

# Updated ACIP Recommendations Reflected in 2018 Child and Adolescent Immunization Schedule

# Polio Vaccination

- MMWRs published 1/13/17 and 2/17/17 provide additional guidance regarding assessment of poliovirus vaccination status and vaccination of children who have received poliovirus vaccine outside the U.S.
- If both OPV and IPV were administered as part of a series, **the total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule**. A minimum interval of 4 weeks should separate doses in the series, with the final dose administered on or after the fourth birthday and at least 6 months after the previous dose.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements

# Influenza Vaccination

- ACIP recommendations for the 2017-18 season were published in the MMWR on August 25, 2017
- Annual influenza vaccination continues to be recommended for persons without contraindications or precautions 6 months of age and older
- Extended recommendation that live attenuated influenza vaccine (LAIV) is not recommended during the 2017-18 season
- For recommendations for the 2018-19 influenza season, refer to recommendations published later this year.

# Measles, Mumps, and Rubella (MMR) vaccination

- Recommendation of the Advisory Committee on Immunization Practices for Use of a Third Dose of Mumps Virus–Containing Vaccine in Persons at Increased Risk for Mumps During an Outbreak
  - Published January 12, 2018
- Persons previously vaccinated with 2 doses of a mumps virus–containing vaccine who are identified by public health authorities as being part of a group or population at increased risk for acquiring mumps because of an outbreak should receive a third dose of a mumps virus–containing vaccine
  - To improve protection against mumps disease and related complications.

**Changes that impact multiple portions of the schedule**

# Removal of MenHibrix (Hib-MenCY)

- The manufacturing of MenHibrix has been discontinued and all doses expired mid September 2017
- Mention of MenHibrix has been removed from
  - Figure 1
  - Figure 2
  - Relevant footnotes (Hib and Meningococcal vaccines)

**Cover page**

# Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

- Consult relevant ACIP statements for detailed recommendations ([www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)).
- When a vaccine is not administered at the recommended age, administer at a subsequent visit.
- Use combination vaccines instead of separate injections when appropriate.
- Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) online ([www.vaers.hhs.gov](http://www.vaers.hhs.gov)) or by telephone (800-822-7967).
- Report suspected cases of reportable vaccine-preventable diseases to your state or local health department.
- For information about precautions and contraindications, see [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

Approved by the

**Advisory Committee on Immunization Practices**  
([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip))

**American Academy of Pediatrics**  
([www.aap.org](http://www.aap.org))

**American Academy of Family Physicians**  
([www.aafp.org](http://www.aafp.org))

**American College of Obstetricians and Gynecologists**  
([www.acog.org](http://www.acog.org))

This schedule includes recommendations in effect as of January 1, 2018.

The table below shows vaccine acronyms, and brand names for vaccines routinely recommended for children and adolescents. The use of trade names in this immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Vaccine type	Abbreviation	Brand(s)
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Diphtheria, tetanus vaccine	DT	No Trade Name
<i>Haemophilus influenzae</i> type B vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombinax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated)	IIV	Multiple
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prenar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Poliovirus vaccine (inactivated)	IPV	IPOL
Rotavirus vaccines	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac No Trade Name
Varicella vaccine	VAR	Varivax
Combination Vaccines		
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
Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad



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

# Figure 1

Routine Immunization Schedule

**Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.**

**(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).**

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	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
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →								← 3 <sup>rd</sup> dose →							
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP; <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				← 4 <sup>th</sup> dose →			5 <sup>th</sup> dose					
Haemophilus influenzae type b <sup>4</sup> (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 4				← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See footnote 4 →								
Pneumococcal conjugate <sup>5</sup> (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				← 4 <sup>th</sup> dose →								
Inactivated poliovirus <sup>6</sup> (IPV; <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose					← 3 <sup>rd</sup> dose →			4 <sup>th</sup> dose					
Influenza <sup>7</sup> (IV)					Annual vaccination (IV) 1 or 2 doses							Annual vaccination (IV) 1 dose only					
Measles, mumps, rubella <sup>8</sup> (MMR)					See footnote 8				← 1 <sup>st</sup> dose →			2 <sup>nd</sup> dose					
Varicella <sup>9</sup> (VAR)									← 1 <sup>st</sup> dose →			2 <sup>nd</sup> dose					
Hepatitis A <sup>10</sup> (HepA)										← 2-dose series, See footnote 10 →							
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See footnote 11										1 <sup>st</sup> dose		2 <sup>nd</sup> dose		
Tetanus, diphtheria, & acellular pertussis <sup>12</sup> (Tdap; ≥7 yrs)														Tdap			
Human papillomavirus <sup>14</sup> (HPV)														See footnote 14			
Meningococcal B <sup>12</sup>														See footnote 12			
Pneumococcal polysaccharide <sup>5</sup> (PPSV23)												See footnote 5					

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
No recommendation

**NOTE: The above recommendations must be read along with the footnotes of this schedule.**

# Figure 2

The Catch-up Figure

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.**

The figure 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 Figure 1 and the footnotes 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 <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus <sup>2</sup>	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks <sup>2</sup> Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Haemophilus influenzae type b <sup>4</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose administered at 12 through 23 months and no further dose was administered before the 1 <sup>st</sup> birthday.	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks. 12 months and first dose was administered at younger than age 7 months, PRP-T (ActHib, Pentacel, Hiberix) or unknown. 12 months (as final dose) <sup>4</sup> 12 months and first dose was administered at age 7 through 11 months and first dose was administered before the 1 <sup>st</sup> birthday, and at younger than 15 months; 12 months (PedvaxHEF; Comvax) and were administered before the 1 <sup>st</sup> birthday. If previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate <sup>5</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given 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 given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus <sup>6</sup>	6 weeks	4 weeks <sup>6</sup>	4 weeks <sup>6</sup> if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months <sup>6</sup> (minimum age 4 years for final dose).	
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks			
Varicella <sup>8</sup>	12 months	3 months			
Hepatitis A <sup>9</sup>	12 months	6 months			
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks <sup>11</sup>	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks <sup>11</sup>			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis <sup>3</sup>	7 years <sup>12</sup>	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus <sup>13</sup>	9 years				Routine dosing intervals are recommended. <sup>14</sup>
Hepatitis A <sup>9</sup>	N/A	6 months			
Hepatitis B <sup>1</sup>	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus <sup>6</sup>	N/A	4 weeks	6 months <sup>6</sup> 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 <sup>7</sup>	N/A	4 weeks			
Varicella <sup>8</sup>	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

**6 weeks**  
(Maximum age for first dose 14 weeks, 6 days)

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.**

The figure 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 Figure 1 and the footnotes 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 <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus <sup>2</sup>	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks <sup>2</sup> Maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
Haemophilus influenzae type b <sup>4</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose administered at 12 through 23 months and first dose was administered at 12 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose) if previous dose given 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 given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	4 weeks <sup>2</sup> Maximum age for final dose is 8 months, 0 days.	
Pneumococcal conjugate <sup>5</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given 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 given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus <sup>6</sup>	6 weeks	4 weeks <sup>6</sup>	4 weeks <sup>6</sup> if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months <sup>6</sup> (minimum age 4 years for final dose).	
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks			
Varicella <sup>8</sup>	12 months	3 months			
Hepatitis A <sup>9</sup>	12 months	6 months			
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks <sup>11</sup>	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks <sup>11</sup>			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis <sup>3</sup>	7 years <sup>12</sup>	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus <sup>13</sup>	9 years				Routine dosing intervals are recommended. <sup>14</sup>
Hepatitis A <sup>9</sup>	N/A	6 months			
Hepatitis B <sup>1</sup>	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus <sup>6</sup>	N/A	4 weeks	6 months <sup>6</sup> 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 <sup>7</sup>	N/A	4 weeks			
Varicella <sup>8</sup>	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.**

The figure 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 Figure 1 and the footnotes 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 <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus <sup>2</sup>	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks <sup>2</sup> Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Haemophilus influenzae type b <sup>4</sup>	6 weeks	4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks <sup>4</sup> 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) or unknown. 8 weeks and age 12 through 59 months (as final dose) <sup>4</sup> • 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 <sup>st</sup> birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 <sup>st</sup> birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate <sup>5</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given 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 given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus <sup>6</sup>	6 weeks	4 weeks <sup>6</sup>	4 weeks <sup>6</sup> if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months <sup>6</sup> (minimum age 4 years for final dose).	
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks			
Varicella <sup>8</sup>	12 months	3 months			
Hepatitis A <sup>9</sup>	12 months	6 months			
Meningococcal <sup>10</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks <sup>11</sup>	See footnote 11		
Children and adolescents age 7 through 18 years					
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks <sup>11</sup>			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis <sup>3</sup>	7 years <sup>12</sup>	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday. Routine dosing intervals are recommended.		
Human papillomavirus <sup>13</sup>	9 years				
Hepatitis A <sup>9</sup>	N/A	6 months			
Hepatitis B <sup>1</sup>	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus <sup>6</sup>	N/A	4 weeks	6 months <sup>6</sup> 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 <sup>7</sup>	N/A	4 weeks			
Varicella <sup>8</sup>	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

4 weeks<sup>6</sup> if current age is < 4 years  
6 months (as final dose) if current age is 4 years or older

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.**

The figure 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 Figure 1 and the footnotes 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 <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus <sup>2</sup>	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks <sup>2</sup> Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Haemophilus influenzae type b <sup>4</sup>	6 weeks	4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks <sup>4</sup> 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) or unknown. 8 weeks and age 12 through 59 months (as final dose) <sup>4</sup> • 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 <sup>st</sup> birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 <sup>st</sup> birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate <sup>5</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and previous dose given at or after the 1 <sup>st</sup> birthday. No further doses needed for healthy children if first dose was administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months.	
Inactivated poliovirus <sup>6</sup>	6 weeks	4 weeks <sup>6</sup>	4 weeks <sup>6</sup> if current age is < 4 years 6 months (as final dose) if current age is 4 years or older.		
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks			
Varicella <sup>8</sup>	12 months	3 months			
Hepatitis A <sup>9</sup>	12 months	6 months			
Meningococcal <sup>10</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks <sup>11</sup>	See footnote 11		
Children and adolescents					
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks <sup>11</sup>			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis <sup>12</sup>	7 years <sup>12</sup>	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday. Alternative dosing intervals are recommended. <sup>14</sup>	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus <sup>13</sup>	9 years				
Hepatitis A <sup>9</sup>	N/A	6 months			
Hepatitis B <sup>1</sup>	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus <sup>6</sup>	N/A	4 weeks	6 months <sup>6</sup> 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 <sup>7</sup>	N/A	4 weeks			
Varicella <sup>8</sup>	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

4 weeks<sup>6</sup>

6 months<sup>6</sup>

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.

