



2019 Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger

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Candice Robinson, CDC Lead

ACIP Meeting

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Childhood/Adolescent Immunization Schedule Work Group 2017

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Reason Topic is Being Presented to ACIP

- ACIP approval of the proposed schedules necessary prior to publication in MMWR Jan/Feb 2019
- AAP, AAFP and ACOG also approve the proposed schedules prior to the 2019 publications.
- New policy is not established in the proposed schedules.
 - Annual schedules reflect recommendations already approved by ACIP.

Outline

- Harmonization between the child/adolescent and adult schedules
- Edits to all tables
- Content changes of the notes for:
 - Hepatitis A
 - Hepatitis B
 - IPV
 - MMR
 - Meningococcal
 - Tdap
- Discussion and Vote

Updates in ACIP Recommendations 2019 Child and Adolescent Immunization Schedule

- Influenza vaccination
 - Use of LAIV
- Hepatitis A vaccination
 - Homelessness as an indication
- Hepatitis B vaccination
 - Use of CpG-adjuvanted HepB
- Tdap vaccination
 - Vaccination of person who received Tdap at 7-10 years of age

Changes that impact multiple portions of the schedule

Harmonization between child/adolescent and adult schedules

- Adopted updated schedule graphics
- Harmonized “notes”

Cover Page

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

UNITED STATES
2019

Vaccines in the Child and Adolescent Immunization Schedule*

Antigens	Vaccines	Abbreviations	Trade names
Tetanus, diphtheria, and pertussis	Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Tetanus and diphtheria	Diphtheria, tetanus vaccine	DT	No Trade Name
<i>Haemophilus influenzae</i> type b	<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A	Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B	Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus	Human papillomavirus vaccine	HPV	Gardasil 9
Influenza	Influenza vaccine (inactivated)	IIV	Multiple
	Influenza vaccine (live attenuated)	LAIV	Flumist
Measles, mumps, and rubella	Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal	Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D	Menactra
		MenACWY-CRM	Menveo
	Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal	Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13
	Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Poliovirus	Poliovirus vaccine (inactivated)	IPV	IPOLE
Rotavirus	Rotavirus vaccines	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and pertussis	Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria	Tetanus and diphtheria vaccine	Td	Tenivac Td Vaccine
Varicella	Varicella vaccine	VAR	Varivax
Combination Vaccines (Use combination vaccines instead of separate injections when appropriate.)			
DTaP, hepatitis B and inactivated poliovirus vaccine		DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus and <i>Haemophilus influenzae</i> type b vaccine		DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine		DTaP-IPV	Kinrix Quadracel
Measles, mumps, rubella, and varicella vaccines		MMRV	ProQuad

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

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, and 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), and American College of Obstetricians and Gynecologists (www.acog.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).

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



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



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

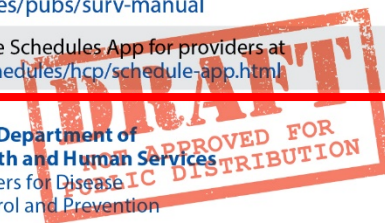


Table 1

Routine Immunization Schedule

Table 1

Recommended Immunization Schedule for Children and Adolescents Ages 18 Years or Younger United States, 2019

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 in Table 1. 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) RV (2-dose series); RV (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)																	
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 nd dose, See Notes										
Meningococcal (MenACWY-D >9 mos; MenACWY-CRM ≥2 mos)															1 st dose	2 nd dose	
Tetanus, diphtheria, & acellular pertussis (Tdap: >7 yrs)															Tdap		
Human papillomavirus (HPV)															See Notes		
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

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making

No recommendation



Table 1

Recommended Immunization Schedule for Children and Adolescents Ages 18 Years or Younger United States, 2019

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 in Table 1. 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) RV (2-dose series); RV (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)																	
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 nd dose	See Note									
Meningococcal (MenACWY-D >9 mos; MenACWY-CRM ≥2 mos)								See Notes						1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis (Tdap: >7 yrs)														Tdap			
Human papillomavirus (HPV)														See Notes			
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

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making

No recommendation

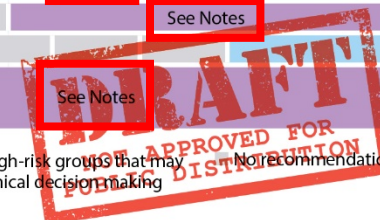


Table 2

The Catch-Up Table

Table 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, 2019.

