months apart:** HPV vaccination series complete, no additional dose needed
 - **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: 5 months; repeat dose if administered too soon)
- No additional dose recommended when any HPV vaccine series of any valency has been completed using the recommended dosing intervals.

Shared clinical decision-making

- **Adults age 27–45 years:** Based on shared clinical decision-making, complete a 2-dose series (if initiated age 9–14 years) or 3-dose series (if initiated ≥ 15 years)

For additional information on shared clinical decision-making for HPV; see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-hpv-shared-clinical-decision-making-hpv.pdf

Special situations

- **Age ranges recommended above for routine and catch-up vaccination or shared clinical decision-making also apply in special situations**
 - **Immunocompromising conditions, including HIV infection:** 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
 - **Pregnancy:** Pregnancy testing is not needed before vaccination. HPV vaccination is not recommended until after pregnancy. No intervention needed if inadvertently vaccinated while pregnant.

Influenza vaccination**Routine vaccination**

- **Age 19 years or older:** 1 dose any influenza vaccine appropriate for age and health status annually.
- **Age 65 years or older:** Any one of quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4) is preferred. If none of these three vaccines are available, then any other age-appropriate influenza vaccine should be used.
- For the 2023–2024 season, see www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm
- For the 2024–2025 season, see the 2024–2025 ACIP influenza vaccine recommendations.

Special situations

- **Close contacts (e.g., caregivers, healthcare workers) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV4. If LAIV4 is given, they should avoid contact with/caring for such immunosuppressed persons for 7 days after vaccination.

Note: Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg based) appropriate for age and health status.

Measles, mumps, and rubella vaccination**Routine vaccination**

- **No evidence of immunity to measles, mumps, or rubella:** 1 dose
 - **Evidence of immunity:** Born before 1957 (except for health care personnel, see below), documentation of receipt of MMR vaccine, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

Special situations

- **Pregnancy with no evidence of immunity to rubella:** MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose
- **Nonpregnant persons of childbearing age with no evidence of immunity to rubella:** 1 dose
- **HIV infection with CD4 percentages $\geq 15\%$ and CD4 count ≥ 200 cells/mm³ for at least 6 months and no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart; MMR contraindicated for HIV infection with CD4 percentage $< 15\%$ or CD4 count < 200 cells/mm³
- **Severe immunocompromising conditions:** MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close, personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart if previously did not receive any doses of MMR or 1 dose if previously received 1 dose MMR
- **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

• Health care personnel:

- Born before 1957 with no evidence of immunity to measles, mumps, or rubella: Consider 2-dose series at least 4 weeks apart for protection against measles or mumps or 1 dose for protection against rubella
- Born in 1957 or later with no evidence of immunity to measles, mumps, or rubella: 2-dose series at least 4 weeks apart for protection against measles or mumps or at least 1 dose for protection against rubella

Meningococcal vaccination

Special situations for MenACWY

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:** 2-dose series MenACWY (Menveo or MenQuadfi) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, or microbiologists routinely exposed to *Neisseria meningitidis*:** 1 dose MenACWY (Menveo or MenQuadfi) and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:** 1 dose MenACWY (Menveo or MenQuadfi)
- For MenACWY **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings, or among men who have sex with men) and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm

Shared clinical decision-making for MenB

- **Adolescents and young adults age 16–23 years (age 16–18 years preferred) not at increased risk for meningococcal disease:** Based on shared clinical decision-making, 2-dose series MenB-4C (Bexsero) at least 1 month apart or 2-dose series MenB-FHbp (Trumenba) at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series).

For additional information on shared clinical decision-making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf

Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use, or microbiologists routinely exposed to *Neisseria meningitidis*:** 2-dose primary series MenB-4C (Bexsero) at least 1 month apart or 3-dose primary series MenB-FHbp (Trumenba) 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 fourth dose should be administered at least 4 months after dose 3); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series); 1 dose MenB booster 1 year after primary series and revaccinate every 2–3 years if risk remains.
- **Pregnancy:** Delay MenB until after pregnancy unless at increased risk and vaccination benefits outweigh potential risks.

- For MenB **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings and among men who have sex with men) and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm

Note: MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.

Adults may receive a single dose of Penbraya as an alternative to repeat administration of MenACWY and MenB w/ clinical decision-making. Penbraya should be administered at increased risk may be (including the same clinic day **and** at least 6 months have elapsed since most recent Penbraya dose.

Added a link to more information on shared clinical decision-making for MenB vaccination

Mpox vaccination

Special situations

- **Any person at risk for Mpox infection:** 2-dose series, 28 days apart.

Risk factors for Mpox infection include:

- Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
 - A new diagnosis of at least 1 sexually transmitted disease
 - More than 1 sex partner
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
- Persons who are sexual partners of the persons described above
- Persons who anticipate experiencing any of the situations described above

• Health care personnel:

Born before 1957 with no evidence of immunity to measles, mumps, or rubella: Consider 2-dose series at least 4 weeks apart for protection against measles or mumps or 1 dose for protection against

Added information for use of MenABCWY in adults

- **Adults at increased risk of meningococcal disease, HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:** 2-dose series MenACWY (Menveo or MenQuadfi) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, or microbiologists routinely exposed to *Neisseria meningitidis*:** 1 dose MenACWY (Menveo or MenQuadfi) and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:** 1 dose MenACWY (Menveo or MenQuadfi)
- For MenACWY **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings, or among men who have sex with men) and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm

Shared clinical decision-making for MenB

- **Adolescents and young adults age 16–23 years (age 16–18 years preferred) not at increased risk for meningococcal disease:** Based on shared clinical decision-making, 2-dose series MenB-4C (Bexsero) at least 1 month apart or 2-dose series MenB-FHbp

Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use, or microbiologists routinely exposed to *Neisseria meningitidis*:** 2-dose primary series MenB-4C (Bexsero) at least 1 month apart or 3-dose primary series MenB-FHbp (Trumenba) 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 fourth dose should be administered at least 4 months after dose 3); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series); 1 dose MenB booster 1 year after primary series and revaccinate every 2–3 years if risk remains.
- **Pregnancy:** Delay MenB until after pregnancy unless at increased risk and vaccination benefits outweigh potential risks.

- For MenB **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings and among men who have sex with men) and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm

Note: MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.

Adults may receive a single dose of Penbraya as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For adults not at increased risk, if Penbraya is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For adults at increased risk of meningococcal disease, Penbraya may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day **and** at least 6 months have elapsed since most recent Penbraya dose.

Mpox vaccination

Special situations

- **Any person at risk for Mpox infection:** 2-dose series, 28 days apart.

Risk factors for Mpox infection include:

- Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
 - A new diagnosis of at least 1 sexually transmitted disease
 - More than 1 sex partner
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
- Persons who are sexual partners of the persons described above
- Persons who anticipate experiencing any of the situations described above

• Health care personnel:

- **Born before 1957 with no evidence of immunity to measles, mumps, or rubella:** Consider 2-dose series at least 4 weeks apart for protection against measles or mumps or 1 dose for protection against rubella
- **Born in 1957 or later with no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart for protection against measles or mumps or at least 1 dose for protection against rubella

Meningococcal vaccination

Special situations for MenACWY

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:** 2-dose series MenACWY (Menveo or MenQuadfi) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel to meningitis-endemic areas or exposure to meningitis (Meningitis) if risk remains**
- **First-year housing in college or university** 16 years of age or older (Menveo or MenQuadfi)

- For MenACWY **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings, or among men who have sex with men) and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm

Shared clinical decision-making for MenB

- **Adolescents and young adults age 16–23 years (age 16–18 years preferred) not at increased risk for meningococcal disease:** Based on shared clinical decision-making, 2-dose series MenB-4C (Bexsero) at least 1 month apart or 2-dose series MenB-FHbp (Trumenba) at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series).

For additional information on shared clinical decision-making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf

Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab,**

trumenba) use: 2-dose series MenB-4C (Bexsero) at least 1 month apart or 2-dose series MenB-FHbp (Trumenba) at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series); 1 dose MenB booster 1 year after primary series and revaccinate every 2–3 years if risk remains.

- **Pregnancy:** Delay MenB until after pregnancy unless at increased risk and vaccination benefits outweigh potential risks.