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.**

The figure 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 Figure 1 and the footnotes 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 <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus <sup>2</sup>	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks <sup>2</sup> Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Haemophilus influenzae type b <sup>4</sup>	6 weeks	4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks <sup>4</sup> 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) or unknown. 8 weeks and age 12 through 59 months (as final dose) <sup>4</sup> • 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 <sup>st</sup> birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 <sup>st</sup> birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate <sup>5</sup>	6 weeks	4 weeks if first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 <sup>st</sup> birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given 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 given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Inactivated poliovirus <sup>6</sup>	6 weeks	4 weeks <sup>6</sup>	4 weeks <sup>6</sup> if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months final dose	
Measles, mumps, rubella <sup>7</sup>	12 months	4 weeks			
Varicella <sup>8</sup>	12 months	3 months			
Hepatitis A <sup>9</sup>	12 months	6 months			
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks <sup>11</sup>	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks <sup>11</sup>			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis <sup>3</sup>	7 years <sup>12</sup>	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday. Routine dosing intervals are recommended. <sup>14</sup>	6 months if first dose was administered before birthday.	
Human papillomavirus <sup>10</sup>	9 years				
Hepatitis A <sup>9</sup>	N/A	6 months			
Hepatitis B <sup>1</sup>	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus <sup>6</sup>	N/A	4 weeks	6 months <sup>6</sup> 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 previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella <sup>7</sup>	N/A	4 weeks			
Varicella <sup>8</sup>	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

**6-months<sup>6</sup>**  
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.

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

# Figure 3

The High-risk Figure

Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications

VACCINE ▼	INDICATION ►	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count <sup>1</sup>		Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease	CSF leaks/cochlear implants	Asplenia and persistent complement component deficiencies	Chronic liver disease	Diabetes
				<15% or total CD4 cell count of <200/mm <sup>3</sup>	≥15% or total CD4 cell count of ≥200/mm <sup>3</sup>						
Hepatitis B <sup>1</sup>											
Rotavirus <sup>2</sup>			SCID <sup>3</sup>								
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP)											
<i>Haemophilus influenzae</i> type b <sup>4</sup>											
Pneumococcal conjugate <sup>2</sup>											
Inactivated poliovirus <sup>5</sup>											
Influenza <sup>7</sup>											
Measles, mumps, rubella <sup>8</sup>											
Varicella <sup>9</sup>											
Hepatitis A <sup>10</sup>											
Meningococcal ACWY <sup>11</sup>											
Tetanus, diphtheria, & acellular pertussis <sup>12</sup> (Tdap)											
Human papillomavirus <sup>14</sup>											
Meningococcal B <sup>12</sup>											
Pneumococcal polysaccharide <sup>2</sup>											

Vaccination according to the routine schedule recommended
  Recommended for persons with an additional risk factor for which the vaccine would be indicated
  Vaccination is recommended, and additional doses may be necessary based on medical conditions, etc.
  No recommendation
  Contraindicated
  Precaution for vaccination

<sup>3</sup>Severe Combined Immuno deficiency  
<sup>1</sup>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/hqp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hqp/acip-recs/general-recs/immunocompetence.html); and Table 4-1 (footnote D) at: [www.cdc.gov/vaccines/hqp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hqp/acip-recs/general-recs/contraindications.html).

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications

VACCINE ▼	INDICATION ►	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count <sup>1</sup>		Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease	CSF leaks/cochlear implants	Asplenia and persistent complement component deficiencies	Chronic liver disease	Diabetes
				<15% or total CD4 cell count of <200/mm <sup>3</sup>	≥15% or total CD4 cell count of ≥200/mm <sup>3</sup>						
Hepatitis B <sup>1</sup>											
Rotavirus <sup>2</sup>			SCID <sup>3</sup>								
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP)											
<i>Haemophilus influenzae</i> type b <sup>4</sup>											
Pneumococcal conjugate <sup>2</sup>											
Inactivated poliovirus <sup>5</sup>											
Influenza <sup>7</sup>											
Measles, mumps, rubella <sup>8</sup>											
Varicella <sup>9</sup>											
Hepatitis A <sup>10</sup>											
Meningococcal ACWY <sup>11</sup>											
Tetanus, diphtheria, & acellular pertussis <sup>12</sup> (Tdap)											
Human papillomavirus <sup>14</sup>											
Meningococcal B <sup>12</sup>											
Pneumococcal polysaccharide <sup>2</sup>											

Vaccination according to the routine schedule recommended
  Recommended for persons with an additional risk factor for which the vaccine would be indicated
  Vaccination is recommended, and additional doses may be necessary based on medical conditions, exposures, or activities
  No recommendation
  Contraindicated
  Precaution for vaccination

<sup>3</sup>Severe Combined Immuno deficiency  
<sup>1</sup>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/hqp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hqp/acip-recs/general-recs/immunocompetence.html); and Table 4-1 (footnote D) at: [www.cdc.gov/vaccines/hqp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hqp/acip-recs/general-recs/contraindications.html).

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

# Footnotes

# Footnote simplification

- Remove unnecessary text while preserving all pertinent information and maintaining clarity
  - Transition from complete sentences to bullets
  - Removal of unnecessary or redundant language
  - Formatting changes

# 2017 Hepatitis B (HepB) footnote

## Hepatitis B (HepB) vaccine. (Minimum age: birth)

### Routine vaccination:

#### At birth

- Administer monovalent HepB vaccine to all newborns within 24 hours of birth.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 12 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series if the series was delayed.
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

### Doses following the birth dose

- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible (see Figure 2).
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

### Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

# Proposed 2018 Hepatitis B (HepB) footnote

## Hepatitis B (HepB) vaccine. (Minimum age: birth)

### Birth Dose (Monovalent HepB vaccine only):

- **Mother is HBsAg-Negative:** One dose within 24 hours of birth, for medically stable infants >2,000 grams. Infants <2,000 grams administer 1 dose at chronological age 1 month or hospital discharge
- **Mother is HBsAg-Positive:**
  - Give HepB vaccine and 0.5 mL of HBIG (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
  - Test for HBsAg and anti-HBs at age 9 through 12 months. If HepB series is delayed, test 1-2 months after final dose.
- **Mother's HBsAg status is unknown:**
  - Give HepB vaccine within 12 hours of birth, regardless of birth weight.
  - For infants <2,000 grams, give HBIG in addition to HepB vaccine within 12 hours of birth.
  - Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, give HBIG to infants >2,000 grams as soon as possible, but no later than 7 days of age.

### Routine Series:

- A complete series is 3 doses at 0, 1-2, and 6 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)
- Infants who did not get a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (third or fourth) dose: 24 weeks.
- **Minimum Intervals:** Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute "Dose 4" for "Dose 3" in these calculations.)

### Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series at 0, 1-2, and 6 months.
- Adolescents 11 through 15 years of age may use an alternative 2-dose series, with at least 4 months between doses (adult formulation Recombivax HB only).
- For other catch-up guidance, see Figure 2.

# 2017 HPV footnote

## Human papillomavirus (HPV) vaccine. (Minimum age: 9 years)

### Routine and catch-up vaccination:

- Administer a 2-dose series of HPV vaccine on a schedule of 0, 6-12 months to all adolescents aged 11 or 12 years. The vaccination series can start at age 9 years.
- Administer HPV vaccine to all adolescents through age 18 years who were not previously adequately vaccinated. The number of recommended doses is based on age at administration of the first dose.
- For persons initiating vaccination before age 15, the recommended immunization schedule is 2 doses of HPV vaccine at 0, 6-12 months.
- For persons initiating vaccination at age 15 years or older, the recommended immunization schedule is 3 doses of HPV vaccine at 0, 1–2, 6 months.
- A vaccine dose administered at a shorter interval should be readministered at the recommended interval.
  - In a 2-dose schedule of HPV vaccine, the minimum interval is 5 months between the first and second dose. If the second dose is administered at a shorter interval, a third dose should be administered a minimum of 12 weeks after the second dose and a minimum of 5 months after the first dose.
  - In a 3-dose schedule of HPV vaccine, the minimum intervals are 4 weeks between the first and second dose, 12 weeks between the second and third dose, and 5 months between the first and third dose. If a vaccine dose is administered at a shorter interval, it should be readministered after another minimum interval has been met since the most recent dose.
- Persons who have completed an age-appropriate HPV vaccine series (i.e, either 2 or 3 doses of 2vHPV, 4vHPV, or 9vHPV at the recommended intervals) are considered adequately vaccinated.

### Special populations:

- For children with history of sexual abuse or assault, administer HPV vaccine beginning at age 9 years.
- Immunocompromised persons\* aged 9–26 years, including those with human immunodeficiency virus (HIV) infection, should receive a 3-dose series at 0, 1–2, and 6 months.

Note: HPV vaccination is not recommended during pregnancy, although there is no evidence that the vaccine poses harm. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remaining vaccine doses should be delayed until after the pregnancy. Pregnancy testing is not needed before HPV vaccination.

\*See *MMWR* December 16, 2016;65(49):1405-1408, available at [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf).

# Proposed 2018 HPV footnote

## Human papillomavirus (HPV) vaccine (Minimum age: 9 years)

### Routine and catch-up vaccination:

- Routine vaccination at 11–12 years (can start at age 9) and through age 18 if not previously adequately vaccinated. Number of doses dependent on age at initial vaccination:
  - Age 9–14 years at initiation: 2-dose series at 0 and 6–12 months. Minimum interval: 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
  - Age 15 years or older at initiation: 3-dose series at 0, 1–2 months, and 6 months. Minimum intervals: 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose/s given too soon).
- Persons who have completed a valid series with any HPV vaccine do not need any additional doses.

### Special situations:

- **History of sexual abuse or assault:** Begin series at age 9 years.
- **Immunocompromised\* (including human immunodeficiency virus [HIV])** aged 9–26 years: 3-dose series at 0, 1–2 months, and 6 months.
- **Pregnancy:** Vaccination not recommended, but there is no evidence the vaccine is harmful and no intervention needed for women who inadvertently received a dose of HPV vaccine while pregnant. Delay remaining doses until after pregnancy. Pregnancy testing not needed before vaccination.

\*See *MMWR*, December 16, 2016;65(49):1405–1408, at [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf).

**Footnoted content edits**

## Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

For further guidance on the use of the vaccines mentioned below, see: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).