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 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
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) 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 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 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.	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	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 (MenACWY-D 9 mos; MenACWY-CRM 2 mos)	8 weeks	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal (MenACWY-D 9 mos; MenACWY-CRM 2 mos)	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.		
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.			

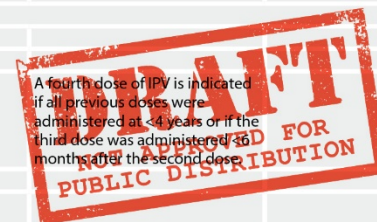


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Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks <i>and</i> at least 16 weeks after first 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
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months <i>and</i> first dose was administered at younger than age 7 months, <i>and</i> at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks <i>and</i> age 12 through 59 months (as final dose) if current age is younger than 12 months <i>and</i> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <i>and</i> first dose was administered before the 1 st birthday, <i>and</i> second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB; Comvax) <i>and</i> 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 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 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.	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	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 (MenACWY-D 9 mos; MenACWY-CRM 2 mos)	8 weeks	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal (MenACWY-D 9 mos; MenACWY-CRM 2 mos)	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 <i>and</i> 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.		
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.			

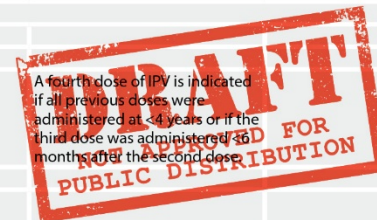


Table 3

The Vaccination by Medical Indication Table

Table 3

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†		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/mm3	15% or total CD4 cell count of 200/mm3		Asthma, wheezing: 2-4yrs	Heart, other lung diseases				
Hepatitis B											
Rotavirus		SCID*									
Diphtheria, tetanus, & acellular pertussis (DTaP)											
Haemophilus influenzae type b											
Pneumococcal conjugate											
Inactivated poliovirus											
Influenza (IIV)											
or											
Influenza (LAIV)											
Measles, mumps, rubella											
Varicella											
Hepatitis A											
Meningococcal ACWY											
Tetanus, diphtheria, & acellular pertussis (Tdap)											
Human papillomavirus											
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.

■ Contraindicated—vaccine should not be administered because of risk for serious adverse reaction

■ Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction

■ Delay vaccination until after pregnancy if vaccine indicated

*Severe Combined Immunodeficiency

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

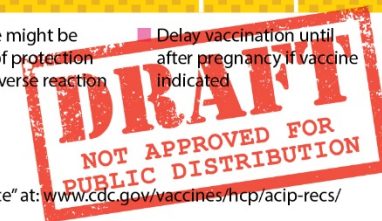


Table 3

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†		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/mm3	15% or total CD4 cell count of 200/mm3		Asthma, wheezing: 2-4yrs	Heart, other lung diseases				
Hepatitis B											
Rotavirus		SCID*									
Diphtheria, tetanus, & acellular pertussis (DTaP)											
Haemophilus influenzae type b											
Pneumococcal conjugate											
Inactivated poliovirus											
Influenza (IIV) or Influenza (LAIV)											
Measles, mumps, rubella											
Varicella											
Hepatitis A											
Meningococcal ACWY											
Tetanus, diphtheria, & acellular pertussis (Tdap)											
Human papillomavirus											
Meningococcal B											
Pneumococcal polysaccharide											

■ Vaccination according to the routine schedule recommended

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Notes

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

Additional information

- Consult relevant ACIP statements for detailed recommendations 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 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 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.
- Information on travel vaccine requirements and recommendations is available at wwwnc.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: 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.