- For MenB **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting (e.g., in community or organizational settings and among men who have sex with men) and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm

Note: MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.

Adults may receive a single dose of Penbraya as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For adults not at increased risk, if Penbraya is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For adults at increased risk of meningococcal disease, Penbraya may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day **and** at least 6 months have elapsed since most recent Penbraya dose.

Mpox vaccination

Special situations

- **Any person at risk for Mpox infection:** 2-dose series, 28 days apart.

Risk factors for Mpox infection include:

- Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
 - A new diagnosis of at least 1 sexually transmitted disease
 - More than 1 sex partner
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
- Persons who are sexual partners of the persons described above
- Persons who anticipate experiencing any of the situations described above

Special situations

- **Any persons at risk for Mpox infection:** 2-dose series, 28 days apart.

• **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

• **Healthcare personnel:** Except in rare circumstances (e.g. no available personal protective equipment), healthcare personnel who do not have any of the sexual risk factors described above should not receive Jynneos.

For detailed information, see: www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-MPOX-Rao-508.pdf

Pneumococcal vaccination

Routine vaccination

• **Age 65 years or older who have:**

- **Not previously received a dose of PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.
 - If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).
- **Previously received only PCV7:** follow the recommendation above.
- **Previously received only PCV13:** 1 dose PCV20 OR 1 dose PPSV23.
 - If PCV20 is selected, administer at least 1 year after the last PCV13 dose.
 - If PPSV23 is selected, administer at least 1 year after the last PCV13 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).
- **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.
 - If PCV15 is used, no additional PPSV23 doses are recommended.

Previously received both PCV13 and PPSV23 but **NO PPSV23 was received at age 65 years or older:** 1 dose PCV20 OR 1 dose PPSV23.

- If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.
- If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf.

Previously received both PCV13 and PPSV23, AND PPSV23 was received at age 65 years or older: Based on shared clinical decision-making, 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine dose.

- 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/vpd/pneumo/hcp/pneumoapp.html.

Special situations

• **Age 19–64 years with certain underlying medical conditions or other risk factors** who have:**

- **Not previously received a PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.

- If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).

- **Previously received only PCV7:** follow the recommendation above.

- **Previously received only PCV13:** 1 dose PCV20 OR 1 dose PPSV23.

- If PCV20 is selected, administer at least 1 year after the PCV13 dose.

• If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

- **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.

• If PCV15 is used, no additional PPSV23 doses are recommended.

- **Previously received PCV13 and 1 dose of PPSV23:** 1 dose PCV20 OR 1 dose PPSV23.

• If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.

• If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

- 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/vpd/pneumo/hcp/pneumoapp.html

***Note:** Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiencies, iatrogenic immunosuppression, generalized malignancy, HIV infection, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplant, congenital or acquired asplenia, or sickle cell disease or other hemoglobinopathies.

****Note:** Underlying medical conditions or other risk factors include alcoholism, chronic heart/liver/lung disease, chronic renal failure, cigarette smoking, cochlear implant, congenital or acquired asplenia, CSF leak, diabetes mellitus, generalized malignancy, HIV infection, Hodgkin disease, immunodeficiencies, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant, or sickle cell disease or other hemoglobinopathies.

Poliovirus vaccination

Routine vaccination

- **Adults known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most adults who were born and raised in the United States can assume they were vaccinated against polio as children.

• **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

• **Healthcare personnel:** Except in rare circumstances (e.g. no available personal protective equipment), healthcare personnel who do not have any of the sexual risk factors described above should not receive Jynneos.

For detailed information, see: www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-MPOX-Rao-508.pdf

Pneumococcal vaccination

Routine vaccination

• **Age 65 years or older who have:**

- **Not previously received a dose of PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.

· If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).

- **Previously received only PCV7:** follow the recommendation above.

- **Previously received only PCV13:** 1 dose PCV20 OR 1 dose PPSV23.

· If PCV20 is selected, administer at least 1 year after the last PCV13 dose.

· If PPSV23 is selected, administer at least 1 year after the last PCV13 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).

- **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.

· If PCV15 is used, no additional PPSV23 doses are recommended.

- **Previously received both PCV13 and PPSV23 but NO PPSV23 was received at age 65 years or older:**

1 dose PCV20 OR 1 dose PPSV23.

· If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.

· If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf.

- **Previously received both PCV13 and PPSV23, AND PPSV23 was received at age 65 years or older:** Based on shared clinical decision-making, 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine dose.

• 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/vpd/pneumo/hcp/pneumoapp.html.

Special situations

• **Age 19–64 years with certain underlying medical conditions or other risk factors** who have:**

- **Not previously received a PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.

· If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).

- **Previously received only PCV7:** follow the recommendation above.

- **Previously received only PCV13:** 1 dose PCV20 OR 1 dose PPSV23.

· If PCV20 is selected, administer at least 1 year after the PCV13 dose.

· If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

- **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.

· If PCV15 is used, no additional PPSV23 doses are recommended.

- **Previously received PCV13 and 1 dose of PPSV23:** 1 dose PCV20 OR 1 dose PPSV23.

· If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.

· If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

• 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/vpd/pneumo/hcp/pneumoapp.html

***Note:** Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiencies, iatrogenic immunosuppression, generalized malignancy, HIV infection, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplant, congenital or acquired asplenia, or sickle cell disease or other hemoglobinopathies.

****Note:** Underlying medical conditions or other risk factors include alcoholism, chronic heart/liver/lung disease, chronic renal failure, cigarette smoking, cochlear implant, congenital or acquired asplenia, CSF leak, diabetes mellitus, generalized malignancy, HIV infection, Hodgkin disease, immunodeficiencies, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant, or sickle cell disease or other hemoglobinopathies.

Poliovirus vaccination

Routine vaccination

• **Adults known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most adults who were born and raised in the United States can assume they were vaccinated against polio as children.

• **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

• **Healthcare personnel:** Except in rare circumstances (e.g. no available personal protective equipment), healthcare personnel who do not have any of the sexual risk factors described above should not receive Jynneos.

For detailed information, see: www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-MPOX-Rao-508.pdf

Pneumococcal vaccination

Routine vaccination

• **Age 65 years or older who have:**

- **Not previously received a dose of PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.

• If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).

- **Previously received only PCV7:** follow the recommendation above.

- **Previously received only PCV13:** 1 dose PCV15 OR 1 dose PPSV23.

• If PCV20 is selected, administer at least 1 year after the last PCV13 dose.

• If PPSV23 is selected, administer at least 1 year after the last PCV13 dose (may use minimum interval of 8 weeks for adults with an immunocompromising condition,* cochlear implant, or cerebrospinal fluid leak).

- **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.

• If PCV15 is used, no additional PPSV23 doses are recommended.

- **Previously received both PCV13 and PPSV23 but NO PPSV23 was received at age 65 years or older:** 1 dose PCV20 OR 1 dose PPSV23.

• If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.

• If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf.

- **Previously received both PCV13 and PPSV23, AND PPSV23 was received at age 65 years or older:** Based on shared clinical decision-making, 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine dose.

• 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/vpd/pneumo/hcp/pneumoapp.html.

Special situations

• **Age 19–64 years with certain underlying medical conditions or other risk factors** who have:**

- **Not previously received a PCV13, PCV15, or PCV20 or whose previous vaccination history is unknown:** 1 dose PCV15 OR 1 dose PCV20.

• If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose (may use minimum interval of 8 weeks for adults with

Routine vaccination

- Revised based on new recommendation

the PCV13 dose.

• If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

- **Previously received only PPSV23:** 1 dose PCV15 OR 1 dose PCV20. Administer either PCV15 or PCV20 at least 1 year after the last PPSV23 dose.

• If PCV15 is used, no additional PPSV23 doses are recommended.

- **Previously received PCV13 and 1 dose of PPSV23:** 1 dose PCV20 OR 1 dose PPSV23.

• If PCV20 is selected, administer at least 5 years after the last pneumococcal vaccine dose.

• If PPSV23 is selected, see dosing schedule at www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

• 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/vpd/pneumo/hcp/pneumoapp.html

***Note:** Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiencies, iatrogenic immunosuppression, generalized malignancy, HIV infection, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplant, congenital or acquired asplenia, or sickle cell disease or other hemoglobinopathies.