For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

### Additional Information

- For information on contraindications and precautions for the use of a vaccine, consult the *General Best Practice Guidelines for Immunization* and relevant ACIP statements, at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age 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 3-1, *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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccine requirements and recommendations is available at [www.nc.cdc.gov/travel/](http://www.nc.cdc.gov/travel/).
- 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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html); and *Immunization in Special Clinical Circumstances*. (In: Brachman, DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015:68–107).
- The Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see [www.hrsa.gov/vaccinecompensation/](http://www.hrsa.gov/vaccinecompensation/)

#### 1. Hepatitis B (HepB) vaccine. (minimum age: birth)

- For HepB vaccine only:**
- Routine:** 1 dose within 24 hours of birth; for stable infants ≥2,000 IU/mL of HBsAg, administer 1 dose at 9–12 months of age and 1–2 years after hospital discharge.
- For infants at risk of HBIG (at 12 hours of birth):**
- 9–12 months of age
- 1–2 years after hospital discharge

- Infants who did not receive a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.
- Minimum age** for the final (3rd or 4th) dose: 24 weeks.
- Minimum Intervals:** Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute “Dose 4” for “Dose 3” in these calculations.)
- Catch-up vaccination:**

#### 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 Figure 2.

#### 3. Diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

#### Routine vaccination:

- 2, 4, 6, and 15–18 months, and 4–6 years of age
- 5th dose given as 6 months of age or older
- 5th dose was 12 months or more months may have elapsed
- Catch-up vaccination:**
- The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
- For other catch-up guidance, see Figure 2.

- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- ACIP does not express a preference for any vaccine product where 1 or more products may be appropriate and considered for use.

possible, but no later than 7 days of age.

#### Routine Series:

- A complete series is 3 doses at 2, 4, and 6 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)

**Rotarix:** 2-dose series at 2 and 4 months.

**RotaTeq:** 3-dose series at 2, 4, and 6 months.

If any dose in the series is either RotaTeq or unknown, default to 3-dose series.

## Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

For further guidance on the use of the vaccines mentioned below, see: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).

For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

### Additional Information

- For information on contraindications and precautions for the use of a vaccine, consult the *General Best Practice Guidelines for Immunization* and relevant ACIP statements, at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of  $\geq 4$  months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered  $\leq 4$  days before the minimum age or interval are considered valid. Doses of any vaccine administered  $\geq 5$  days earlier than the minimum interval or minimum age 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 3-1, *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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccine requirements and recommendations is available at [www.nc.cdc.gov/travel/](http://www.nc.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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html); and *Immunization in Special Clinical Circumstances*. (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015:68–107).
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see [www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html).

### 1. Hepatitis B (HepB) vaccine. (minimum age: birth)

#### Birth Dose (Monovalent HepB vaccine only):

- Mother is HBsAg-Negative:** 1 dose within 24 hours of birth for medically stable infants  $\geq 2,000$  grams. Infants  $< 2,000$  grams administer 1 dose at chronological age 1 month or hospital discharge.
- Mother is HBsAg-Positive:**
  - Give **HepB vaccine** and **0.5 mL of HBIG** (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
- Mother's HBsAg status is unknown:**
  - Give **HepB vaccine** within 12 hours of birth, regardless of birth weight.
  - For infants  $< 2,000$  grams, give **0.5 mL of HBIG** in addition to HepB vaccine within 12 hours of birth.
  - Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, give **0.5 mL of HBIG** to infants  $\geq 2,000$  grams as soon as possible, but no later than 7 days of age.

#### Routine Series:

- A complete series is 3 doses at 0, 1–2, and 6–18 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)

- Infants who did not receive a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.

- Minimum interval** for the final (3rd or 4th) dose: 24 weeks.
- Minimum interval** between doses: Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 3 to Dose 4: 8 weeks. (When 4 doses are given, “4” for “Dose 3” and “4” for “Dose 4”.)

#### Catch-up vaccination:

- Unvaccinated children and adolescents begin the series at 0, 1–2, and 6–18 months.
- Adolescents 11–18 years of age who have not received any doses of HepB vaccine should receive an alternative 2–3-dose series (see Table 3-1).
- For other catch-up guidance, see Figure 2.

### 2. Rotavirus vaccine

#### Routine vaccination:

##### Rotarix: 2-dose series

**RotaTeq:** 3-dose series at 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 Figure 2.

### 3. Diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. (minimum age: 6 weeks [4 years for adolescents])

### 1. Hepatitis B (HepB) vaccine. (minimum age: birth)

#### Birth Dose (Monovalent HepB vaccine only):

- Mother is HBsAg-Negative:** One dose within 24 hours of birth, for medically stable infants  $> 2,000$  grams. Infants  $< 2,000$  grams administer 1 dose at chronological age 1 month or hospital discharge.

administered at 4 years or older.

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

For further guidance on the use of the vaccines mentioned below, see: [www.cdc.gov/vaccines/hcp/acip\\_recommendations/index.html](http://www.cdc.gov/vaccines/hcp/acip_recommendations/index.html)

- PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 to be given 5 years after the 1st dose of PPSV23 and at least 8 weeks after a dose of PCV13.

**Chronic liver disease, alcoholism:**

**Age 6–18 years:**

- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

\*Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the age at first vaccination. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations ([www.cdc.gov/mmwr/pdf/tr/rr5911.pdf](http://www.cdc.gov/mmwr/pdf/tr/rr5911.pdf)) for complete schedule details.

**6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)**

**Routine vaccination:**

- 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday 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.
- If 4 or more doses were given before the 4th birthday, give 1 more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 years and older.

**Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series:**

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s\\_cid=mm6601a6\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w).
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as "OPV" see [www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s\\_cid=mm6606a7\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w).
- For other catch-up guidance, see Figure 2.

**7. Influenza vaccine:**

**Routine vaccination:**

- Administer an age-appropriate dose of influenza vaccine:
  - **Children 6 months–17 years:** receive at least 2 doses, separated by at least 4 weeks.
  - **Persons 18 years and older:** 1 dose.
- Live attenuated influenza vaccine (LAIV) is recommended for healthy, nonpregnant persons aged 2–49 years.
- For additional guidance on influenza vaccine, see [www.cdc.gov/mmwr/volumes/66/tr/rr5911.pdf](http://www.cdc.gov/mmwr/volumes/66/tr/rr5911.pdf) (For the 2018–19 season, see [www.cdc.gov/mmwr/volumes/66/tr/rr5911.pdf](http://www.cdc.gov/mmwr/volumes/66/tr/rr5911.pdf)).

**8. Measles, mumps, and rubella (MMR) vaccine:**

**Routine vaccination:**

- 2-dose series at 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 28 days after the 1st dose.

**Catch-up vaccination:**

- Unvaccinated children aged 1–17 years should receive 1 dose of MMR.

**9. Varicella (VAR) vaccine:**

**Routine vaccination:**

- 2-dose series: 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 3 months after the 1st dose.
- For persons aged 16–18 years, 1 dose.

**6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)**  
**Routine vaccination:**

- 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday 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.
- If 4 or more doses were given before the 4th birthday, give one more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 and older.

**Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series**

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s\\_cid=mm6601a6\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w)
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as "OPV" see [www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s\\_cid=mm6606a7\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w).
- For other catch-up guidance, see Figure 2

For further guidance on the use of the vaccines mentioned below, see: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).

- PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 to be given 5 years after the 1st dose of PPSV23 and at least 8 weeks after a dose of PCV13.

**Chronic liver disease, alcoholism:**

**Age 6–18 years:**

- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

\*Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the age at first vaccination. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations ([www.cdc.gov/mmwr/pdf/rr/rr5911.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf)) for complete schedule details.

**6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)**

**Routine vaccination:**

- 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday 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.
- If 4 or more doses were given before the 4th birthday, give 1 more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 years and older.

**Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series:**

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s\\_cid=mm6601a6\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w).
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as "OPV" see [www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s\\_cid=mm6606a7\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w).
- For other catch-up guidance, see Figure 2.

**7. Influenza vaccines. (minimum age: 6 months)**

**Routine vaccination:**

- Administer an age-appropriate formulation and dose of influenza vaccine annually.
  - **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2017 should receive 2 doses separated by at least 4 weeks.
  - **Persons 9 years and older** 1 dose
- Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.
- For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (MMWR August 25, 2017;66(2):1-20: [www.cdc.gov/mmwr/volumes/66/rr/pdfs/r6602.pdf](http://www.cdc.gov/mmwr/volumes/66/rr/pdfs/r6602.pdf)). (For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

**8. Measles, mumps, and rubella (MMR) vaccine (minimum age: 12 months for routine vaccination)**

**Routine vaccination:**

- 2-dose series at 12–15 months and 4–6 years
- The 2nd dose may be given as early as 4 weeks after the 1st dose.

**Catch-up vaccination:**

- Unvaccinated children and adolescents 2–18 years of age should receive 2 doses at least 4 weeks apart.

**International travel:**

- **Infants 6–11 months** Revaccinate with 2 doses at 12–15 months for children as early as 4 weeks after the 1st dose.
- **Unvaccinated child** 2 doses at least 4 weeks apart.

**Mumps outbreak:**

- Persons ≥12 months identified by public health officials as being at increased risk during a mumps outbreak should receive a dose of mumps vaccine.

**9. Varicella (VAR) vaccine**

**Routine vaccination:**

- 2-dose series: 12–15 months and 4–6 years
- The 2nd dose may be given as early as 4 weeks after the 1st dose (a minimum interval may be court

**Catch-up vaccination:**

- Ensure persons 7–18 years without evidence of immunity (see MMWR 2007;56[No. RR-4], at [www.cdc.gov/mmwr/pdf/rr/rr5604.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf)) have 2 doses of varicella vaccine:
  - **Ages 7–12:** routine interval 3 months (minimum interval: 4 weeks).
  - **Ages 13 and older:** minimum interval 4 weeks.

**10. Hepatitis A (HepA) vaccine. (minimum age: 12 months)**

**Routine vaccination:**

- 2 doses, separated by 6–18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)

**Catch-up vaccination:**

- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses is 6 months.

**Special populations:**

- **Unvaccinated persons who should be vaccinated:**
  - Persons traveling to or working in countries with intermediate endemicity
  - Men who have sex with men

**7. Influenza vaccines. (minimum age: 6 months)**

**Routine vaccination:**

- Administer an age-appropriate formulation and dose of influenza vaccine annually.
    - **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018 should receive 2 doses separated by at least 4 weeks.
    - **Persons 9 years and older** 1 dose
  - Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.
  - For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (MMWR August 26, 2016;65(5):1-54: [www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf](http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf)).
- (For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

## 8. Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months for routine vaccination)

### Routine vaccination:

- 2-dose series at 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 4 weeks after the 1st dose.

### Catch-up vaccination:

- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.

### International travel:

- **Infants 6–11 months:** 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose as early as 4 weeks later.
- **Unvaccinated children 12 months and older:** 2 doses at least 4 weeks apart before departure.

### Mumps outbreak:

- Persons  $\geq 12$  months who previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.

on or after the 4th birthday and at least 4 weeks after the previous dose.

- IPV is not routinely recommended for U.S. residents 18 years and older.

**Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series:**

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s\\_cid=mm6601a6\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w).
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as "OPV" see [www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s\\_cid=mm6606a7\\_w](http://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w).
- For other catch-up guidance, see Figure 2.

[www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).

### Minimum age: 6 months

appropriate formulation and given annually.

• **8 years** who did not receive 2 doses of influenza vaccine should receive 2 doses at 4 weeks.

• **Older 1 dose**

of a vaccine (LAIV) not given during the 2017–18 season.

