

2020 Advisory Committee on Immunization Practices (ACIP) Child and Adolescent Immunization Schedule

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Updates in ACIP Recommendations: 2020 Child and Adolescent Immunization Schedule

- Influenza vaccination (June 2019)
 - 2019–20 Influenza vaccine recommendations
- Hepatitis A vaccination (June 2019)
 - Recommendation for routine catch-up vaccination for all children and adolescents age 2 through 18 years
- Meningococcal B vaccination (June 2019)
 - Recommendation for booster doses for those at increased risk
- Tdap vaccination (October 2019 vote, January 2020 publication)
 - Option to use Td or Tdap
 - Vaccination of persons who received Tdap at 7–10 years of age
- Edits to tables and notes of other vaccines as needed for clarity

Cover Page

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

UNITED STATES
2020

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
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)	Act-HB® Hiberix® Pedvax-HB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV	FluMist®
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® Trumenb®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax® 23
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
Combination Vaccines (Use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadricel®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child/adolescent immunization schedule

1

Determine recommended vaccine by age (Table 1)

2

Determine recommended interval for catch-up vaccination (Table 2)

3

Assess need for additional recommended vaccines by medical condition and other indications (Table 3)

4

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

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Report

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



Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful Information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual



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

Table 1

Routine Immunization Schedule

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). 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 (HepB)	1 st dose	2 nd dose			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes											
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →											
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose						
Influenza (IIV) OR Influenza (LAIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose						
Varicella (VAR)						← 1 st dose →						2 nd dose						
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															Tdap			
Human papillomavirus (HPV)														*	See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)			See Notes												1 st dose		2 nd dose	
Meningococcal B															See Notes			
Pneumococcal polysaccharide (PPSV23)															See Notes			

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Recommended based on shared clinical decision-making or *can be used in this age group

No recommendation/ not applicable

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). 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 (HepB)	1 st dose	2 nd dose			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					
Influenza (IIV) OR Influenza (LAIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose					
Varicella (VAR)						← 1 st dose →						2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																	Tdap
Human papillomavirus (HPV)																	See Notes
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose	
Meningococcal B																	See Notes
Pneumococcal polysaccharide (PPSV23)																	See Notes

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or *can be used in this age group
No recommendation/ not applicable

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). 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 (HepB)	1 st dose	2 nd dose			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes											
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →											
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose						
Influenza (IIV) OR Influenza (LAIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose						
Varicella (VAR)						← 1 st dose →						2 nd dose						
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															Tdap			
Human papillomavirus (HPV)															See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)				See Notes											1 st dose		2 nd dose	
Meningococcal B																		
Pneumococcal polysaccharide (PPSV23)																		

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or *can be used in this age group
No recommendation/ not applicable

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). 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 (HepB)	1 st dose	2 nd dose			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					
Influenza (IIV) OR Influenza (LAIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose					
Varicella (VAR)						← 1 st dose →						2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														Tdap			
Human papillomavirus (HPV)														*	See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose	
Meningococcal B															See Notes		
Pneumococcal polysaccharide (PPSV23)															See Notes		

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or *can be used in this age group
No recommendation/ not applicable

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). 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 (HepB)	1 st dose	2 nd dose			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					
Influenza (IIV) OR Influenza (LAIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose					
Varicella (VAR)						← 1 st dose →						2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															Tdap		
Human papillomavirus (HPV)															See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)				See Notes										1 st dose		2 nd dose	
Meningococcal B															See Notes		
Pneumococcal polysaccharide (PPSV23)															See Notes		

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or *can be used in this age group
No recommendation/ not applicable

Table 2

The Catch-Up Table

Table 2

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 month Behind, United States, 2020

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks If first dose was administered before the 1 st birthday. 8 weeks (as final dose) If first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks If current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hibert) or unknown. 8 weeks and age 12 through 59 months (as final dose) If current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR If current age is 12 through 59 months and first dose was administered before the 1 st birthday and second dose administered at younger than 15 months; OR If both doses were PRP-OMP (PedvaxHIB, Comvax) and were administered before the 1 st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks If first dose was administered before the 1 st birthday. 8 weeks (as final dose for healthy children) If first dose was administered at the 1 st birthday or after.	No further doses needed for healthy children if previous dose administered at age 24 months or older. 4 weeks If current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) If previous dose was administered between 7–11 months (wait until at least 12 months old); OR If current age is 12 months or older and at least 1 dose was given before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 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	6 weeks	4 weeks	4 weeks if current age is <4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks If first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) If first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