****Note:** Underlying medical conditions or other risk factors include alcoholism, chronic heart/liver/lung disease, chronic renal failure, cigarette smoking, cochlear implant, congenital or acquired asplenia, CSF leak, diabetes mellitus, generalized malignancy, HIV infection, Hodgkin disease, immunodeficiencies, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant, or sickle cell disease or other hemoglobinopathies.

Poliovirus vaccination

Routine vaccination

• **Adults known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.* Unless there are specific reasons to believe they were not vaccinated, most adults who were born and raised in the United States can assume they were vaccinated against polio as children.

Special situations

- **Adults at increased risk of exposure to poliovirus who completed primary series*:** may administer one lifetime IPV booster

***Note:** Complete primary series consists of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus vaccination**Routine vaccination**

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

Special situations

- **Age 60 years or older:** Based on shared clinical decision-making, 1 dose RSV vaccine (Arexvy® or Abrysvo™). Persons most likely to benefit from vaccination are those considered to be at increased risk for severe RSV disease.** For additional information on shared clinical decision-making for RSV in older adults, see www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Refer to the 2024 Child and Adolescent Immunization Schedule for considerations regarding nirsevimab administration to infants.

****Note:** Adults age 60 years or older who are at increased risk for severe RSV disease include those with chronic medical conditions such as lung diseases (e.g., chronic obstructive pulmonary disease, asthma), cardiovascular diseases (e.g., congestive heart failure, coronary artery disease), neurologic or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); those who are considered to be frail; those of advanced age; those who reside in nursing homes or other long-term care facilities; and those with other underlying medical conditions or factors that a health care provider determines might increase the risk of severe respiratory disease.

Tetanus, diphtheria, and pertussis vaccination**Routine vaccination**

- **Previously did not receive Tdap at or after age 11 years*:** 1 dose Tdap, then Td or Tdap every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose and can be substituted for any Td dose), Td or Tdap every 10 years thereafter.
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

- **Wound management:** Persons with 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 who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap. For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm

***Note:** Tdap administered at age 10 years may be counted as the adolescent dose recommended at age 11–12 years.

Varicella vaccination**Routine vaccination**

- **No evidence of immunity to varicella:** 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose.

- **Evidence of immunity:** U.S.-born before 1980 (except for pregnant persons and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease.

Special situations

- **Pregnancy with no evidence of immunity to varicella:** VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980.

Special situations

- **Adults at increased risk of exposure to poliovirus who completed primary series*:** may administer one lifetime IPV booster

***Note:** Complete primary series consists of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus vaccination**Routine vaccination**

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

Special situations

- **Age 60 years or older:** Based on shared clinical decision-making, 1 dose RSV vaccine (Arexvy® or Abrysvo™). Persons most likely to benefit from vaccination are those considered to be at increased risk for severe RSV disease.** For additional information on shared clinical decision-making for RSV in older adults, see www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Refer to the 2024 Child and Adolescent Immunization Schedule for considerations regarding nirsevimab administration to infants.

****Note:** Adults age 60 years or older who are at increased risk for severe RSV disease include those with chronic medical conditions such as lung diseases (e.g., chronic obstructive pulmonary disease, asthma), cardiovascular diseases (e.g., congestive heart failure, coronary artery disease), neurologic or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); those who are considered to be frail; those of advanced age; those who reside in nursing homes or other long-term care facilities; and those with other underlying medical conditions or factors that a health care provider determines might increase the risk of severe respiratory disease.

Tetanus, diphtheria, and pertussis vaccination**Routine vaccination**

- **Previously did not receive Tdap at or after age 11 years*:** 1 dose Tdap, then Td or Tdap every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose and can be substituted for any Td dose), Td or Tdap every 10 years thereafter.
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

• **Wound management:** Persons with 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 who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap. For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm

***Note:** Tdap administered at age 10 years may be counted as the adolescent dose recommended at age 11–12 years

Varicella vaccination**Routine vaccination**

- **No evidence of immunity to varicella:** 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose.

- **Evidence of immunity:** U.S.-born before 1980 (except for pregnant persons and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease.

Special situations

- **Pregnancy with no evidence of immunity to varicella:** VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980.

Special situations

- **Adults at increased risk of exposure to poliovirus who completed primary series*:** may administer one lifetime IPV booster

***Note:** Complete primary series consists of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus vaccination**Routine vaccination**

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended.

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

Special situations

- **Age 60 years or older:** Based on shared clinical decision-making, 1 dose RSV vaccine (Arexvy® or Abrysvo™). Persons most likely to benefit from vaccination are those considered to be at increased risk for severe RSV disease.** For additional information on shared clinical decision-making for RSV in older adults, see www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Refer to the 2024 Child and Adolescent Immunization Schedule for considerations regarding nirsevimab administration to infants.

****Note:** Adults age 60 years or older who are at increased risk for severe RSV disease include those with chronic medical conditions such as lung diseases (e.g., chronic obstructive pulmonary disease, asthma), cardiovascular diseases (e.g., congestive heart failure, coronary artery disease), neurologic or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); those who are considered to be frail; those of advanced age; those who reside in nursing homes or other long-term care facilities; and those with other underlying medical conditions or factors that a health care provider determines might increase the risk of severe respiratory disease.

Tetanus, diphtheria, and pertussis vaccination**Routine vaccination**

- **Previously did not receive Tdap at or after age 11 years*:** 1 dose Tdap, then Td or Tdap every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose and can be substituted for any Td dose), Td or Tdap every 10 years thereafter.
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

• **Wound management:** Persons with 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 who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap. For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm

***Note:** Tdap administered at age 10 years may be counted as the adolescent dose recommended at age 11–12 years

Varicella vaccination**Routine vaccination**

- **No evidence of immunity to varicella:** 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose.

- **Evidence of immunity:** U.S.-born before 1980 (except for pregnant persons and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease.

Special situations

- **Pregnancy with no evidence of immunity to varicella:** VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980.

Special situations

- **Adults at increased risk of exposure to poliovirus who completed primary series*:** may administer one lifetime IPV booster

***Note:** Complete primary series consists of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus vaccination**Routine vaccination**

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

Special situations

- **Age 60 years or older:** Based on shared clinical decision-making, 1 dose RSV vaccine (Arexvy® or Abrysvo™). Persons most likely to benefit from vaccination are those considered to be at increased risk for severe RSV disease.** For additional information on shared clinical decision-making for RSV in older adults, see www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Refer to the 2024 Child and Adolescent Immunization Schedule for considerations regarding nirsevimab administration to infants.

****Note:** Adults age 60 years or older who are at increased risk for severe RSV disease include those with chronic medical conditions such as lung diseases (e.g., chronic obstructive pulmonary disease, asthma), cardiovascular diseases (e.g., congestive heart failure, coronary artery disease), neurologic or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); those who are considered to be frail; those of advanced age; those who reside in nursing homes or other long-term care facilities; and those with other underlying medical conditions or factors that a health care provider determines might increase the risk of severe respiratory disease.

Tetanus, diphtheria, and pertussis vaccination**Routine vaccination**

- **Previously did not receive Tdap at or after age 11 years*:** 1 dose Tdap, then Td or Tdap every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose and can be substituted for any Td dose), Td or Tdap every 10 years thereafter.

- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

- **Wound management:** Persons with 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 who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap. For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm

Note: Tdap administered at age 10 years may be counted as the adolescent dose recommended at age 11–12 years

Varicella vaccination**Routine vaccination**

No evidence of immunity to varicella: 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose.

Evidence of immunity: U.S.-born before 1980 (except for pregnant persons and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease.

Special situations

- **Pregnancy with no evidence of immunity to varicella:** VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980.

Special situations

- **Adults at increased risk of exposure to poliovirus who completed primary series*:** may administer one lifetime IPV booster

***Note:** Complete primary series consists of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see: www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html

Respiratory syncytial virus vaccination**Routine vaccination**

- **Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*:** 1 dose RSV vaccine (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.

- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.