For more information, see the 2017–18 ACIP recommendations (*MMWR* 2017;66(10):102). See [www.cdc.gov/mmwr/rr/rr5604.pdf](http://www.cdc.gov/mmwr/rr/rr5604.pdf).

See the 2018–19 ACIP recommendations.)

### Measles (MMR) vaccine. (minimum age: 12 months for routine vaccination)

2 doses at 12–15 months and 4–6 years. The 2nd dose may be given as early as 4 weeks after the 1st dose.

• **Unvaccinated children 12 months and older:** 2 doses at least 4 weeks apart before departure.

• **Infants 6–11 months:** 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose as early as 4 weeks later.

• **Unvaccinated children 12 months and older:** 2 doses at least 4 weeks apart before departure.

### Mumps outbreak:

- Persons  $\geq 12$  months who previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.

## 9. Varicella (VAR) vaccine. (minimum age: 12 months)

### Routine vaccination:

- 2-dose series: 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 3 months after the 1st dose (a dose given after a 4-week interval may be counted).

### Catch-up vaccination:

- Ensure persons 7–18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4], at [www.cdc.gov/mmwr/pdf/rr/rr5604.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf)) have 2 doses of varicella vaccine:
  - **Ages 7–12:** routine interval 3 months (minimum interval: 4 weeks).
  - **Ages 13 and older:** minimum interval 4 weeks.

## 10. Hepatitis A (HepA) vaccine. (minimum age: 12 months)

### Routine vaccination:

- 2 doses, separated by 6–18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)

### Catch-up vaccination:

- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses is 6 months.

### Special populations:

Previously unvaccinated persons who should be vaccinated:

- Persons traveling to or working in countries with high or intermediate endemicity
- Men who have sex with men
- Users of injection and non-injection drugs
- Persons who work with hepatitis A virus in a research laboratory or with non-human primates
- Persons with clotting-factor disorders
- Persons with chronic liver disease
- Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the 1st dose as soon as the adoption is planned—ideally at least 2 weeks before the adoptee's arrival).

## 11. Serogroup A, C, W, Y meningococcal vaccines. (Minimum age: 2 months [Menveo], 9 months [Menactra]).

### Routine:

- 2-dose series: 11–12 years and 16 years.

### Catch-Up:

- Age 13–15 years: 1 dose now and booster at age 16–18 years. Minimum interval 8 weeks.
- Age 16–18 years: 1 dose.

# Recommended Immunization Schedule for Adults, United States, 2018

# Updates in 2018 Adult Immunization Schedule

- Extended recommendation to not use live attenuated influenza vaccine (LAIV) during 2017–2018 season<sup>1</sup> (LAIV use reinstated for 2018–2019)
- Recommended use of recombinant zoster vaccine (RZV)<sup>2</sup>
- Recommended use of third dose of MMR in mumps outbreak<sup>3</sup>
- Updated ACIP language in policy notes on prevention of hepatitis B<sup>4</sup>
  - “HCV infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and ALT or AST level greater than twice the upper limit of normal” – already incorporated into adult immunization schedule in 2017

1. MMWR 2017;66(2):1-20

2. MMWR 2018;67(3):103-108

3. MMWR 2018;67(1):33-38

4. MMWR 2018;67(1):1-31

# Updates NOT in 2018 Adult Immunization Schedule

- Reinstated use of LAIV during 2018–2019 season<sup>1</sup>
- Recommended use of Cytosine-phosphate-Guanine-adjuvanted hepatitis B vaccine (HepB-CpG)<sup>1</sup>
- Revised recommended use of HepA for post-exposure prophylaxis<sup>1</sup>

1. ACIP meeting, February 2018; publication pending

# Updates – Influenza Vaccination

- Annual influenza vaccination recommended for persons  $\geq 6$  mos
  - Age-appropriate IIV standard dose
  - Options for adults include high-dose IIV for  $\geq 65$ y, adjuvanted IIV for  $\geq 65$ y, intradermal IIV for 18–64y, cell culture-based IIV for  $\geq 18$ y, RIV for  $\geq 18$ y
- Extended recommendation to not use LAIV during 2017–2018 season<sup>1</sup>
  - Low effectiveness against H1N1pdm09 in U.S. in 2013–2014 and 2015–2016
- Updated ACIP recommendation for 2018–2019 season<sup>2</sup> – Reinstitute use of LAIV (not in 2018 adult immunization schedule)
  - Contains new H1N1 strain (A/Slovenia)
  - Option for adults  $\leq 49$ y

1. MMWR 2017;66(2):1-20

2. ACIP meeting, February 2018; publication pending

# Updates – Zoster Vaccination<sup>1</sup>

- Administer 2 doses recombinant zoster vaccine (RZV) 2–6 mos apart to adults  $\geq 50$ y regardless of past herpes zoster or receipt of zoster vaccine live (ZVL)
- Administer RZV 2–6 mos apart to adults who previously received ZVL at least 2 mos after ZVL
- For adults  $\geq 60$ y, administer either RZV or ZVL (RZV is preferred)
- Special populations
  - Administer RZV to age-eligible adults with chronic health conditions including diabetes, chronic heart/lung/liver/kidney ds, asplenia, complement deficiencies
  - Pending considerations on use of RZV in immunocompromising conditions including HIV infection
  - No data on pregnant women (consider delay)

# Updates – Mumps Vaccination

- Routine mumps vaccination recommendations
  - Children – 2 doses MMR during K-12 (12–15 mos and 4–6 yrs)
  - Adults – 1 dose MMR if born in 1957 or later or without evidence of immunity, 2 doses if high risk (students at post-high school educational institutions, health care personnel, international travelers)
- Multiple outbreaks of mumps and high numbers of reported cases since 2015, many among young adults who received 2 doses MMR
- Updated ACIP recommendations on use of MMR during mumps outbreak<sup>1</sup>
  - Administer 1 dose MMR to persons who previously received  $\leq 2$  doses mumps-containing vaccine and identified by public health authority to be at increased risk during mumps outbreak

# Updates – Hepatitis B Vaccination

- Heplisav-B (Dynavax) is single-antigen hepatitis B vaccine for all HBV subtypes, 2-dose series<sup>1</sup>
- Contains yeast-derived recombinant HBsAg with Cytosine-phosphate-Guanine (CpG) adjuvant
- Revised hepatitis B vaccine nomenclature
  - HepB = Hepatitis B vaccine
  - HepB-CpG = Cytosine-phosphate-Guanine-adjuvanted HepB
  - HepB-alum = aluminum-adjuvanted HepB

# HepB-CpG – Seroprotection and Safety<sup>1-3</sup>

## ■ Immunogenicity

- 90%–100% (2 doses) vs. 70%–90% in comparison group (3 doses Engerix-B)
- Diabetes Type II: 90% (2 doses) vs. 65% (3 doses Engerix-B)
- Chronic kidney disease: 90% (3 doses) vs. 81% (4 double doses Engerix-B)

## ■ Safety and reactogenicity

- Mild and serious adverse events similar
  - Mild: 46% vs. 46%
  - Serious: 5% vs. 6%
- Cardiovascular events not significantly different
  - 0.3% vs. 0.1%
- Potentially immune-mediated adverse events similar (e.g., granulomatosis with polyangiitis, Grave's disease)
  - 0.1%–0.2% vs. 0%–0.7%

1. Jackson S, Lentino J, Kopp J, et al. Immunogenicity of a two-dose investigational hepatitis B vaccine, HBsAg-1018, using a toll-like receptor 9 agonist adjuvant compared with a licensed hepatitis B vaccine in adults. *Vaccine* 2017; 36:668-74
2. Janssen R, Bennett S, Namini H, et al. Immunogenicity and Safety of Two Doses of Investigational Heplisav Compared to Three Doses of Licensed Hepatitis B Vaccine (Engerix-B) in Two Phase 3 Trials. *Journal of Hepatology* 2013; 58(Suppl 1):S574
3. HEPLISAV-B™ [Hepatitis B Vaccine (Recombinant), Adjuvanted] package insert [www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM584762.pdf](http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM584762.pdf)

# Updates – Hepatitis B Vaccination<sup>1</sup>

- Recommended HepB-CpG use – 2 doses 1 month apart for persons aged ≥18y (not in 2018 adult immunization schedule)
- No preferential recommendation for use of HepB-CpG over HepB-alum
- HepB-CpG may be used in 3-dose HepB-alum series
  - 3 doses of HepB are needed unless 2 doses of HepB-CpG is administered 1 month apart

# Updates – Hepatitis A Vaccination<sup>1</sup>

- Recommendation in 2018 adult immunization schedule
  - Healthy adults through age 40 who have recently been exposed to hepatitis A virus should receive HepA; adults older than age 40 years may receive HepA if hepatitis A immunoglobulin cannot be obtained
- Updated ACIP recommendation<sup>1</sup> (not in 2018 adult immunization schedule)
  - HepA should be administered for post-exposure prophylaxis for all persons aged ≥12 months
  - In addition to HepA, immunoglobulin may be administered to persons aged >40y depending on providers' risk assessment

1. ACIP meeting, February 2018; publication pending

# Updates – Hepatitis A Vaccination<sup>1</sup>

- Recommendation in 2018 adult immunization schedule
  - Healthy adults through age 40 who have recently been exposed to hepatitis A virus should receive HepA; adults older than age 40 years may receive HepA if hepatitis A immunoglobulin cannot be obtained
- Updated recommendation<sup>1</sup> (not in 2018 adult immunization schedule)
  - HepA should be administered for post-exposure prophylaxis for all persons aged ≥12 months
  - In addition to HepA, immunoglobulin may be administered to persons aged >40y depending on providers' risk assessment

## Recommendations for hepatitis A post-exposure prophylaxis

2018 adult immunization schedule	Updated ACIP recommendations <sup>1</sup>
<ul style="list-style-type: none"><li>• Adults ≤40y – HepA</li><li>• Adults &gt;40y – May receive IG</li></ul>	<ul style="list-style-type: none"><li>• All adults – HepA</li><li>• Adults &gt;40y – May also receive IG</li></ul>

1. ACIP meeting, February 2018; publication pending

**Cover Page**

# Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018

In February 2018, the *Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018* became effective, as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The adult immunization schedule was also approved by the American College of Physicians, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Nurse-Midwives.