Table 2

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 month Behind, United States, 2020

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks If first dose was administered before the 1 st birthday. 8 weeks (as final dose) If first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks If current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hibert) or unknown. 8 weeks and age 12 through 59 months (as final dose) If current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR If current age is 12 through 59 months and first dose was administered before the 1 st birthday and second dose administered at younger than 15 months; OR If both doses were PRP-OMP (PedvaxIB, Comvax) and were administered before the 1 st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks If first dose was administered before the 1 st birthday. 8 weeks (as final dose for healthy children) If first dose was administered at the 1 st birthday or after.	No further doses needed for healthy children if previous dose administered at age 24 months or older. 4 weeks If current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) If previous dose was administered between 7–11 months (wait until at least 12 months old); OR If current age is 12 months or older and at least 1 dose was given before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 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	6 weeks	4 weeks	4 weeks if current age is <4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hemophilus A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks If first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) If first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

Table 3

The Vaccination by Medical Indication Table

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

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

 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 condition. See Notes.
 Not recommended/contraindicated—vaccine should not be administered
 Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
 Delay vaccination until after pregnancy if vaccine indicated
 No recommendation/not applicable

¹ For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immuno-competence.html and Table 4-1 (footnote D) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
² Severe Combined Immunodeficiency
³ LAIV contraindicated for children 2-4 years of age with asthma or wheezing during the preceding 12 months.

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

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

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 condition. See Notes.
 Not recommended/contraindicated—vaccine should not be administered
 Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
 Delay vaccination until after pregnancy if vaccine indicated
 No recommendation/not applicable

¹ For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immuno-competence.html and Table 4-1 (footnote D) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
² Severe Combined Immunodeficiency
³ LAIV contraindicated for children 2-4 years of age with asthma or wheezing during the preceding 12 months.

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

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

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 condition. See Notes.
Not recommended/contraindicated—vaccine should not be administered
Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
Delay vaccination until after pregnancy if vaccine indicated
No recommendation/not applicable

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

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count ¹		Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leaks or cochlear implants	Asplenia or persistent complement deficiencies	Chronic liver disease	Diabetes
			<15% and total CD4 cell count of <200/mm ³	≥15% and total CD4 cell count of ≥200/mm ³						
Hepatitis B	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Rotavirus	Yellow	Red	Orange	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Diphtheria, tetanus, & acellular pertussis (DTaP)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Haemophilus influenzae type b	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Pneumococcal conjugate	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Inactivated poliovirus	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Influenza (IIV) OR Influenza (LAIV)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Influenza (LAIV)	Red	Red	Red	Red	Orange	Red	Red	Red	Orange	Orange
Measles, mumps, rubella	Red	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Varicella	Red	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Hepatitis A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Tetanus, diphtheria, & acellular pertussis (Tdap)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Human papillomavirus	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal ACWY	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal B	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Pneumococcal polysaccharide	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Yellow Vaccination according to the routine schedule recommended
Purple Recommended for persons with an additional risk factor for which the vaccine would be indicated
Orange Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
Red Not recommended/contraindicated—vaccine should not be administered
Pink Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
Light Grey Delay vaccination until after pregnancy if vaccine indicated
Light Grey No recommendation/not applicable

¹ For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immuno-competence.html and Table 4-1 (footnote D) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
² Severe Combined Immunodeficiency
³ LAIV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.

Notes

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

Additional Information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html and relevant ACIP statements at 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 age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, 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.
- Information on travel vaccine requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*, 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All 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.

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

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
- Prospective series may be administered as early as age 6 weeks if 12 months have elapsed since dose 3.
- Retrospective series may be administered if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).

- Dose 1 at 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before 12 months and dose 2 before 15 months: Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxiHIB before 12 months: Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- Unvaccinated at 15–59 months: 1 dose
- Previously unvaccinated children age 60 months or older who are not considered high risk do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

Special situations

Chemotherapy or radiation treatment:

- 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.

Hematopoietic stem cell transplant (HSCT):

- 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history

Anatomic or functional asplenia (including sickle cell disease):

- 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- Unvaccinated* persons age 5 years or older: 1 dose

8 weeks apart

- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

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

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

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html and relevant ACIP statements at 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 age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, 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.
- Information on travel vaccine requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*, 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All 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.