- **All other pregnant persons:** RSV vaccine not recommended

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

Special situations

- **Age 60 years or older:** Based on shared clinical decision-making, 1 dose RSV vaccine (Arexvy® or Abrysvo™). Persons most likely to benefit from vaccination are those considered to be at increased risk for severe RSV disease.** For additional information on shared clinical decision-making for RSV in older adults, see www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm

***Note:** Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Refer to the 2024 Child and Adolescent Immunization Schedule for considerations regarding nirsevimab administration to infants.

****Note:** Adults age 60 years or older who are at increased risk for severe RSV disease include those with chronic medical conditions such as lung diseases (e.g., chronic obstructive pulmonary disease, asthma), cardiovascular diseases (e.g., congestive heart failure, coronary artery disease), neurologic or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); those who are considered to be frail; those of advanced age; those who reside in nursing homes or other long-term care facilities; and those with other underlying medical conditions or factors that a health care provider determines might increase the risk of severe respiratory disease.

Tetanus, diphtheria, and pertussis vaccination**Routine vaccination**

- **Previously did not receive Tdap at or after age 11 years*:** 1 dose Tdap, then Td or Tdap every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose and can be substituted for any Td dose), Td or Tdap every 10 years thereafter.
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

- **Wound management:** Persons with 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 who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap. For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm

***Note:** Tdap administered at age 10 years may be counted as the adolescent dose recommended at age 11–12 years

Varicella vaccination**Routine vaccination**

- **No evidence of immunity to varicella:** 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose.
- **Evidence of immunity:** U.S.-born before 1980 (except for pregnant persons and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease.

Special situations

- **Pregnancy with no evidence of immunity to varicella:** VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980.

Appendix

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, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023–24 Influenza Season* | MMWR (cdc.gov), *Contraindications and Precautions for COVID-19 Vaccination, and Contraindications and Precautions for Jynneos Vaccination*

Vaccines and Other Immunizing Agents	Contraindicated or Not Recommended ¹	Precautions ²
COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine⁴ 	<ul style="list-style-type: none"> Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine⁴; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) Moderate or severe acute illness, with or without fever
COVID-19 protein subunit vaccine [Novavax]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID-19 vaccine⁴ 	<ul style="list-style-type: none"> Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine⁴; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV4)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV of any valency) Severe allergic reaction (e.g., anaphylaxis) to any vaccine component³ (excluding egg) 	<ul style="list-style-type: none"> 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
Influenza, cell culture-based inactivated injectable (ccIV4) [Flucelvax Quadrivalent]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) to any ccIV of any valency, or to any component³ of ccIV4 	<ul style="list-style-type: none"> 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 health care provider who can recognize and manage severe allergic reactions. May consult an allergist. Moderate or severe acute illness with or without fever
Influenza, recombinant injectable (RIV4) [Flublok Quadrivalent]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component³ of RIV4 	<ul style="list-style-type: none"> 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 health care provider who can recognize and manage severe allergic reactions. May consult an allergist. Moderate or severe acute illness with or without fever
Influenza, live attenuated (LAIV4) [Flumist Quadrivalent]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIV, RIV, or LAIV of any valency) Severe allergic reaction (e.g., anaphylaxis) to any vaccine component³ (excluding egg) 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 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. 	<ul style="list-style-type: none"> Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Asthma in persons aged 5 years 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

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*.
 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*.
 3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See *Package inserts for U.S.-licensed vaccines*.
 4. See *package inserts* and *FDA EUA fact sheets* for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG).

Appendix

Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2024

Vaccine	Contraindicated or Not Recommended ¹	Precautions ²
Haemophilus influenzae type b (Hib)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³	• 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 component ³ including neomycin	• 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 component ³ including yeast • <i>Pregnancy: HepB and PreHevBrio are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepB is indicated⁴</i>	• Moderate or severe acute illness with or without fever
Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twinrix]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³ including neomycin and yeast	• 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 component ³ • <i>Pregnancy: HPV vaccination not recommended</i>	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³ • 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	• Recent (≤11 months) 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 • Moderate or severe acute illness with or without fever
Meningococcal ACWY (MenACWY) (MenACWY-CRM) [Menveo] (MenACWY-TT) [MenQuadfi]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³ • For MenACWY-CRM only: severe allergic reaction to any diphtheria toxoid- or CRM197-containing vaccine • For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine	• Moderate or severe acute illness with or without fever
Meningococcal B (MenB) MenB-4C [Bexsero] MenB-FHbp [Trumenb]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³	• Pregnancy • For MenB-4C only: Latex sensitivity • Moderate or severe acute illness with or without fever
Meningococcal ABCWY (MenACWY-TT/MenB-FHbp) [Penbrava]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³ • Severe allergic reaction to a tetanus toxoid-containing vaccine	• Moderate or severe acute illness, with or without fever
Mpox [Jynneos]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³	• Moderate or severe acute illness, with or without fever
Pneumococcal conjugate (PCV15, PCV20)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³ • Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxoid-containing vaccine or to its vaccine component ³	• 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 component ³	• 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 component ³	• Pregnancy • Moderate or severe acute illness with or without fever
Respiratory syncytial virus vaccine (RSV)	• Severe allergic reaction (e.g., anaphylaxis) to a vaccine component	• 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 component ³ • 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	• 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 • Moderate or severe acute illness with or without fever • 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
Varicella (VAR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³ • 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	• 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
Zoster recombinant vaccine (RZV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ³	• Moderate or severe acute illness with or without fever • Current herpes zoster infection

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 registries for persons who were inadvertently vaccinated with HepB or PreHevBrio while pregnant, please visit hepbisavbpregnancyregistry.com/ or www.prehevbio.com/#safety.

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, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023–24 Influenza Season | MMWR (cdc.gov), Contraindications and Precautions for COVID-19 Vaccination, and Contraindications and Precautions for JYNNEOS Vaccination

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended ¹	Precautions ²
COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine⁴ 	<ul style="list-style-type: none"> Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine³; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) Moderate or severe acute illness, with or without fever
COVID-19 protein subunit vaccine [Novavax]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID-19 vaccine⁴ 	<ul style="list-style-type: none"> Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine³; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV4)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV of any valency) Severe allergic reaction (e.g., anaphylaxis) to any vaccine component³ (excluding egg) 	<ul style="list-style-type: none"> 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
Influenza, cell culture-based inactivated injectable (ccIV4) [Flucelvax Quadrivalent]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) to any ccIV of any valency, or to any component³ of ccIV4 	<ul style="list-style-type: none"> 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 health care provider who can recognize and manage severe allergic reactions. May consult an allergist. Moderate or severe acute illness with or without fever
Influenza, recombinant injectable (RIV4) [Flublok Quadrivalent]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component³ of RIV4 	<ul style="list-style-type: none"> 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 health care provider who can recognize and manage severe allergic reactions. May consult an allergist. Moderate or severe acute illness with or without fever
Influenza, live attenuated (LAIV4) [Flumist Quadrivalent]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIV, RIV, or LAIV of any valency) Severe allergic reaction (e.g., anaphylaxis) to any vaccine component³ (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 	<ul style="list-style-type: none"> Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Asthma in persons age 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

- When a contraindication is present, a vaccine should **NOT** be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
- 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.
- Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See [Package inserts for U.S.-licensed vaccines](#).
- See [package inserts](#) and [FDA EUA fact sheets](#) for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG).