CDC announced the availability of the 2018 adult immunization schedule in the *Morbidity and Mortality Weekly Report (MMWR)*.<sup>1</sup> The schedule is published in its entirety in the *Annals of Internal Medicine*.<sup>2</sup>

The adult immunization schedule consists of figures that summarize routinely recommended vaccines for adults by age groups and medical conditions and other indications, footnotes for the figures, and a table of vaccine contraindications and precautions. Note the following when reviewing the adult immunization schedule:

- The figures in the adult immunization schedule should be reviewed with the accompanying footnotes.
- The figures and footnotes display indications for which vaccines, if not previously administered, should be administered unless noted otherwise.
- The table of contraindications and precautions identifies populations and situations for which vaccines should not be used or should be used with caution.
- When indicated, administer recommended vaccines to adults whose vaccination history is incomplete or unknown.
- Increased interval between doses of a multidose vaccine series does not diminish vaccine effectiveness; it is not necessary to restart the vaccine series or add doses to the series because of an extended interval between doses.
- Combination vaccines may be used when any component of the combination is indicated and when the other components of the combination are not contraindicated.
- The use of trade names in the adult immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Special populations that need additional considerations include:

- Pregnant women. Pregnant women should receive the tetanus, diphtheria, and acellular pertussis vaccine (Tdap) during pregnancy and the influenza vaccine during or before pregnancy. Live vaccines (e.g., measles, mumps, and rubella vaccine [MMR]) are contraindicated.
- Asplenia. Adults with asplenia have specific vaccination recommendations because of their increased risk for infection by encapsulated bacteria. Anatomical or functional asplenia includes congenital or acquired asplenia, splenic dysfunction, sickle cell disease and other hemoglobinopathies, and splenectomy.
- Immunocompromising conditions. Adults with immunosuppression should generally avoid live vaccines. Inactivated vaccines (e.g., pneumococcal vaccines) are generally acceptable. High-level immunosuppression includes HIV infection with a CD4 cell count <200 cells/ $\mu$ L, receipt of daily corticosteroid therapy with  $\geq 20$  mg of prednisone or equivalent for  $\geq 14$  days, primary immunodeficiency disorder (e.g., severe combined immunodeficiency or complement component deficiency), and receipt of cancer chemotherapy. Other immunocompromising conditions and immunosuppressive medications to consider when vaccinating adults can be found in *IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host*.<sup>3</sup> Additional information on vaccinating immunocompromised adults is in *General Best Practice Guidelines for Immunization*.<sup>4</sup>

Additional resources for health care providers include:

- Details on vaccines recommended for adults and complete ACIP statements at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- Vaccine Information Statements that explain benefits and risks of vaccines at [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Information and resources on vaccinating pregnant women at [www.cdc.gov/vaccines/adults/rec-vac/pregnant.html](http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html)
- Information on travel vaccine requirements and recommendations at [www.cdc.gov/travel/destinations/list](http://www.cdc.gov/travel/destinations/list)
- CDC Vaccine Schedules App for immunization service providers to download at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html)
- Adult Vaccination Quiz for self-assessment of vaccination needs based on age, health conditions, and other indications at [www2.cdc.gov/nip/adultimmsched/default.asp](http://www2.cdc.gov/nip/adultimmsched/default.asp)
- *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

Report suspected cases of reportable vaccine-preventable diseases to the local or state health department, and report all clinically significant postvaccination events to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967. All vaccines included in the adult immunization schedule except 23-valent pneumococcal polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. Submit questions and comments to CDC through [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or by telephone, 800-CDC-INFO (800-232-4636), in English and Spanish, 8:00am–8:00pm ET, Monday–Friday, excluding holidays.

The following abbreviations are used for vaccines in the adult immunization schedule (in the order of their appearance):

IV	inactivated influenza vaccine
RV	recombinant influenza vaccine
Tdap	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
Td	tetanus and diphtheria toxoids
MMR	measles, mumps, and rubella vaccine
VAR	varicella vaccine
RZV	recombinant zoster vaccine
ZVL	zoster vaccine live
HPV vaccine	human papillomavirus vaccine
PCV13	13-valent pneumococcal conjugate vaccine
PPSV23	23-valent pneumococcal polysaccharide vaccine
HepA	hepatitis A vaccine
HepA-HepB	hepatitis A vaccine and hepatitis B vaccine
HepB	hepatitis B vaccine
MenACWY	serogroup A, C, W, and Y meningococcal vaccine
MenB	serogroup B meningococcal vaccine
Hib	<i>Haemophilus influenzae</i> type b vaccine

1. MMWR Morb Mortal Wkly Rep. 2018;66(5). Available at [www.cdc.gov/mmwr/volumes/67/rr/mm6705e3.htm](http://www.cdc.gov/mmwr/volumes/67/rr/mm6705e3.htm).
2. Ann Intern Med. 2018;168:210–220. Available at [annals.org/aim/article/doi/10.7326/M17-3439](http://annals.org/aim/article/doi/10.7326/M17-3439).
3. Clin Infect Dis. 2014;58:e44-100. Available at [www.idsociety.org/Templates/Content.aspx?id=32212256011](http://www.idsociety.org/Templates/Content.aspx?id=32212256011).
4. ACP. Available at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html).



# Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018

In February 2018, the *Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018* became effective, as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The adult immunization schedule was also approved by the American College of Physicians, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Nurse-Midwives.

CDC announced the availability of the 2018 adult immunization schedule in the *Morbidity and Mortality Weekly Report (MMWR)*.<sup>1</sup> The schedule is published in its entirety in the *Annals of Internal Medicine*.<sup>2</sup>

The adult immunization schedule consists of figures that summarize routinely recommended vaccines for adults by age groups and medical conditions and other indications, footnotes for the figures, and a table of vaccine contraindications and precautions. Note the following when reviewing the adult immunization schedule:

- The figures in the adult immunization schedule should be reviewed with the accompanying footnotes.
- The figures and footnotes display indications for which vaccines, if not previously administered, should be administered unless noted otherwise.
- The table of contraindications and precautions identifies populations and situations for which vaccines should not be used or should be used with caution.
- When indicated, administer reimmunization when the immunization history is incomplete or unknown.
- Increased interval between doses may be used to improve vaccine effectiveness; it is not necessary to use an extended interval between doses.
- Combination vaccines may be used when the other components of the combination vaccine are indicated.
- The use of trade names in the adult immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

## Special populations that need additional considerations...

Special populations that need additional considerations include:

- **Pregnant women.** Pregnant women should receive the tetanus, diphtheria, and acellular pertussis vaccine (Tdap) during pregnancy and the influenza vaccine during or before pregnancy. Live vaccines (e.g., measles, mumps, and rubella vaccine [MMR]) are contraindicated.
- **Asplenia.** Adults with asplenia have specific vaccination recommendations because of their increased risk for infection by encapsulated bacteria. Anatomical or functional asplenia includes congenital or acquired asplenia, splenic dysfunction, sickle cell disease and other hemoglobinopathies, and splenectomy.
- **Immunocompromising conditions.** Adults with immunosuppression should generally avoid live vaccines. Inactivated vaccines (e.g., pneumococcal vaccines) are generally acceptable. High-level immunosuppression includes HIV infection with a CD4 cell count <200 cells/ $\mu$ L, receipt of daily corticosteroid therapy with  $\geq 20$  mg of prednisone or equivalent for  $\geq 14$  days, primary immunodeficiency disorder (e.g., severe combined immunodeficiency or complement component deficiency), and receipt of cancer chemotherapy. Other immunocompromising conditions and immunosuppressive medications to consider when vaccinating adults can be found in *IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host*.<sup>3</sup> Additional information on vaccinating immunocompromised adults is in *General Best Practice Guidelines for Immunization*.<sup>4</sup>

Additional resources for health care providers include:

- Details on vaccines recommended for adults and complete ACIP statements at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- Vaccine Information Statements that explain benefits and risks of vaccines at [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Information and resources on vaccinating pregnant women at [www.cdc.gov/vaccines/adults/rec-vac/pregnant.html](http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html)
- Information on travel vaccine requirements and recommendations at [www.cdc.gov/travel/destinations/list](http://www.cdc.gov/travel/destinations/list)
- CDC Vaccine Schedules App for immunization service providers to download at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html)
- Adult Vaccination Quiz for self-assessment of vaccination needs based on age, health conditions, and other indications at [www2.cdc.gov/nip/adultimmisched/default.asp](http://www2.cdc.gov/nip/adultimmisched/default.asp)
- *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

Report suspected cases of reportable vaccine-preventable diseases to the local or state health department, and report all clinically significant postvaccination events to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967. All vaccines included in the immunization schedule except 23-valent pneumococcal polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. Submit questions to CDC through [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or by telephone, 800-CDC-INFO (800-232-6243) and Spanish, 8:00am–8:00pm ET, Monday–Friday, excluding holidays.

Abbreviations are used for vaccines in the adult immunization schedule (in the order of their appearance):

IV	inactivated influenza vaccine
RIV	recombinant influenza vaccine
Tdap	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
Td	tetanus and diphtheria toxoids
MMR	measles, mumps, and rubella vaccine
VAR	varicella vaccine
RZV	recombinant zoster vaccine
ZVL	zoster vaccine live
HPV vaccine	human papillomavirus vaccine
PCV13	13-valent pneumococcal conjugate vaccine
PPSV23	23-valent pneumococcal polysaccharide vaccine
HepA	hepatitis A vaccine
HepA-HepB	hepatitis A vaccine and hepatitis B vaccine
HepB	hepatitis B vaccine
MenACWY	serogroups A, C, W, and Y meningococcal vaccine
MenB	serogroup B meningococcal vaccine
Hib	<i>Haemophilus influenzae</i> type b vaccine

1. MMWR Morb Mortal Wkly Rep. 2018;66(5). Available at [www.cdc.gov/mmwr/volumes/67/wr/mm6705e3.htm](http://www.cdc.gov/mmwr/volumes/67/wr/mm6705e3.htm).
2. Ann Intern Med. 2018;168:210–220. Available at [annals.org/sim/article/doi/10.7326/M17-3439](http://annals.org/sim/article/doi/10.7326/M17-3439).
3. Clin Infect Dis. 2014;58:e44-100. Available at [www.idsociety.org/Templates/Content.aspx?id=32212256011](http://www.idsociety.org/Templates/Content.aspx?id=32212256011).
4. ACIP. Available at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html).