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

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
 - Prospectively: Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
 - Retrospectively: A 4th dose that was inadvertently administered as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

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

Routine vaccination

- ActHIB, Hibertx, or Pentacel: 4-dose series at 2, 4, 6, 12–15 months
- PedvaxHIB: 3-dose series at 2, 4, 12–15 months

Catch-up vaccination

- **Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- **2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **Unvaccinated at 15–59 months:** 1 dose
- **Previously unvaccinated children age 60 months or older** who are not considered high risk do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

Special situations

- **Chemotherapy or radiation treatment:**
 - 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.

Catch-up vaccination

- **Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- **2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **Unvaccinated at 15–59 months:** 1 dose
- **Previously unvaccinated children age 60 months or older who are not considered high risk do not require catch-up vaccination.**
- For other catch-up guidance, see Table 2.

Hepatitis A vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (minimum interval: 6 months) beginning at age 12 months

Catch-up vaccination

- Unvaccinated persons through 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**[®], as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel

- Persons travelling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
 - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between 12 and 23 months of age
 - **Unvaccinated age 12 months and older:** Administer dose 1 as soon as travel is considered.

Hepatitis B vaccination (minimum age: birth)

Birth dose (monovalent HepB vaccine only)

- **Mother is HBsAg-negative:** 1 dose within 24 hours of birth for all 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:**
 - Administer HepB vaccine and hepatitis B immune globulin (HBIG) (in separate limbs) within 12 hours of birth, regardless of birth weight. For infants $< 2,000$ grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
 - 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:**
 - Administer HepB vaccine within 12 hours of birth, regardless of birth weight.
 - For infants $< 2,000$ grams, administer HBIG in addition to HepB vaccine (in separate limbs) within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
 - Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer HBIG to infants $\geq 2,000$ grams as soon as possible, but no later than 7 days of age.

Routine series

- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)

• Infants who did not receive a birth dose should begin the series

Special situations

Hepatitis A vaccination

(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (minimum interval 6 months) beginning at age 12 months.

Catch-up vaccination

- Unvaccinated persons through 18 years should complete a 2-dose series (minimum interval 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (wwwnc.cdc.gov/travel/):
 - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between 12 to 23 months of age.
 - **Unvaccinated age 12 months and older:** Administer dose 1 as soon as travel is considered

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

Hepatitis A vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (minimum interval: 6 months) beginning at age 12 months

Catch-up vaccination

- Unvaccinated persons through 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**[®], as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel

- Persons travelling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
 - Infants age 6–11 months: 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between 12 and 23 months of age
 - Unvaccinated age 12 months and older: Administer dose 1 as soon as travel is considered.

Hepatitis B vaccination (minimum age: birth)

Birth dose (monovalent HepB vaccine only)

- Mother is HBsAg-negative: 1 dose within 24 hours of birth for all 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:
 - Administer HepB vaccine and hepatitis B immune globulin (HBIG) (in separate limbs) within 12 hours of birth, regardless of birth weight. For infants $< 2,000$ grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
 - 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:
 - Administer HepB vaccine within 12 hours of birth, regardless of birth weight.
 - For infants $< 2,000$ grams, administer HBIG in addition to HepB vaccine (in separate limbs) within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
 - Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer HBIG to infants $\geq 2,000$ grams as soon as possible, but no later than 7 days of age.

Routine series

- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)

- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 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 administered, substitute "dose 4" for "dose 3" in these calculations)

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombinax HB** only).
- Adolescents 18 years and older may receive a 2-dose series of HepB (**Hepivax-B**[®]) at least 4 weeks apart.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).
- For other catch-up guidance, see Table 2.

Special situations

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- Revaccination may be recommended for certain populations, including:
 - Infants born to HBsAg-positive mothers
 - Hemodialysis patients
 - Other immunocompromised persons
- For detailed revaccination recommendations, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html

Human papillomavirus vaccination (minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended at age 11–12 years (can start at age 9 years) and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
 - Age 9 through 14 years at initial vaccination: 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
 - Age 15 years or older at initial vaccination: 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

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

Influenza vaccination

Special Situations

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Revaccination** may be recommended for certain populations, including:
 - Infants born to HBsAg-positive mothers
 - Hemodialysis patients
 - Other immunocompromised persons
- For detailed revaccination recommendations, please see the HepB *MMWR* publications at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html>.