Appendix

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

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended ¹	Precautions ²
Dengue (DEN4CYD)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 	<ul style="list-style-type: none"> Pregnancy HIV infection without evidence of severe immunosuppression Moderate or severe acute illness with or without fever
Diphtheria, tetanus, pertussis (DTaP)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 	<ul style="list-style-type: none"> 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
<i>Haemophilus influenzae</i> type b (Hib)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Less than age 6 weeks 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ including neomycin 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ including yeast Pregnancy: <i>HepSiv-B</i> and <i>PreHevBrio</i> are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepB is indicated⁴. 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twinrix]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ including neomycin and yeast 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Pregnancy: HPV vaccination not recommended. 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR) Measles, mumps, rubella, and varicella (MMRV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 	<ul style="list-style-type: none"> Recent (<11 months) 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 Moderate or severe acute illness with or without fever For MMRV only: Personal or family (i.e., sibling or parent) history of seizures of any etiology
Meningococcal ACWY (MenACWY) MenACWY-CRM [Menveo] MenACWY-TT [MenQuadfi]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid—or CRM1197—containing vaccine For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine 	<ul style="list-style-type: none"> For MenACWY-CRM only: Preterm birth if less than age 9 months Moderate or severe acute illness with or without fever
Meningococcal B (MenB) MenB-4C [Bexsero] MenB-FHbp [Trumenb]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Pregnancy For MenB-4C only: Latex sensitivity Moderate or severe acute illness with or without fever
Meningococcal ABCWY MenACWY-TT, MenB, FHbp [Bambaya]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Severe allergic reaction to a tetanus toxoid-containing vaccine 	<ul style="list-style-type: none"> Moderate or severe acute illness, with or without fever
Mpox [Jynneos]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness, with or without fever
Pneumococcal conjugate (PCV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxoid-containing vaccine or its component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Poliovirus vaccine, inactivated (IPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Pregnancy Moderate or severe acute illness with or without fever
RSV monoclonal antibody (RSV-mAb)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Respiratory syncytial virus vaccine (RSV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Rotavirus (RV) RV1 [Rotarix] RV5 [RotaTeq]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Severe combined immunodeficiency (SCID) History of intussusception 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 	<ul style="list-style-type: none"> 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
Varicella (VAR)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 	<ul style="list-style-type: none"> 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

- 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
- 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
- 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.
- For information on the pregnancy exposure registries for persons who were inadvertently vaccinated with Heplisav-B or PreHevBrio while pregnant, please visit heplisavbpregnancyregistry.com or www.prehevbrbio.com/#safety.
- Full prescribing information for BEYFORTUS (nirsevimab-alip) www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf

Addendum

Addendum

Recommended Adult Immunization Schedule for Ages 19 Years or Older, United States, 2024

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 26, 2023. 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	Recommendations	Effective Date of Recommendation*
No new vaccines or vaccine recommendations to report		

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

Addendum

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

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 26, 2023. 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	Recommendations	Effective Date of Recommendation*
No new vaccines or vaccine recommendations to report		

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

Vaccination resources for healthcare providers

Job-aids for Immunization schedule

Vaccine Catch-Up Guidance

CDC has developed catch-up guidance job aids to assist healthcare providers in interpreting Table 2 in the child and adolescent immunization schedule.

- [Pneumococcal Conjugate Vaccine \(PCV\) Catch-Up Guidance for Children 4 Months through 4 Years of Age](#)  [3 pages]
- [Haemophilus influenzae type b-Containing Vaccines Catch-Up Guidance for Children 4 Months through 4 Years of Age](#)
 - [Hib vaccine products: ActHIB, Pentacel, Hiberix, or unknown](#)  [3 pages]
 - [Hib vaccine products: PedvaxHIB vaccine only](#)  [2 pages]
- [Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 4 Months through 6 Years of Age](#)  [2 pages]
- [Inactivated Polio Vaccine \(IPV\)](#)  [2 pages]
- [Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 7 through 9 Years of Age](#)  [2 pages]
- [Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 10 through 18 Years of Age](#) 

<https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#guidance>

Job-aids for Immunization schedule

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

Pneumococcal Conjugate Vaccine: PCV

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next dose due ²	
24 through 59 months	0	→	→	→	Give Dose 1 today	No additional doses needed	
	1	Dose 1 was given before 1 st birthday	→	→	Give Dose 2 (Final Dose) today	No additional doses needed	
		Dose 1 was given after 1 st birthday	Dose 1 was given before 2 nd birthday	→	It has been at least 8 weeks since Dose 1	Give Dose 2 (Final Dose) today	No additional doses needed
			Dose 1 was given after 2 nd birthday	→	It has not been at least 8 weeks since Dose 1	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
	2	Dose 1 was given before 12 months of age	Dose 2 was given before 1 st birthday	→	→	Give Dose 3 (Final Dose) today	No additional doses needed
			Dose 2 was given after 1 st birthday	Dose 2 was given before 2 nd birthday	→	Give Dose 3 (Final Dose) today	No additional doses needed
				Dose 2 was given after 2 nd birthday	→	No dose today	No additional doses needed
		Dose 1 was given after 12 months of age	→	→	No dose today	No additional doses needed	
	3	All 3 doses were given before 12 months of age	→	→	→	Give Dose 4 (Final Dose) today	No additional doses needed
		1 or more doses were given at 12 months of age or older	→	→	→	No dose today	No additional doses needed

¹Refer to the notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, for immunization guidance for children at increased risk for pneumococcal disease.

²Next dose due is not the final dose in the series unless explicitly stated.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Job-aids for Immunization schedule: Shared clinical decision-making recommendations



Shared Clinical Decision-Making HPV Vaccination for Adults Aged 27-45 Years

Shared clinical decision-making (SCDM) is recommended regarding Human papillomavirus (HPV) vaccination for persons 27-45 year of age. Shared clinical decision-making recommendations are intended to be flexible and should be informed by the characteristics, values, and preferences of the individual patient and the clinical discretion of the healthcare provider.

HPV vaccination does not need to be discussed with most adults in this age group.
If you do decide to discuss HPV vaccination with an adult patient:

Remember:	<ul style="list-style-type: none"> Most HPV infections clear on their own within a year or two, but persistent infections can lead to development of precancers or cancers, usually after several decades. HPV vaccination is not routinely recommended for adults 27-45 years of age. HPV vaccine effectiveness is highest in people who have never had sex. HPV vaccination prevents new HPV infection, it does not treat existing HPV infection or disease. Most adults who have had sex have been exposed to HPV before. HPV vaccine effectiveness might be low among people with more risk factors for HPV, such as having had sex with more than one person or having certain immunocompromising conditions.
Consider:	<ul style="list-style-type: none"> At any age, having a new sex partner is a risk factor for getting a new HPV infection. However, this is only one possible consideration for SCDM. Adults with more HPV risk factors (for example, multiple previous sex partners or certain immunocompromising conditions) might have been infected with HPV in the past, so might have a lower chance of getting a new HPV infection in the future. Adults with fewer HPV risk factors (for example, few or no previous sex partners) might not have been infected with HPV in the past, so might have a higher chance of getting a new HPV infection from a new sex partner in the future.
If you vaccinate:	<ul style="list-style-type: none"> If you and your previously unvaccinated adult patient decide to initiate HPV vaccination, offer a 3-dose series of HPV vaccine at 0, 2, and 6 months. If your patient is pregnant, delay HPV vaccination until after pregnancy. HPV vaccination is safe, unless a patient had a severe allergic reaction after a previous dose or to a vaccine component.

Additional Information:
Supplemental information and guidance for vaccination providers regarding use of 9-valent HPV:
www.cdc.gov/hpv/downloads/9vhpv-guidance.pdf
CDC Adult Immunization Schedule:



Shared Clinical Decision-Making Meningococcal B Vaccination

The determination on whether to vaccinate a patient 16-23 years of age who is not at increased risk for meningococcal disease with a MenB vaccine is based on a shared clinical decision-making process between a patient and their health care provider. However, all adolescents and young adults at increased risk because of a serogroup B meningococcal disease outbreak or certain medical conditions should receive a MenB vaccine. Shared clinical decision-making recommendations are intended to be flexible and informed by the characteristics, values, and preferences of the individual patient and the clinical discretion of the health care provider.