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

# Figure 1

Recommended Immunization Schedule by Age

**Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2018**

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza <sup>1</sup>	1 dose annually				
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap, then Td booster every 10 yrs				
MMR <sup>3</sup>	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR <sup>4</sup>	2 doses				
RZV <sup>5</sup> (preferred) or ZVL <sup>5</sup>				2 doses RZV (preferred) or 1 dose ZVL	
HPV–Female <sup>6</sup>	2 or 3 doses depending on age at series initiation				
HPV–Male <sup>6</sup>	2 or 3 doses depending on age at series initiation				
PCV13 <sup>7</sup>					1 dose
PPSV23 <sup>7</sup>	1 or 2 doses depending on indication				1 dose
HepA <sup>8</sup>	2 or 3 doses depending on vaccine				
HepB <sup>9</sup>	3 doses				
MenACWY <sup>10</sup>	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB <sup>10</sup>	2 or 3 doses depending on vaccine				
Hib <sup>11</sup>	1 or 3 doses depending on indication				



Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection



Recommended for adults with other indications



No recommendation

**Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2018**

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza <sup>1</sup>	1 dose annually				
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap, then Td booster every 10 yrs				
	1 or 2 doses depending on indication (if born in 1957 or later)				
	2 doses				
RZV <sup>5</sup> (preferred) or ZVL <sup>5</sup>				2 doses RZV (preferred) or 1 dose ZVL	
HPV–Female <sup>6</sup>	2 or 3 doses depending on age at series initiation				
HPV–Male <sup>6</sup>	2 or 3 doses depending on age at series initiation				
PCV13 <sup>7</sup>					1 dose
PPSV23 <sup>7</sup>	1 or 2 doses depending on indication				1 dose
HepA <sup>8</sup>	2 or 3 doses depending on vaccine				
HepB <sup>9</sup>	3 doses				
MenACWY <sup>10</sup>	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB <sup>10</sup>	2 or 3 doses depending on vaccine				
Hib <sup>11</sup>	1 or 3 doses depending on indication				

Added RZV row



Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection



Recommended for adults with other indications



No recommendation

**Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2018**

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza <sup>1</sup>	1 dose annually				
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap, then Td booster every 10 yrs				
MMR <sup>3</sup>	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR <sup>4</sup>	2 doses				
RZV <sup>5</sup> (preferred) or ZVL <sup>5</sup>				2 doses RZV (preferred) or 1 dose ZVL	
HPV–Female <sup>6</sup>	2 or 3 doses depending on age at series initiation				
HPV–Male <sup>6</sup>	2 or 3 doses depending on age at series initiation				
PCV13 <sup>7</sup>					1 dose
PPSV23 <sup>7</sup>	1 or 2 doses depending on indication				1 dose
HepA <sup>8</sup>	2 or 3 doses depending on vaccine				
HepB <sup>9</sup>	3 doses				
MenACWY <sup>10</sup>	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB <sup>10</sup>	2 or 3 doses depending on vaccine				
Hib <sup>11</sup>	1 or 3 doses depending on indication				



Removed MPSV4

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection
  Recommended for adults with other indications
  No recommendation

**Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2018**

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza <sup>1</sup>	1 dose annually				
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap, then Td booster every 10 yrs				
MMR <sup>3</sup>	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR <sup>4</sup>	2 doses				
RZV <sup>5</sup> (preferred) or ZVL <sup>5</sup>				2 doses RZV (preferred) or 1 dose ZVL	
HPV–Female <sup>6</sup>	2 or 3 doses depending on age at series initiation				
HPV–Male <sup>6</sup>	2 or 3 doses depending on age at series initiation				
PCV13 <sup>7</sup>	Change since publication of 2018 adult immunization schedule – will read “2 or 3 doses” in 2019 schedule				
PPSV23 <sup>7</sup>					
HepA <sup>8</sup>	1 dose depending on vaccine				
HepB <sup>9</sup>	3 doses				
MenACWY <sup>10</sup>	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB <sup>10</sup>	2 or 3 doses depending on vaccine				
Hib <sup>11</sup>	1 or 3 doses depending on indication				



Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection



Recommended for adults with other indications



No recommendation

# Figure 2

Recommended Immunization Schedule by Medical Condition and Other Indications

**Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2018**

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	Pregnancy <sup>1-6</sup>	Immuno-compromised (excluding HIV infection) <sup>2-7,11</sup>	HIV infection CD4+ count (cells/ $\mu$ L) <sup>2-7,9,10</sup>		Asplenia, complement deficiencies <sup>7,10,11</sup>	End-stage renal disease, on hemodialysis <sup>7,9</sup>	Heart or lung disease, alcoholism <sup>7</sup>	Chronic liver disease <sup>7,9</sup>	Diabetes <sup>7,9</sup>	Health care personnel <sup>3,4,9</sup>	Men who have sex with men <sup>4,6,9</sup>
			<200	$\geq$ 200							
Influenza <sup>1</sup>	1 dose annually										
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap each pregnancy	1 dose Tdap, then Td booster every 10 yrs									
MMR <sup>2</sup>	contraindicated		1 or 2 doses depending on indication								
VAR <sup>4</sup>	contraindicated		2 doses								
RZV <sup>2</sup> (preferred) or ZVL <sup>2</sup>	contraindicated		2 doses RZV at age $\geq$ 50 yrs (preferred) or 1 dose ZVL at age $\geq$ 60 yrs								
HPV-Female <sup>6</sup>		3 doses through age 26 yrs		2 or 3 doses through age 26 yrs							
HPV-Male <sup>6</sup>		3 doses through age 26 yrs		2 or 3 doses through age 21 yrs						2 or 3 doses through age 26 yrs	
PCV13 <sup>7</sup>		1 dose									
PPSV23 <sup>7</sup>		1, 2, or 3 doses depending on indication									
HepA <sup>9</sup>		2 or 3 doses depending on vaccine									
HepB <sup>9</sup>						3 doses					
MenACWY <sup>10</sup>		1 or 2 doses depending on indication, then booster every 5 yrs if risk remains									
MenB <sup>10</sup>		2 or 3 doses depending on vaccine									
Hib <sup>11</sup>		3 doses HSCT recipients only		1 dose							



Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection



Recommended for adults with other indications



Contraindicated



No recommendation

**Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2018**

This figure should be reviewed with the accompanying footnotes. This figure and the footnotes describe indications for which vaccines, if not previously administered, should be administered unless noted otherwise.

Vaccine	Pregnancy <sup>1-6</sup>	Immuno-compromised (excluding HIV infection) <sup>2-7,11</sup>	HIV infection CD4+ count (cells/ $\mu$ L) <sup>2-7,9,10</sup>		Asplenia, complement deficiencies <sup>7,10,11</sup>	End-stage renal disease, on hemodialysis <sup>7,9</sup>	Heart or lung disease, alcoholism <sup>7</sup>	Chronic liver disease <sup>7,9</sup>	Diabetes <sup>7,9</sup>	Health care personnel <sup>3,4,9</sup>	Men who have sex with men <sup>4,6,9</sup>
			<200	$\geq$ 200							
Influenza <sup>1</sup>	1 dose annually										
Tdap <sup>2</sup> or Td <sup>2</sup>	1 dose Tdap each pregnancy	1 dose Tdap, then Td booster every 10 yrs									
		contraindicated			1 or 2 doses depending on indication						
		contraindicated			2 doses						
RZV <sup>2</sup> (preferred) or ZVL <sup>2</sup>		contraindicated			2 doses RZV at age $\geq$ 50 yrs (preferred) or 1 dose ZVL at age $\geq$ 60 yrs						
HPV-Female <sup>6</sup>		3 doses through age 26 yrs			2 or 3 doses through age 26 yrs						
HPV-Male <sup>6</sup>		3 doses through age 26 yrs			2 or 3 doses through age 21 yrs						2 or 3 doses through age 26 yrs
PCV13 <sup>7</sup>		1 dose									
PPSV23 <sup>7</sup>		1, 2, or 3 doses depending on indication									
HepA <sup>9</sup>		2 or 3 doses depending on vaccine									
HepB <sup>9</sup>		3 doses									
MenACWY <sup>10</sup>		1 or 2 doses depending on indication, then booster every 5 yrs if risk remains									
MenB <sup>10</sup>		2 or 3 doses depending on vaccine									
Hib <sup>11</sup>		3 doses HSCT recipients only	1 dose								

RZV row added

Removed MPSV4

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection
  Recommended for adults with other indications
  Contraindicated
  No recommendation

# Footnotes

## Footnotes. Recommended immunization schedule for adults aged 19 years or older, United States, 2018

### 1. Influenza vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)

#### General Information

- Administer 1 dose of age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) annually
- Live attenuated influenza vaccine (LAIV) is not recommended for the 2017–2018 influenza season
- A list of currently available influenza vaccines is available at [www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm)

#### Special populations

- Administer age-appropriate IIV or RIV to:
  - Pregnant women
  - Adults with hives-only egg allergy
  - Adults with egg allergy other than hives (e.g., angioedema or respiratory distress): Administer IIV or RIV in a medical setting under supervision of a health care provider who can recognize and manage severe allergic conditions

### 2. Tetanus, diphtheria, and pertussis vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html)

#### General Information

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11–12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years
- Information on the use of Tdap or Td as tetanus prophylaxis in wound management is available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm)

#### Special populations

- **Pregnant women:** Administer 1 dose of Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36

### 3. Measles, mumps, and rubella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html)

#### General Information

- Administer 1 dose of measles, mumps, and rubella vaccine (MMR) to adults with no evidence of immunity to measles, mumps, or rubella
- Evidence of immunity is:
  - Born before 1957 (except for health care personnel, see below)
  - Documentation of receipt of MMR
  - Laboratory evidence of immunity or disease
- Documentation of a health care provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity

#### Special populations

- **Pregnant women and nonpregnant women of childbearing age** with no evidence of immunity to rubella: Administer 1 dose of MMR (if pregnant, administer MMR after pregnancy and before discharge from health care facility)

### • HIV

6 m

or r

### • Stud

Inte

Imm

MM

adm

### • Hea

evide

28 d

rubella (if born before 1957)

### • Adults

who previously received 2 doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak: Administer 1 dose of MMR

### • MMR

is contraindicated for pregnant women and adults with severe immunodeficiency

### 4. Varicella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html)

#### General Information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose)
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and health care personnel, see below)
  - Documentation of receipt of 2 doses of varicella or 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 populations

- Administer 2 doses of VAR 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose) to:
  - **Pregnant women without evidence of immunity:** Administer the first of the 2 doses or the second dose after pregnancy and before discharge from health care facility
  - **Health care personnel without evidence of immunity**
- **Adults with HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu$ L:** May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
- VAR is contraindicated for pregnant women and adults with severe immunodeficiency

### 5. Zoster vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html)

#### General Information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL)

Added “Adult who previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak: Administer 1 dose of MMR”

#### General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years and males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
  - **No previous dose of HPV vaccine:** Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)
  - **Aged 9–14 years at HPV vaccine series initiation and received 1 dose or 2 doses less than 5 months apart:** Administer 1 dose
  - **Aged 9–14 years at HPV vaccine series initiation and received 2 doses at least 5 months apart:** No additional dose is needed

#### Special populations

- **Adults with immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Men who have sex with men** through age 26 years: Administer 2- or 3-dose series depending on age at initial vaccination (see above); if no history of HPV vaccine, administer 3-dose series at 0, 1–2, and 6 months
- **Pregnant women** through age 26 years: HPV vaccination is not recommended during pregnancy, but there is no evidence that the vaccine is harmful and no intervention needed for women who inadvertently receive HPV vaccine while pregnant; delay remaining doses until after pregnancy; pregnancy testing is not needed before vaccination

### 7. Pneumococcal vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html)

#### General information

- Administer to immunocompetent adults aged 65 years or older 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit); additional information on vaccine timing is available at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf)

## Footnotes. Recommended immunization schedule for adults aged 19 years or older, United States, 2018

### 1. Influenza vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)

#### General information

- Administer 1 dose of age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) annually
- Live attenuated influenza vaccine (LAIV) is not recommended for the 2017–2018 influenza season
- A list of currently available influenza vaccines is available at [www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm)

