



Advisory Committee on Immunization Practices (ACIP)

ACIP Recommendations

The ACIP develops recommendations on how to use vaccines to control disease in the United States.

The Committee’s recommendations are forwarded to CDC’s Director and once adopted become official CDC policy. These recommendations are then published in CDC’s Morbidity and Mortality Weekly Report (MMWR).

- [ACIP Recommendations](#)
Complete list of ACIP recommendations published in the MMWR.
- [Immunization Schedules](#)
Links to the childhood, adolescent, catch-up, and adult immunization schedules; plus vaccine recording and screening forms.
- [ACIP Shared Clinical Decision-Making FAQs](#)
Frequently asked questions about ACIP’s recommendations based on shared clinical decision-making

Recent Meeting Recommendations

ACIP approved the following recommendations by majority vote and adopted by the CDC Director. They will be published in MMWR and reflected in CDC’s print and digital resources in the coming months.

August 3, 2023

Respiratory Syncytial Virus (RSV) Prevention in Infants

- Infants aged <8 months born during or entering their first Respiratory Syncytial Virus (RSV) season are recommended to receive one dose of nirsevimab (50 mg for infants <5 kg and 100 mg for infants ≥5 kg).
- Children aged 8–19 months who are at increased risk of severe RSV disease and entering their second RSV season are recommended to receive one dose of nirsevimab (200 mg).

These recommendations were adopted by the CDC Director on August 3, 2023 and are now official.

June 21-23, 2023

Respiratory Syncytial Virus (RSV) Vaccines – Adult

- Adults 60 years of age and older may receive a single dose of Respiratory Syncytial Virus (RSV) vaccine, using shared clinical decision-making.

Polio Vaccine

- Adults who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary vaccination series with inactivated polio vaccine (IPV).⁽¹⁾
- Adults who have received a primary series of trivalent oral polio vaccine (tOPV) or IPV in any combination and who are at increased risk of poliovirus exposure may receive another dose of IPV. Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.

Influenza Vaccines

- All persons ages ≥ 6 months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.
- Affirm the updated *MMWR Recommendations and Reports*, "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023-24 Influenza Season".

Pneumococcal Vaccines

- Use of either pneumococcal conjugate vaccines (PCV) PCV15 or PCV20 is recommended for all children aged 2–23 months according to currently recommended PCV dosing and schedules.
- For children with an incomplete PCV vaccination status, use of either PCV15 or PCV20 according to currently recommended PCV dosing and schedules is recommended for:
 - Healthy children aged 24–59 months
 - Children with specified health conditions⁽²⁾ aged 24 through 71 months
- For children aged 2–18 years with any risk condition who have received all recommended doses of PCV before age 6 years
 - Using ≥ 1 dose(s) of PCV20: No additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data become available.
 - Using PCV13 or PCV15 (no PCV20): A dose of PCV20 or PPSV23 using previously recommended dosing and schedules is recommended.
- For children aged 6–18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, a single dose of PCV15 or PCV20 is recommended. When PCV15 is used, it should be followed by a dose of PPSV23 at least 8 weeks later if not previously given.

⁽¹⁾**Important context in clinical considerations:** In general, unless there are specific reasons to believe they were not vaccinated, most adults who were born and raised in the United States can assume they were vaccinated against polio as children.

⁽²⁾Risk conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease and other hemoglobinopathies).

These recommendations were adopted by the CDC Director on June 27, 2023 and are now official.

February 22-24, 2023

ACIP approved the following recommendation by majority vote at its February 22-24, 2023 meeting:

- ACIP recommends the 2-dose* JYNNEOS vaccine series for persons aged 18 years and older at risk of mpox during an mpox outbreak[§].

*Dose 2 administered one month after dose 1

[§]Public health authorities determine whether there is an mpox outbreak; a single case may be considered an mpox outbreak at the discretion of public health authorities. Other circumstances in which a public health response may be indicated include ongoing risk of introduction of mpox into a community due to disease activity in another geographic area.

This recommendation has been adopted by the CDC Director and is now official.