Hepatitis A vaccination
(minimum age: 12 months for routine vaccination)

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

Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV], 18 years [Recombinant influenza vaccine, RIV])

Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually.
 - 2 doses, separated by at least 4 weeks, for **children age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2019 (administer dose 2 even if the child turns 9 during the influenza season)
 - 1 dose for **children age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2019
 - 1 dose for **all persons age 9 years and older**
- For the 2020–21 season, see the 2020–21 ACIP influenza vaccine recommendations.

Special situations

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

Influenza vaccination
(minimum age: 6 months [IIV], 2 years [LAIV], 18 years [recombinant influenza vaccine, RIV])

Routine vaccination

- Use any Influenza vaccine appropriate for age and health status annually:
 - 2 doses, separated by at least 4 weeks, for **children age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2019, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
 - 1 dose for **children age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2019
 - 1 dose for **all persons age 9 years and older**
- For the 2020–21 season, see the 2020–21 ACIP influenza vaccine recommendations.

Special situations

- **Egg allergy, hives only:** Any Influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress, need for emergency medical services or epinephrine): Any Influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions
- **LAIV should not be used** in persons with the following conditions or situations:
 - History of severe allergic reaction to a previous dose of any Influenza vaccine or to any vaccine component (excluding egg, see details above)
 - Receiving aspirin or salicylate-containing medications
 - Age 2–4 years with history of asthma or wheezing
 - Immunocompromised due to any cause (including medications and HIV infection)
 - Anatomic or functional asplenia
 - Cochlear Implant
 - Cerebrospinal fluid-oro-pharyngeal communication
 - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
 - Pregnancy
 - Received Influenza antiviral medications within the previous 48 hours

Special situations

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress, need for emergency medical services or epinephrine): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **LAIV should not be used** in persons with the following conditions or situations:
 - History of severe allergic reaction to a previous dose of any influenza vaccine or to any vaccine component (excluding egg, see details above)
 - Receiving aspirin or salicylate-containing medications
 - Age 2–4 years with history of asthma or wheezing
 - Immunocompromised due to any cause (including medications and HIV infection)
 - Anatomic or functional asplenia
 - Cochlear implant
 - Cerebrospinal fluid-oro-pharyngeal communication
 - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
 - Pregnancy
 - Received influenza antiviral medications within the previous 48 hours

vaccine for doses administered before age 6 weeks)

18 years or younger, United States, 2020

Special situations

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

Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV], 18 years [recombinant influenza vaccine, RIV])

Routine vaccination

- Use any Influenza vaccine appropriate for age and health status annually:
 - 2 doses, separated by at least 4 weeks, for children age 6 months–8 years who have received fewer than 2 influenza vaccine doses before July 1, 2019, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
 - 1 dose for children age 6 months–8 years who have received at least 2 influenza vaccine doses before July 1, 2019
 - 1 dose for all persons age 9 years and older
- For the 2020–21 season, see the 2020–21 ACIP influenza vaccine recommendations.

Special situations

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress, need for emergency medical services or epinephrine): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions
- **LAIV should not be used** in persons with the following conditions or situations:
 - History of severe allergic reaction to a previous dose of any influenza vaccine or to any vaccine component (excluding egg, see details above)
 - Receiving aspirin or salicylate-containing medications
 - Age 2–4 years with history of asthma or wheezing
 - Immunocompromised due to any cause (including medications and HIV infection)
 - Anatomic or functional asplenia
 - Cochlear implant
 - Cerebrospinal fluid-oro-pharyngeal communication
 - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
 - Pregnancy
 - Received influenza antiviral medications within the previous 48 hours

Notes

Recommended Child and Adolescent Immunization Schedule for

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

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination

- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.