#### Special populations

- Administer age-appropriate IIV or RIV to:
  - Pregnant women
  - Adults with hives-only egg allergy
  - Adults with egg allergy other than hives (e.g., angioedema or respiratory distress): Administer IIV or RIV in a medical setting under supervision of a health care provider who can recognize and manage severe allergic conditions

### 2. Tetanus, diphtheria, and pertussis vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html)

#### General information

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11–12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years
- Information on the use of Tdap or Td as tetanus prophylaxis in wound management is available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm)

#### Special populations

- **Pregnant women:** Administer 1 dose of Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36

### 3. Measles, mumps, and rubella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html)

#### General information

- Administer 1 dose of MMR (MMR) to adults with mumps, or rubella
- Evidence of immunity:
  - Born before 1957 (see below)
  - Documentation of receipt of MMR
  - Laboratory evidence of immunity or disease
- Documentation of a health care provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity

#### Special populations

- **Pregnant women and nonpregnant women of childbearing age** with no evidence of immunity to rubella: Administer 1 dose of MMR (if pregnant, administer MMR after pregnancy and before discharge from health care facility)

- **HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu$ L** for at least 6 months and no evidence of immunity to measles, mumps, or rubella: Administer 2 doses of MMR at least 28 days apart
- **Students in postsecondary educational institutions, international travelers, and household contacts of immunocompromised persons:** Administer 2 doses of MMR at least 28 days apart (or 1 dose of MMR if previously administered 1 dose of MMR)

- **Health care personnel born in 1957 or later** with no evidence of immunity: Administer 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella (if born before 1957, consider MMR vaccination)
- **Adults who previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak:** Administer 1 dose of MMR
- MMR is contraindicated for pregnant women and adults with severe immunodeficiency

### 4. Varicella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html)

#### General information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose)
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and health care personnel, see below)
  - Documentation of receipt of 2 doses of varicella or 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 populations

- **Adults with immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Men who have sex with men** through age 26 years: Administer 2- or 3-dose series depending on age at initial vaccination (see above); if no history of HPV vaccine, administer 3-dose series at 0, 1–2, and 6 months
- **Adults with immunocompromising conditions (including HIV infection)** through age 26 years: HPV vaccination during pregnancy, but there is no evidence that HPV vaccine is harmful and no intervention is needed if women inadvertently receive HPV vaccine remaining doses until after pregnancy; if not needed before vaccination
- **Adults aged 65 years or older:** Administer 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- **When both PCV13 and PPSV23 are indicated,** administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit); additional information on vaccine timing is available at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf)

### 5. Zoster vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html)

#### General information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL)

Added “Administer 2 dose of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of zoster or receipt of zoster vaccine live (ZVL)”

- VAR is contraindicated for pregnant women and adults with severe immunodeficiency

- Administer 2 doses of RZV 2–6 months apart to adults who previously received ZVL at least 2 months after ZVL
- For adults aged 60 years or older, administer either RZV or ZVL (RZV is preferred)

#### Special populations

- ZVL is contraindicated for pregnant women and adults with severe immunodeficiency

### 6. Human papillomavirus vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html)

#### General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years and males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
  - **No previous dose of HPV vaccine:** Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)
  - **Aged 9–14 years at HPV vaccine series initiation and received 1 dose or 2 doses less than 5 months apart:** Administer 1 dose
  - **Aged 9–14 years at HPV vaccine series initiation and received 2 doses at least 5 months apart:** No additional dose is needed

#### Special populations

- **Adults with immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Men who have sex with men** through age 26 years: Administer 2- or 3-dose series depending on age at initial vaccination (see above); if no history of HPV vaccine, administer 3-dose series at 0, 1–2, and 6 months
- **Adults with immunocompromising conditions (including HIV infection)** through age 26 years: HPV vaccination during pregnancy, but there is no evidence that HPV vaccine is harmful and no intervention is needed if women inadvertently receive HPV vaccine remaining doses until after pregnancy; if not needed before vaccination
- **Adults aged 65 years or older:** Administer 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- **When both PCV13 and PPSV23 are indicated,** administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit); additional information on vaccine timing is available at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf)

## Special populations

- Administer to adults aged 19 through 64 years with the following chronic conditions 1 dose of PPSV23 (at age 65 years or older, administer 1 dose of PCV13, if not previously received, and another dose of PPSV23 at least 1 year after PCV13 and at least 5 years after PPSV23):
  - Chronic heart disease (excluding hypertension)
  - Chronic lung disease
  - Chronic liver disease
  - Alcoholism
  - Diabetes mellitus
  - Cigarette smoking
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13, and a second dose of PPSV23 at least 5 years after the first dose of PPSV23 (if the most recent dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):
  - Immunodeficiency disorders (including B- and T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders)
  - HIV infection
  - Anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies)
  - Chronic renal failure and nephrotic syndrome
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13 (if the dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):
  - Cerebrospinal fluid leak
  - Cochlear implant

## 8. Hepatitis A vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/)

### General Information

- Administer to adults who have a specific risk (see below) or lack a risk factor but want protection, 2-dose series of single antigen hepatitis A vaccine (HepA; Havrix; 6–12 months or Vaqta at 0 and 6–18 months; minimum interval: 6 months) or a 3-dose series of combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months (minimum intervals: 4 weeks between first and second doses and 5 months between second and third doses)

### Special populations

- Administer HepA or HepA-HepB to adults with the following indications:
  - Travel to or work in countries with high or intermediate hepatitis A endemicity
  - Men who have sex with men
  - Injection or noninjection drug use
  - Work with hepatitis A virus in a research laboratory or with nonhuman primates infected with hepatitis A virus
  - Clotting factor disorders
  - Chronic liver disease

- Close, personal contact with an international adoptee (e.g., household or regular babysitting) during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the first dose as soon as the adoption is planned)
- Healthy adults through age 40 years who have recently been exposed to hepatitis A virus; adults older than age 40 years may receive HepA if hepatitis A immunoglobulin cannot be obtained

## 9. Hepatitis B vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html)

### General Information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 3-dose series of single antigen hepatitis B vaccine (HepB) or combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months (minimum intervals: 4 weeks between doses 1 and 2 for HepB and HepA-HepB; between doses 2 and 3, 8 weeks for HepB and 5 months for HepA-HepB)

### Special populations

- Administer HepB or HepA-HepB to adults with the following indications:
  - Chronic liver disease (e.g., hepatitis C infection, 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
  - Percutaneous or mucosal risk of exposure to blood (e.g., household contacts of hepatitis B surface antigen [HBsAg]-positive persons; adults younger than age 60 years with diabetes mellitus or aged 60 years or older)

Removed “For adults 56 or older who have not previously received serogroups A, C, W, and Y meningococcal vaccine and need only 1 dose, MPSV4 is preferred. For adults who previously received MenACWY or anticipate receiving multiple doses of serogroups A, C, W, and Y meningococcal vaccine, MenACWY is preferred.”

## 10. Meningococcal vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html)

Special populations: Serogroups A, C, W, and Y meningococcal vaccine (MenACWY)

- Administer 2 doses of MenACWY at least 8 weeks apart and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - Anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies)
  - HIV infection
  - Persistent complement component deficiency
  - Eculizumab use

- Administer 1 dose of MenACWY and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - Travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj
  - At risk from a meningococcal disease outbreak attributed to serogroup A, C, W, or Y
  - Microbiologists routinely exposed to *Neisseria meningitidis*
  - Military recruits
  - First-year college students who live in residential housing (if they did not receive MenACWY at age 16 years or older)

General Information: Serogroup B meningococcal vaccine (MenB)

- May administer, based on individual clinical decision, to young adults and adolescents aged 16–23 years (preferred age is 16–18 years) who are not at increased risk 2-dose series of MenB-4C (Bexsero) at least 1 month apart or 2-dose series of MenB-FHbp (Trumenba) at least 6 months apart
- MenB-4C and MenB-FHbp are not interchangeable

Special populations: MenB

- Anatomical or functional asplenia (including sickle cell disease) or undergoing elective splenectomy: Administer 1 dose if not previously vaccinated (preferably at least 14 days before elective splenectomy)
- Hematopoietic stem cell transplant (HSCT): Administer 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

## Footnotes. Rec

### 1. Influenza vaccination

[www.cdc.gov/vaccines/imz/downloads/pdf/11-1215.pdf](http://www.cdc.gov/vaccines/imz/downloads/pdf/11-1215.pdf)

#### General information

- Administer 1 dose of age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV)
- **Live attenuated influenza vaccine (LAIV) is not recommended for the 2017–2018 influenza season**
- A list of currently available influenza vaccines is available at [www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm)

#### Special populations

- Administer age-appropriate IIV or RIV to:
  - **Pregnant women**
  - Adults with **hives-only egg allergy**
  - Adults with **egg allergy other than hives** (e.g., angioedema or respiratory distress): Administer IIV or RIV in a medical setting under supervision of a health care provider who can recognize and manage severe allergic conditions

### 2. Tetanus, diphtheria, and pertussis vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html)

#### General information

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11–12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years
- Information on the use of Tdap or Td as tetanus prophylaxis in wound management is available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm)

#### Special populations

- **Pregnant women:** Administer 1 dose of Tdap during each pregnancy, preferably in the early part of gestational weeks 27–36

### 3. Measles, mumps, and rubella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html)

#### General information

- Administer 1 dose of measles, mumps, and rubella vaccine (MMR) to adults with no evidence of immunity to measles, mumps, or rubella
- Evidence of immunity is:
  - Born before 1957 (except for health care personnel, see below)
  - Documentation of receipt of MMR
  - Laboratory evidence of immunity or disease
- Documentation of a health care provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity

#### Special populations

- **Pregnant women and nonpregnant women of childbearing age** with no evidence of immunity to rubella: Administer 1 dose of MMR (if pregnant, administer MMR after pregnancy and before discharge from health care facility)

## Pending change in influenza vaccination recommendation on LAIV in 2019 adult immunization schedule

**International travelers, and household contacts of immunocompromised persons:** Administer 2 doses of MMR at least 28 days apart (or 1 dose of MMR if previously administered 1 dose of MMR)

- **Health care personnel born in 1957 or later** with no evidence of immunity: Administer 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella (if born before 1957, consider MMR vaccination)
- **Adults who previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak:** Administer 1 dose of MMR
- MMR is contraindicated for pregnant women and adults with severe immunodeficiency

### 4. Varicella vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html)

#### General information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose)
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and health care personnel, see below)
  - Documentation of receipt of 2 doses of varicella or 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 populations

- Administer 2 doses of VAR 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose) to:
  - **Pregnant women without evidence of immunity:** Administer the first of the 2 doses or the second dose after pregnancy and before discharge from health care facility
  - **Health care personnel without evidence of immunity**
- **Adults with HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu$ L:** May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
- VAR is contraindicated for pregnant women and adults with severe immunodeficiency