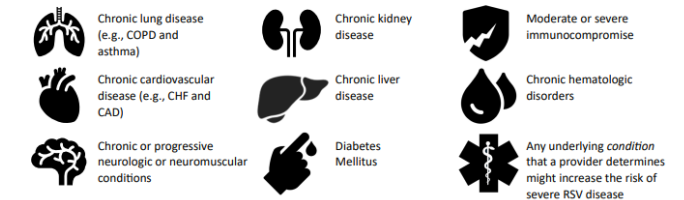
Consider discussing MenB vaccination with patients 16 through 23 years of age who are not at increased risk for meningococcal disease:

Remember:	<ul style="list-style-type: none"> MenB vaccine is not routinely recommended for all adolescents in this age group. The vaccine series provides short-term protection against most strains of serogroup B meningococcal bacteria circulating in the United States.
Consider:	<ul style="list-style-type: none"> Serogroup B meningococcal disease is an uncommon but deadly disease. In recent years, between 20 and 50 cases occurred in 16 to 23 year olds in the United States each year. A low risk of exposure or infection does not mean a person cannot get a MenB vaccine. It is just one potentially important consideration in shared clinical decision-making. College students are at increased risk, especially those who are freshmen, attend a four-year university, live in on-campus housing, or participate in sororities and fraternities. Serogroup B vaccines are safe and effective, but only offer short-term protection (1 to 2 years) to those who get vaccinated.
If you vaccinate:	<ul style="list-style-type: none"> Since these patients are not at increased risk of serogroup B disease, administer: <ul style="list-style-type: none"> -2-dose series of MenB-4C at least 1 month apart, or -2-dose series of MenB-FHbp at 0, 6 months MenB-4C and MenB-FHbp are not interchangeable MenB vaccines are safe and effective for this population unless a patient <ul style="list-style-type: none"> -Had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component -Is pregnant; vaccine should be delayed unless the patient is at increased risk and the benefits of vaccination outweigh the potential risks

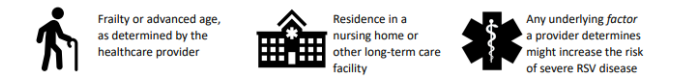
Shared Clinical Decision-Making (SCDM) RSV Vaccination for Adults 60 Years and Older

- Respiratory syncytial virus (RSV) is a cause of severe respiratory illness across the lifespan. Each year in the United States, RSV leads to approximately 60,000-160,000 hospitalizations and 6,000-10,000 deaths among adults 65 years and older.
- Adults 60 years of age and older now have the option to receive one dose of RSV vaccine based on a SCDM process between a patient and their health care provider.
- Consider multiple factors when discussing RSV vaccination with your patients. SCDM recommendations are optional and are informed by whether the patient has any risk factors for severe RSV disease; a patient's risk of exposure to RSV; a patient's preferences for RSV vaccination; and the clinical discretion of the health care provider.

Underlying medical conditions associated with increased risk for severe RSV disease include:



Other factors associated with increased risk for severe RSV disease include:



Other points to consider:

- Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in clinical trials. However, it is unclear whether the vaccine caused these events.
- Persons with history of severe allergic reaction (e.g., anaphylaxis) to any component of RSV vaccine should not receive the vaccine.

Additional Information:

MMWR Report:

CDC RSV Vaccine Information:
<https://www.cdc.gov/vaccines/vpd/rsv/index.html>

https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm?s_cid=mm7229a4_w



- [RSV Vaccination for Adults 60 Years and Older \(cdc.gov\)](https://www.cdc.gov/immunization/immunization-schedule/immunization-schedule-rsv-vaccination-for-adults-60-years-and-older/)
- [Shared Clinical Decision-Making: Meningococcal B Vaccination \(cdc.gov\)](https://www.cdc.gov/immunization/immunization-schedule/immunization-schedule-menb-vaccination/)
- [Shared Clinical Decision-Making: HPV Vaccination for Adults Aged 27-45 Years \(cdc.gov\)](https://www.cdc.gov/immunization/immunization-schedule/immunization-schedule-hpv-vaccination-for-adults-aged-27-45-years/)

Pneumococcal vaccination resources

The screenshot shows the CDC website page for the PneumoRecs VaxAdvisor Mobile App. The page is titled "PneumoRecs VaxAdvisor Mobile App for Vaccine Providers" and includes a navigation menu on the left with categories like "Vaccines by Disease" and "Pneumococcal". The main content area features a news item about the app's update on February 9, 2022, and a section titled "Download the App Today" with links for iOS and Android devices. A mobile app interface is also displayed, showing a "Getting Started" screen with instructions for users.

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥65 years old Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year† → PPSV23
PPSV23 only at any age	→ ≥1 year → PCV20	→ ≥1 year → PCV15
PCV13 only at any age	→ ≥1 year → PCV20	→ ≥1 year† → PPSV23
PCV13 at any age & PPSV23 at <65 yrs	→ ≥5 years → PCV20	→ ≥5 years‡ → PPSV23

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

‡ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

[PneumoRecs VaxAdvisor: Vaccine Provider App | CDC](#)

[Pneumococcal Vaccine Timing for Adults greater than or equal to 65 years \(cdc.gov\)](#)

RSV vaccination resources for healthcare providers

- Webpages

- [Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC](#)
- [Healthcare Providers: RSV Vaccination for Pregnant People | CDC](#)
- [Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over | CDC](#)

- Frequently asked questions

- [Frequently Asked Questions About RSV Immunization with Monoclonal Antibody for Children 19 Months and Younger | CDC](#)
- [Frequently Asked Questions About RSV Vaccine for Pregnant People | CDC](#)
- [Frequently Asked Questions About RSV Vaccine for Adults | CDC](#)



RSV vaccination resources for healthcare providers

Administration with Vaccine Products

Nirsevimab can be administered without regard to timing of routine childhood vaccines. This includes simultaneous administration (i.e., same clinic day) with vaccine products. No interval between nirsevimab and live vaccines (such as MMR and Varicella) is necessary.

Nirsevimab is not expected to interfere with the immune response to vaccine products. There is limited experience with administering nirsevimab with vaccine products. In clinical trials, when nirsevimab was given concomitantly with routine childhood vaccines, the safety and reactogenicity profile of the co-administered regimen was similar to the childhood vaccines given alone.

References

- Jones JM, Fleming-Dutra KE, Prill MM, et al. Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. MMWR Morb Mortal Wkly Rep 2023;72:920–925. DOI: <http://dx.doi.org/10.15585/mmwr.mm7234a4> [↗](#)
- Food and Drug Administration. Beyfortus (nirsevimab-alip) product label. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administration; 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf [↗](#)
- Food and Drug Administration: FDA Approves First Vaccine for Pregnant Individuals to Prevent RSV in Infants. Press Release. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administrations; 2023. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-vaccine-pregnant-individuals-prevent-rsv-infants> [↗](#)
- Hamid S, Winn A, Parikh R, et al. Seasonality of Respiratory Syncytial Virus – United States, 2017–2023. MMWR Morb Mortal Wkly Rep. 2023 Apr 7;72(14):355–361. doi: 10.15585/mmwr.mm7214a1
- [CDC RSV Surveillance & Research](#)

Resources

- [RSV Error Prevention for Children](#) [↗](#) [1 page]
- [Infant RSV Prevention At A Glance](#) [↗](#) [3 pages]

Administration with other vaccines

Pregnant people can receive RSV, Tdap, COVID-19, and influenza vaccines at the same clinic visit when the vaccines are recommended. CDC's [general best practice guidelines for immunization](#) indicate that age-appropriate vaccinations can be given at the same visit, unless there is a specific reason not to.

References and Resources

1. Food and Drug Administration: FDA Approves First Vaccine for Pregnant Individuals to Prevent RSV in Infants. Press Release. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administrations; 2023. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-vaccine-pregnant-individuals-prevent-rsv-infants> [↗](#)
2. Food and Drug Administration. ABRYSVO package insert. Silver Springs, MD: US Department of Health and Human Services, Food and Drug Administrations; 2023. <https://www.fda.gov/media/168889/download?attachment> [↗](#)
3. Kampmann B, Madhi SA, Munjal I, et al. Bivalent Prefusion F Vaccine in Pregnancy to Prevent RSV Illness in Infants. N Engl J Med. 2023 Apr 20; 388(1):1451–1464. doi:10.1056/NEJMoa2216480.
4. Hamid S, Winn A, Parikh R, et al. Seasonality of Respiratory Syncytial Virus – United States, 2017–2023. MMWR Morb Mortal Wkly Rep. 2023 Apr 7;72(14):355–361. doi: 10.15585/mmwr.mm7214a1
5. [CDC RSV Surveillance & Research](#)

Resources

- [RSV Vaccine Error Prevention for Pregnant People](#) [↗](#) [1 page]
- [Infant RSV Prevention At A Glance](#) [↗](#) [3 pages]
- [RSV Immunization Recommendations to Protect Infants and Children](#) [↗](#) [29 pages]
- [RSV Immunization Recommendations to Protect Infants and Children – Slide Deck](#) [↗](#) [29 pages]

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[Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC](#)

[Healthcare Providers: RSV Vaccination for Pregnant People | CDC](#)

[Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over | CDC](#)

RSV vaccination resources for healthcare providers

Respiratory Syncytial Virus vaccines (RSV) Options for Infant RSV Prevention At-a-Glance

Two immunization products are available for the prevention of severe Respiratory Syncytial Virus (RSV) disease in infants: maternal RSV vaccine and infant RSV monoclonal antibody. All infants should be protected against severe RSV disease through use of one of these products.