Special situations

International travel

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

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

Routine vaccination

- 2-dose series at 11–12 years, 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

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

• Menveo

- Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
- Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

• Menactra

- **Persistent complement component deficiency or complement inhibitor use:**
 - Age 9–23 months: 2-dose series at least 12 weeks apart
 - Age 24 months or older: 2-dose series at least 8 weeks apart
- **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
 - Age 9–23 months: Not recommended
 - Age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra must be administered at least 4 weeks after completion of PCV13 series.**

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the meningitis belt or during the Hajj (www.cdc.gov)

• Children less than age 24 months:

- **Menveo (age 2–23 months):**
 - Dose 1 at 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- **Menactra (age 9–23 months):**
 - 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
 - be administered as early as 8 weeks after dose 1

First-year college students who live in residential halls and are not previously vaccinated at age 16 years or older:

- 1 dose Menveo or Menactra

Adolescent vaccination of children who receive prior to age 10 years:

- **Children for whom boosters are recommended:** an ongoing increased risk of meningococcal disease with complement deficiency, HIV, or asplenia); For schedule for persons at increased risk (see below)
- **Children for whom boosters are not recommended:** those who received a single dose for travel to a country where meningococcal disease is endemic); Administer M according to the recommended adolescent schedule at age 11–12 years and dose 2 at age 16 years.

Note: Menactra should be administered either before or after DTap at the same time as DTap. For MenACWY booster recommendations for groups listed under special situations and in an outbreak setting, see [www.cdc.gov](#).

(minimum age: 9 months [MenB-FHd])

Shared clinical

- **Adolescents not at increased risk (age 16–18 years) based on shared clinical:**
 - **Bexsero:** 2-dose series at least 1 month apart
 - **Trumenba:** 2-dose series at least 6 months apart; administered earlier than 6 months, administered at least 4 months after dose 2.

Special situations

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

- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 3-dose series at 0, 1–2, 6 months

Special situations

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

• Menveo

- Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
- Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
- Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

• Menactra

- **Persistent complement component deficiency or complement inhibitor use:**
 - Age 9–23 months: 2 doses at least 12 weeks apart
 - Age 24 months or older: 2 doses at least 8 weeks apart
- **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
 - **Age 9–23 months:** Not recommended
 - **24 months or older:** 2 doses at least 8 weeks apart
 - **Menactra must be administered at least 4 weeks after completion of PCV13 series.**

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

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination

- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.

Special situations

International travel

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

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

Routine vaccination

- 2-dose series at 11–12 years, 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

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

- **Menveo**
 - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
 - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra**
 - **Persistent complement component deficiency or complement inhibitor use:**
 - Age 9–23 months: 2-dose series at least 12 weeks apart
 - Age 24 months or older: 2-dose series at least 8 weeks apart
 - **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
 - Age 9–23 months: Not recommended
 - Age 24 months or older: 2-dose series at least 8 weeks apart
 - **Menactra must be administered at least 4 weeks after completion of PCV13 series.**

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel):

- **Children less than age 24 months:**
 - **Menveo (age 2–23 months):**
 - Dose 1 at 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
 - **Menactra (age 9–23 months):**
 - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- **Children age 2 years or older: 1 dose Menveo or Menactra**

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

- 1 dose Menveo or Menactra

Adolescent vaccination of children who received MenACWY prior to age 10 years:

- **Children for whom boosters are recommended** because of an ongoing increased risk of meningococcal disease (e.g., those with complement deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk (see below).
- **Children for whom boosters are not recommended** (e.g., those who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

Note: Menactra should be administered either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under "Special situations" and in an outbreak setting and for additional meningococcal vaccination information, see www.cdc.gov/vaccines/hcp/actip-recs/vacc-specific/mening.html.

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

Shared clinical decision-making

- **Adolescents not at increased risk** age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
 - **Bexsero:** 2-dose series at least 1 month apart
 - **Trumenba:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Special situations

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

- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 3-dose series at 0, 1–2, 6 months

Adolescent vaccination of children who received MenACWY prior to age 10 years:

- **Children in whom boosters are not recommended** due to an ongoing increased risk of meningococcal disease (e.g., a healthy child who traveled to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.
- **Children in whom boosters are recommended** due to an ongoing increased risk of meningococcal disease (e.g., those with complement deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.