### 5. Zoster vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html)

#### General information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL)

#### Special populations

- ZVL is contraindicated for pregnant women and adults with severe immunodeficiency

### 6. Human papillomavirus vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html)

#### General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years and males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
  - **No previous dose of HPV vaccine:** Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)
  - **Aged 9–14 years at HPV vaccine series initiation and received 1 dose or 2 doses less than 5 months apart:** Administer 1 dose
  - **Aged 9–14 years at HPV vaccine series initiation and received 2 doses at least 5 months apart:** No additional dose is needed

#### Special populations

- **Adults with immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Men who have sex with men** through age 26 years: Administer 2- or 3-dose series depending on age at initial vaccination (see above); if no history of HPV vaccine, administer 3-dose series at 0, 1–2, and 6 months
- **Pregnant women** through age 26 years: HPV vaccination is not recommended during pregnancy, but there is no evidence that the vaccine is harmful and no intervention needed for women who inadvertently receive HPV vaccine while pregnant; delay remaining doses until after pregnancy; pregnancy testing is not needed before vaccination

### 7. Pneumococcal vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html)

#### General information

- Administer to immunocompetent adults aged 65 years or older 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit); additional information on vaccine timing is available at [www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf](http://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf)

This is in part to adults who receive ZVL 12 months after ZVL

Administer either RZV or

### Special populations

- Administer to adults aged 19 through 64 years with the following chronic conditions 1 dose of PPSV23 (at age 65 years or older, administer 1 dose of PCV13, if not previously received, and another dose of PPSV23 at least 1 year after PCV13 and at least 5 years after PPSV23):
  - Chronic heart disease (excluding hypertension)
  - Chronic lung disease
  - Chronic liver disease
  - Alcoholism
  - Diabetes mellitus
  - Cigarette smoking
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13, and a second dose of PPSV23 at least 5 years after the first dose of PPSV23 (if the most recent dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):

- Close, personal contact with an international adoptee (e.g., household or regular babysitting) during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the first dose as soon as the adoption is planned)
- Healthy adults through age 40 years who have recently been exposed to hepatitis A virus; adults older than age 40 years may receive HepA if hepatitis A immunoglobulin cannot be obtained

### 9. Hepatitis B vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html)

#### General Information

Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 3-dose series of single antigen hepatitis B vaccine (HepB) or combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months (minimum intervals: 4 weeks between doses 1 and 2 for HepB and HepA-HepB; between doses 2 and 3, 8 weeks for HepB and 5 months for HepA-HepB)

## Pending changes in hepatitis A and hepatitis B vaccination recommendations in 2019 adult immunization schedule

- Chronic renal failure and nephrotic syndrome
- Administer to adults aged 19 years or older with the following indications 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks after PCV13 (if the dose of PPSV23 was administered before age 65 years, at age 65 years or older, administer another dose of PPSV23 at least 5 years after the last dose of PPSV23):
  - Cerebrospinal fluid leak
  - Cochlear Implant

### 8. Hepatitis A vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html)

#### General Information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 2-dose series of single antigen hepatitis A vaccine (HepA; Havrix at 0 and 6–12 months or Vaqta at 0 and 6–18 months; minimum interval: 6 months) or a 3-dose series of combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months; minimum intervals: 4 weeks between first and second doses, 5 months between second and third doses

#### Special populations

- Administer HepA or HepA-HepB to adults with the following indications:
  - Travel to or work in countries with high or intermediate hepatitis A endemicity
  - Men who have sex with men
  - Injection or noninjection drug use
  - Work with hepatitis A virus in a research laboratory or with nonhuman primates infected with hepatitis A virus
  - Clotting factor disorders
  - Chronic liver disease

hepatitis, alanine aminotransferase (ALT) or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)

- HIV infection
- Percutaneous or mucosal risk of exposure to blood (e.g., household contacts of hepatitis B surface antigen [HBsAg]-positive persons; adults younger than age 60 years with diabetes mellitus or aged 60 years or older with diabetes mellitus based on individual clinical decision; adults in predialysis care or receiving hemodialysis or peritoneal dialysis; recent or current injection drug users; health care and public safety workers at risk for exposure to blood or blood-contaminated body fluids)
- Sexual exposure risk (e.g., sex partners of HBsAg-positive persons; sexually active persons not in a mutually monogamous relationship; persons seeking evaluation or treatment for a sexually transmitted infection; and men who have sex with men [MSM])
- Receive care in settings where a high proportion of adults have risks for hepatitis B infection (e.g., facilities providing sexually transmitted disease treatment, drug-abuse treatment and prevention services, hemodialysis and end-stage renal disease programs, institutions for developmentally disabled persons, health care settings targeting services to injection drug users or MSM, HIV testing and treatment facilities, and correctional facilities)
- Travel to countries with high or intermediate hepatitis B endemicity

### 10. Meningococcal vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html)

Special populations: Serogroups A, C, W, and Y meningococcal vaccine (MenACWY)

- Administer 2 doses of MenACWY at least 8 weeks apart and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - Anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies)
  - HIV infection
  - Persistent complement component deficiency
  - Eculizumab use
- Administer 1 dose of MenACWY and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - Travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj
  - At risk from a meningococcal disease outbreak attributed to serogroup A, C, W, or Y
  - Microbiologists routinely exposed to *Neisseria meningitidis*
  - Military recruits

College students who live in residential halls and who did not receive MenACWY at age 16 years

Special populations: Serogroup B meningococcal vaccine

For young adults and adolescents aged 16–23 years (preferred age is 16–18 years) who are not at increased risk 2-dose series of MenB-4C (Bexsero) at least 1 month apart or 2-dose series of MenB-FHbp (Trumenba) at least 6 months apart

- MenB-4C and MenB-FHbp are not interchangeable
- Special populations: MenB
- Administer 2-dose series of MenB-4C at least 1 month apart or 3-dose series of MenB-FHbp at 0, 1–2, and 6 months to adults with the following indications:
    - Anatomical or functional asplenia (including sickle cell disease)
    - Persistent complement component deficiency
    - Eculizumab use
    - At risk from a meningococcal disease outbreak attributed to serogroup B
    - Microbiologists routinely exposed to *Neisseria meningitidis*

### 11. *Haemophilus influenzae* type b vaccination

[www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html)

#### Special populations

- Administer *Haemophilus influenzae* type b vaccine (Hib) to adults with the following indications:
  - Anatomical or functional asplenia (including sickle cell disease) or undergoing elective splenectomy: Administer 1 dose if not previously vaccinated (preferably at least 14 days before elective splenectomy)
  - Hematopoietic stem cell transplant (HSCT): Administer 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

# Table of Contraindications and Precautions

**Table. Contraindications and precautions for vaccines recommended for adults aged 19 years or older\***

The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipients.

**Contraindications and precautions for vaccines routinely recommended for adults**

Vaccine(s)	Contraindications	Precautions
All vaccines routinely recommended for adults	• Severe reaction, e.g., anaphylaxis, after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever

**Additional contraindications and precautions for vaccines routinely recommended for adults**

Vaccine(s)	Additional Contraindications	Additional Precautions
IV <sup>a</sup>		• History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination
RIV <sup>a</sup>		• Egg allergy other than hives, e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis; or required epinephrine or another emergency medical intervention (IV may be administered in an inpatient or outpatient medical setting and under the supervision of a health care provider who is able to recognize and manage severe allergic conditions)
Tdap, Td	• For pertussis-containing vaccines: encephalopathy, e.g., coma, decreased level of consciousness, or prolonged seizures, not attributable to another identifiable cause within 7 days of administration of a previous dose of a vaccine containing tetanus or diphtheria toxoid or acellular pertussis	• History of Guillain-Barré syndrome within 6 weeks after previous influenza vaccination • Guillain-Barré syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine. Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • For pertussis-containing vaccine, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy (until a treatment regimen has been established and the condition has stabilized)
MMR <sup>b</sup>	• Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy <sup>d</sup> , human immunodeficiency virus (HIV) infection with severe immunocompromise • Pregnancy	• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product) <sup>e</sup> • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing <sup>f</sup>
VAR <sup>b</sup>	• Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy <sup>d</sup> , HIV infection with severe immunocompromise • Pregnancy	• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product) <sup>e</sup> • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)
ZVL <sup>b</sup>	• Severe immunodeficiency, e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy <sup>d</sup> , HIV infection with severe immunocompromise • Pregnancy	• Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination)
HPV vaccine		• Pregnancy
PCV13	• Severe allergic reaction to any vaccine containing diphtheria toxoid	

- For additional information on use of influenza vaccines among persons with egg allergy, see: CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices—United States, 2016–17 influenza season. *MMWR*. 2016;65(RR-5):1–54. Available at [www.cdc.gov/mmwr/volumes/65/mr6505a1.htm](http://www.cdc.gov/mmwr/volumes/65/mr6505a1.htm).
- MMR may be administered together with VAR or ZVL on the same day. If not administered on the same day, separate live vaccines by at least 28 days.
- Immunosuppressive steroid dose is considered to be daily receipt of 20 mg or more prednisone or equivalent for 2 or more weeks. Vaccination should be deferred for at least 1 month after discontinuation of immunosuppressive steroid therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.
- Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered. See: Best practices guidance of the Advisory Committee on Immunization Practices (ACIP). Available at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html).
- Measles vaccination may temporarily suppress tuberculin reactivity. Measles-containing vaccine may be administered on the same day as tuberculin skin testing, or should be postponed for at least 4 weeks after vaccination.

\* Adapted from: CDC. Table 6. Contraindications and precautions to commonly used vaccines. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices. *MMWR*. 2011;60(No. RR-2):40–1 and from: Hamborsky J, Kroger A, Wolfe S, eds. Appendix A. Epidemiology and prevention of vaccine preventable diseases. 13th ed. Washington, DC: Public Health Foundation, 2015. Available at [www.cdc.gov/vaccines/pubs/pinkbook/index.html](http://www.cdc.gov/vaccines/pubs/pinkbook/index.html).

**Abbreviations of vaccines**

IV	inactivated influenza vaccine	VAR	varicella vaccine	HepA	hepatitis A vaccine
RIV	recombinant influenza vaccine	RZV	recombinant zoster vaccine	HepA-HepB	hepatitis A and hepatitis B vaccines
Tdap	tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine	ZVL	zoster vaccine live	HepB	hepatitis B vaccine
Td	tetanus and diphtheria toxoids	HPV vaccine	human papillomavirus vaccine	MenACWY	serogroups A, C, W, and Y meningococcal vaccine
MMR	measles, mumps, and rubella vaccine	PCV13	13-valent pneumococcal conjugate vaccine	MenB	serogroup B meningococcal vaccine
		PPSV23	23-valent pneumococcal polysaccharide vaccine	Hib	<i>Haemophilus influenzae</i> type b vaccine



For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://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.

Photographs and images included in this presentation are licensed solely for CDC/NCIRD online and presentation use. No rights are implied or extended for use in printing or any use by other CDC CIOs or any external audiences.