*Either maternal RSV vaccination or use of RSV monoclonal antibody in the infant is recommended.
Administration of both products is not needed for most infants.*

Maternal RSV vaccination: Use ONLY Pfizer RSVPreF vaccine (trade name Abrysvo™)

Maternal RSV Vaccine

RSVPreF vaccine (trade name Abrysvo™) is recommended for people during weeks 32 through 36 of pregnancy, using seasonal administration, to prevent severe RSV disease in infants. In clinical trials, there was a small increase in the number of preterm birth events in vaccinated pregnant people after vaccination. It is not clear if this is a true safety problem related to RSV vaccine or if this occurred for reasons unrelated to vaccination.

Infant RSV Monoclonal Antibody*

RSV monoclonal antibody (generic name nirsevimab, trade name Beyfortus™) is recommended for the following:

- Infants less than 8 months of age born during or entering their first RSV season if:
 - Mother did not receive maternal RSV vaccine or it is unknown if mother received RSV vaccine
- OR**
- Infant was born less than 14 days after maternal RSV vaccination†

In rare circumstances, nirsevimab may be considered for infants born to mothers vaccinated 14 or more days before birth when the health care provider believes the potential incremental benefit is warranted. These situations include, but are not limited to:

- Infants born to mothers who might not have mounted an adequate immune response to vaccination (e.g., people with immunocompromising conditions)
 - Infants born to mothers who have conditions associated with reduced transplacental antibody transfer (e.g., people living with HIV infection)
 - Infants who might have experienced loss of maternal antibodies, such as those who have undergone cardiopulmonary bypass of extracorporeal membrane oxygenation (ECMO)
 - Infants with substantial increased risk for severe RSV disease (e.g., hemodynamically significant congenital heart disease, intensive care admission with the requirement for oxygen at hospital discharge)
- Some infants and children aged 8 through 19 months who are at increased risk of severe RSV disease entering their second RSV season.
 - American Indian/Alaska Native children
 - Children with chronic lung disease of prematurity who require medical support during the six months before the start of

Only Administer Nirsevimab (Beyfortus, Sanofi) to Young Children



Administer nirsevimab (Beyfortus) preventive antibody to:

- Infants younger than 8 months
- Certain children 8–19 months



Do NOT administer RSV vaccine to infants and young children



Give **ABRYSSVO (Pfizer)** to pregnant people 32-36 weeks' gestation, and to adults 60 years and older based on shared clinical decision making.

Give **AREXVY (GSK)** to adults 60 and older based on shared clinical decision making. Do not give to pregnant people.

Strategies to Help Prevent Vaccine Administration Errors



- Order and stock vaccine products that fit best with your patient population.



- If both nirsevimab (Beyfortus) and one or both RSV vaccines are stocked, label each storage bin with correct indications.



- Educate staff on recommendations. If more than 1 product is stocked, train staff about the differences in preparation, indications, and dosage.



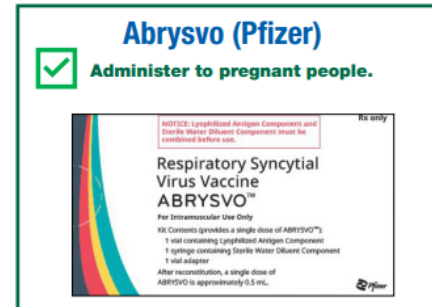
- Follow medication administration best practices – read and check the product label at least 3 times and ask another staff member to confirm that it is the correct product for the patient.

RSV vaccination resources for healthcare providers

Only Administer Abrysvo (Pfizer) Vaccine to Pregnant People



Two respiratory syncytial virus (RSV) vaccine products are available for use in the United States.



Strategies to Help Prevent Errors



- Order and stock vaccine products that fit best with your patient population. Avoid stocking both products, if possible.



- If both RSV vaccine products are stocked, label the Arenxvy (GSK) vaccine “Do NOT administer to pregnant people.”



- Educate staff on vaccine recommendations. If both RSV products are stocked, train staff about the differences in preparation and indications.



- Follow medication administration best practices – read and check the vaccine product label at least 3 times and ask another staff member to confirm that it is the correct vaccine product for the patient.



- If referring pregnant people to another vaccine provider, tell the provider to administer Abrysvo (Pfizer) vaccine and to confirm the vaccine product prior to administration.

CDC Clinical Resources

[Healthcare Providers: RSV Vaccination for Pregnant People | CDC](#)




[RSV Vaccine Information Statement | CDC](#)

RSV vaccination resources for healthcare providers

Respiratory Syncytial Virus vaccines (RSV) Fact Sheet for Healthcare Providers

CDC recommends that adults ages 60 years and older may receive a single dose of RSV vaccine using shared clinical decision-making (SCDM).

If you vaccinate, either approved RSV vaccine (Abrysvo™ or Arexvy®) can be used.

Patients	Doses	Administer	Storage <small>(prior to reconstitution)</small>
60+ Years Old	One (0.5mL) dose 	Intramuscularly in the deltoid 	Refrigerate at 36°F to 46°F (2°C to 8°C) 

How do shared clinical decision-making recommendations (SCDM) differ from routine, catch-up, and risk-based immunization recommendations?

- SCDM vaccination recommendations are individually based rather than population based and informed by a decision process between the health care provider and the patient.
- Consider multiple factors when discussing RSV vaccination with your patients. The decision to vaccinate is informed by whether the patient has any risk factors for severe RSV disease, a patient's risk of exposure to RSV, a patient's preferences for RSV vaccination, and the [clinical discretion](#) of the health care provider.

About RSV vaccines

- Abrysvo is a recombinant stabilized prefusion F protein vaccine approved for the prevention of lower respiratory tract disease (LRTD) caused by RSV in individuals ages 60 years and older.
- Arexvy is an adjuvanted recombinant stabilized prefusion glycoprotein F vaccine approved for the prevention of lower respiratory tract disease (LRTD) caused by RSV in individuals ages 60 years and older.

Materials you can share with patients

- Easy-to-read schedule for adults

- <https://www.cdc.gov/vaccines/schedules/downloads/adult/adults-schedule-easy-read.pdf>
- <https://www.cdc.gov/vaccines/schedules/downloads/adult/adults-schedule-easy-read-es.pdf>

- Parent-friendly schedules

- <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>
- <https://www.cdc.gov/vaccines/schedules/easy-to-read/adolescent-easyread.html>

- Vaccine assessment tool/quiz

- <https://www2.cdc.gov/vaccines/childquiz/>
- <https://www2.cdc.gov/nip/adultimmsched/>



Easy-to-read adult immunization schedule

You need vaccines throughout your life! 2024 Recommended Immunizations for Adults Aged 19 Years and Older

Want to learn more?
Scan this QR code to find out which vaccines you may need. Or visit:
www.cdc.gov/vaccines/tool/adult.html



Staying **up to date** on your vaccines is one of the best things you can do to protect your health.

If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your health care provider about which vaccines are right for you.

KEY

- ALL adults in age group should get the vaccine.
- SOME adults in age group should get the vaccine.
- ▨ Adults should talk to their health care provider to decide if this vaccine is right for them.

VACCINE	19-26 YEARS	27-49 YEARS
COVID-19	At least 1 dose of an updated COVID-19 vaccine	
Influenza/Flu	Every Year	
RSV	If pregnant during RSV season	
Tdap/Td	Tdap every pregnancy. Td/Tdap every 10 years	
MMR	If aged 66 years or younger	
Chickenpox	If U.S. born and aged 43 years or younger	
Shingles	All adults aged 50 and older	
HPV	27-45 years	
Pneumococcal	All adults aged 65 and older, or younger if at high risk	
Hepatitis A	All adults aged 19 and older	
Hepatitis B	Through 59 years	
Meningococcal	All adults aged 16-23, and older if at high risk	
Hib	All adults aged 16 and older	
Mpox	All adults aged 18 and older	

Mantenerse al día con las vacunas es una de las mejores cosas que puede hacer para proteger su salud. Si usted es una persona que está embarazada o tiene una afección que la pone en mayor riesgo de infecciones, hable con su proveedor de atención médica acerca de cuáles vacunas son adecuadas para usted.