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- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23

For MenB **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting and for additional meningococcal vaccination information, see www.cdc.gov/vaccines/acip/recommendations.html and www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Routine vaccination

- 2-dose series at 11–12 years, 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

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

- **Menveo**
 - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
 - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

- **Menactra**

- **Persistent complement component deficiency or complement inhibitor use:**
 - Age 9–23 months: 2-dose series at least 12 weeks apart
 - Age 24 months or older: 2-dose series at least 8 weeks apart
- **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
 - Age 9–23 months: Not recommended
 - Age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra must be administered at least 4 weeks after completion of PCV13 series.**

- **Children for whom boosters are not recommended (e.g., those who received a single dose for travel to a country where meningococcal disease is endemic):** Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

Note: Menactra should be administered either before or at the same time as DTaP. For MenACWY **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting and for additional meningococcal vaccination information, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

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

Shared clinical decision-making

- **Adolescents not at increased risk age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:**
 - **Bexsero:** 2-dose series at least 1 month apart
 - **Trumenba:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Special situations

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

- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 3-dose series at 0, 1–2, 6 months

epidemic
in the African
country/travel):

2 weeks

1 dose 1; dose 2 may
be given 1 in travelers)

Menactra
in institutional housing (if
18 or older) or military

received MenACWY

not recommended because of
disease (e.g., those
with asplenia): Follow the booster
schedule below).

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

For MenB **booster dose recommendations** for groups listed under “Special situations” and in an outbreak setting and for additional meningococcal vaccination information, see www.cdc.gov/vaccines/acip/recommendations.html and www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Pneumococcal vaccination (minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13

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

Catch-up vaccination with PCV13

- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

Special situations

High-risk conditions below: When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during the same visit.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma treated with high-dose, oral corticosteroids), diabetes mellitus:

Age 2–5 years

- Any incomplete* series with:

- 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
- Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

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

Cerebrospinal fluid leak, cochlear implant:

Age 2–5 years

- Any incomplete* series with:

- 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
- Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma;

Age 2–5 years

• Any Incomplete* series with:

- 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
- Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 administered 5 years after dose 1 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 PPSV23 (at least 8 weeks after any prior PCV13 dose)

*Incomplete series = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Tables 8, 9, and 11 in the ACIP pneumococcal vaccine recommendations at www.cdc.gov/mmwr/pdf/r11/r115911.pdf for complete schedule details.

Poliovirus vaccination (minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose at or after age 4 years and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before age 4 years when a combination vaccine containing IPV is used. However, a dose is still recommended at or after age 4 years and at least 6 months after the previous dose.

Catch-up vaccination

Poliovirus vaccination (minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before the 4th birthday when a combination vaccine containing IPV is used. However, a dose is still recommended after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination

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

- 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
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
 - Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
 - Doses of OPV administered on or after April 1, 2016, should not be counted.
 - For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

- **Adolescents age 13–18 years who have not received Tdap:**

- **Persons age 7–18 years not fully vaccinated* with DTaP:**

1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.

- **Tdap administered at 7–10 years**
 - **Children age 7–9 years** who receive Tdap should receive the routine Tdap dose at age 11–12 years.
 - **Children age 10 years** who receive Tdap do not need to receive the routine Tdap dose at age 11–12 years.

- **DTaP inadvertently administered after the 7th birthday:**
 - **Children age 7–9 years:** DTaP part of catch-up series. Administer routine Tdap dose at age 11–12 years.

- For other catch-up guidance, see Table 2.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm
 - **Children age 10–18 years:** Count dose of DTaP as the adolescent Tdap booster.

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

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals for travel to a polio-endemic region.
- IPV is not routinely recommended for children in the United States.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.
- For other catch-up guidance, see Table 2.

Rotavirus vaccination (minimum age: 6 weeks)

Routine vaccination

- **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.

Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Table 2.

Tetanus, diphtheria, and pertussis (Tdap) vaccination (minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Adolescents age 11–12 years:** 1 dose Tdap
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Adolescents age 13–18 years who have not received Tdap:** 1 dose Tdap, then Td or Tdap booster every 10 years
- **Persons age 7–18 years not fully vaccinated* with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at 7–10 years:**
 - **Children age 7–9 years** who receive Tdap should receive the routine Tdap dose at age 11–12 years.
 - **Children age 10 years** who receive Tdap do not need to receive the routine Tdap dose at age 11–12 years.
- **DTaP inadvertently administered at or after age 7 years:**
 - **Children age 7–9 years:** DTaP may count as part of catch-up series. Routine Tdap dose at age 11–12 years should be administered.
 - **Children age 10–18 years:** Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

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

Varicella vaccination (minimum age: 12 months)

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2-dose series:
 - **Age 7–12 years:** routine interval: 3 months (a dose administered after a 4-week interval may be counted)
 - **Age 13 years and older:** routine interval: 4–8 weeks (minimum interval: 4 weeks)
 - The maximum age for use of MMRV is 12 years.