CLAVE

- TODOS los adultos en este grupo de edad deberían ponerse la vacuna.
- ALGUNOS adultos en este grupo de edad deberían ponerse la vacuna.
- ▨ Adultos que deberían hablar con su proveedor para decidir si esta vacuna es adecuada para ellos.



FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www.cdc.gov/vaccines/adults

¿Usted necesita vacunas a lo largo de toda su vida! 2024: Vacunas recomendadas para adultos de 19 años en adelante

¿Desea saber más?
Escanee este código QR para saber cuáles vacunas podría necesitar. O visite:
www2.cdc.gov/nip/adultimmsched/quiz-sp.asp



VACUNA	19-26 AÑOS	27-49 AÑOS	50-64 AÑOS	65 AÑOS O MÁS
COVID-19	Al menos 1 dosis de una vacuna contra el COVID-19 actualizada			
Influenza/gripe	Todos los años			
RSV (VRS)	Durante la temporada del RSV para las personas embarazadas		Adultos de 60 años o más	
Tdap/Td	Tdap en cada embarazo. Td/Tdap cada 10 años para todos los adultos.			
MMR	Adultos de 66 años o menos			
Varicela	Adultos nacidos en los EE. UU. y de 43 años o menos			
Culebrilla	All adults aged 50 and older			
HPV	27-45 años			
Antineumocócica	All adults aged 65 and older, or younger if at high risk			
Hepatitis A	All adults aged 19 and older			
Hepatitis B	Through 59 years			
Antimeningocócica	All adults aged 16-23, and older if at high risk			
Hib	All adults aged 16 and older			
Viruela símica	All adults aged 18 and older			

PARA OBTENER MÁS INFORMACIÓN
Llame a la línea telefónica gratuita: 1-800-CDC-INFO (1-800-232-4636)
O visite www.cdc.gov/vaccines/adults/index-sp.html



Vaccine assessment tool/quiz

Immunization Schedules

Schedules Home



🏠 Schedules Home

For Health Care Providers +

For Parents & Adults +

Related Links

[Vaccines & Immunizations](#)

[ACIP Vaccination Recommendations](#)

[ACIP: Acronyms for Vaccines](#)

[Vaccine Guidelines and Recommendations for Emergency Situations](#)

[Delays in Vaccine Supply](#)

Child and Adolescent Vaccine Assessment Tool

Birth through 18 years of age

[Español \(Spanish\)](#)

What **vaccines** does
your child need?



Find out which vaccines your child needs for protection.

Immunization. Power to Protect.

COVID-19 Vaccination

- Everyone 5 years and older is now eligible to [get a free COVID-19 vaccination](#).
- COVID-19 vaccines are [safe and effective](#).
- To find COVID-19 vaccine locations near you, search [vaccines.gov](#), text your zip code to 438829, or call 1-800-232-0233.
- Healthcare providers can find ACIP recommendations for the use of COVID-19 vaccines on the [ACIP Vaccine Recommendations and Guidelines](#) page.

Vaccine assessment tool/quiz

Answer 7 quick questions to learn which vaccines your child may need. Vaccines are recommended for children and adolescents based on age, health conditions, and other factors. No personal information will be retained by CDC. This vaccine assessment tool applies to children and adolescents from birth through 18 years old.

Instructions:

1. Answer the questions below.
2. Get a list of vaccines your child may need based on your answers.
(This list may include vaccines your child has already had)
3. Discuss the vaccines on the list with your child's doctor or health care professional.

Part One: About Your Child/Adolescent

1. Some vaccines are given based on your child's age. What is your child's birthday?

Month Day Year

2. Is your child
 Female
 Male

Part Two: High-Risk Conditions or Medical Conditions

1. Will your child be traveling outside the U.S. in the near future?
 Yes
 No
 Don't know
2. Does your child have a weakened immune system due to illness or medications?
 Yes
 No

Answer 7 quick questions to learn which vaccines your child may need. Vaccines are recommended for children and adolescents based on age, health conditions, and other factors. No personal information will be retained by CDC.

This vaccine assessment tool applies to children and adolescents from birth through 18 years old.

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3. Discuss the vaccines on the list with your child's doctor or health care professional.

Part One: About Your Child/Adolescent

1. Some vaccines are given based on your child's age. What is your child's birthday?

Month Day Year

2. Is your child

Female

Male

Part Two: High-Risk Conditions or Medical Conditions

1. Will your child be traveling outside the U.S. in the near future?

Yes

No

Don't know

2. Does your child have a weakened immune system due to illness or medications?

Yes

No

Immunization Schedules

Schedules Home



[Schedules Home](#)

[For Health Care Providers](#) +

[For Parents & Adults](#) +

Related Links

[Vaccines & Immunizations](#)

[ACIP Vaccination Recommendations](#)

[ACIP: Acronyms for Vaccines](#)

[Vaccine Guidelines and Recommendations for Emergency Situations](#)

[Delays in Vaccine Supply](#)

Your Vaccine Assessment Results: Recommended Vaccines

Your answers to the vaccine assessment suggest that your child may need the following vaccines if your child has not had them before or if additional doses are needed.

Click on the vaccine name to get more information about who should get each vaccine, as well as a link to a fact sheet with information about the disease prevented by the vaccine and potential side effects of the vaccine.

Vaccine	Recommended because...
MMR (Measles,mumps,rubella)	Your child's age indicates that they need this vaccine. MMR is a 2-dose series, usually given at ages 1 year and 4-6 years. Children older than 6 years and adolescents should be vaccinated if they have not yet completed the series.
Chickenpox	Your child's age indicates that they need this vaccine. Chickenpox is a 2-dose series, usually given at ages 1 year and 4-6 years. Children older than 6 years and adolescents should be vaccinated if they have not yet completed the series.
Hepatitis A	Your child's age indicates that they need this vaccine. Hepatitis A vaccine is a 2-dose series. The first dose is usually given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. Children older than 2 years and adolescents should be vaccinated if they have not yet completed the series.
Hepatitis B	Your child's age indicates that they need this vaccine. Hepatitis B is a 3-dose series, usually given at birth, 1-2 months, and 6-18 months of age. Children older than 18 months and adolescents should be vaccinated if they have not yet completed the series.
Seasonal Flu (Influenza)	Influenza vaccine is recommended each flu season for everyone 6 months of age and older who do not have contraindications. Some children between the ages of 6 months and 8 years will need 2 doses in one season.

Dengue	Your child needs this vaccine if they live in a place where dengue spreads AND have a laboratory test confirming a previous dengue infection. Places where dengue spreads include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau.
Weakened Immune System or HIV	Some vaccines are not recommended for persons who have a weakened immune system or HIV. Be sure to talk to your child's doctor about your child's medical condition(s).

Next Steps...

1. Click on the button below to print this information.
2. Take the information to your child's doctor or other health care professional, along with your child's vaccination record if you have it.
3. Be sure to tell your doctor if your child has already had any of these vaccines or diseases.

To make sure your child gets the vaccines they need, your child's doctor or health care provider will also need the following information:

- Your child's history of disease
- Your child's allergies

[Print healthcare provider form](#)



[Take vaccine assessment again](#) | [More vaccination information](#)

More Information

Call CDC-INFO, in English or Spanish: 1-800-CDC-INFO or 1-800-232-4636

Related Pages

[Infants and Child \(through 6 years\) Immunization Schedule](#)

[Preteens and Teens \(ages 7 through 18\) Immunization Schedule](#)

[For Parents: Vaccines for Your Children](#)

CDC Contact Information

■ Immunization call center

- 1-800-232-4636 (1-800-CDC-INFO)
- 8:00 am through 8:00 pm
- English or Spanish
- Questions about immunization or vaccine-preventable diseases, to find vaccination locations, or to order single copies of immunization materials

■ Email

- nipinfo@cdc.gov
 - Health care providers can submit questions about immunization or vaccine-preventable diseases.
 - Response usually within 24 hours

Thank You!

Questions?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