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 given as early as age 12 months if at least 6 months have elapsed since dose 3.
 - **Retrospectively:** A 4th dose that was inadvertently given 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.
- For other catch-up guidance, see Table 2.

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

Routine vaccination

- **ActHIB, Hiberix, 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
- 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 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated* persons age 5 years or older

- 1 dose

Elective splenectomy:

Unvaccinated persons age 15 months or older

- 1 dose (preferably at least 14 days before procedure)

HIV infection:

12–59 months

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

Unvaccinated persons age 5–18 years

- 1 dose

Immunoglobulin deficiency, early component complement deficiency:

12–59 months

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

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

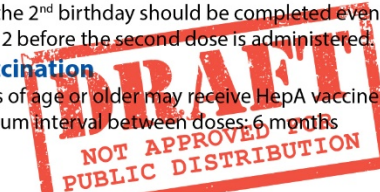
Hepatitis A vaccination (minimum age: 12 months)

Routine vaccination

- 2-dose series (Havrix 6–12 months apart or Vaqta 6–18 months apart, minimum interval 6 months); a series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is administered.

Catch-up vaccination

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



- 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:

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between the 1st and 2nd birthdays.
- **Unvaccinated age 12 months and older:** 1st dose as soon as travel considered for persons traveling to or working in countries with high or intermediate endemic hepatitis A

Special situations:

At risk for hepatitis A infection: 2-dose series as above

- **Chronic liver disease**
- **Clotting factor disorders**
- **Men who have sex with men**
- **Injection or non-injection drug use**

Homelessness

- **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A infection
- **Travel** in countries with high or intermediate endemic hepatitis A
- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

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 >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 **0.5 mL of HBIG** (at separate anatomic sites) 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.

Use of combined HepA-HepB vaccine

beginning at age 1 month.

- Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer **0.5 mL of HBIG** to infants >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 **Recombivax HB** only).
- Adolescents 18 years and older may receive a 2-dose series of HepB (**Heplisav-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.

Human papillomavirus vaccination

(minimum age: 9 years)

Routine and Catch-up vaccination

- HPV vaccination routinely recommended for all adolescents **age 11–12 years (can start at age 9 years)** and through age 18 years if not previously 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)

- Initial vaccination: 3-dose series (0, 2, 4 months) or 2-dose series (0, 6 months) (minimum intervals: dose 1 to dose 2: 2 months / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 24 weeks) (if dose 2 or 3 administered too soon, repeat dose 2 or 3: 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

Inactivated poliovirus vaccination

(minimum age: 6 weeks)

Routine vaccination

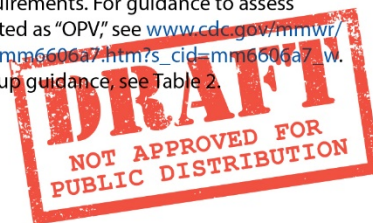
- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before the 4th birthday when a combination vaccine containing IPV is used. However, a dose is still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



- 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:

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between the 1st and 2nd birthdays.
- **Unvaccinated age 12 months and older:** 1st dose as soon as travel considered for persons traveling to or working in countries with high or intermediate endemic hepatitis A

Special situations:

At risk for hepatitis A infection: 2-dose series as above

- **Chronic liver disease**
- **Clotting factor disorders**
- **Men who have sex with men**
- **Injection or non-injection drug use**
- **Homelessness**
- **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A infection
- **Travel** in countries with high or intermediate endemic hepatitis A
- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

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 >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 **0.5 mL of HBIG** (at separate anatomic sites) 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 **0.5 mL of HBIG** in addition to HepB vaccine 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 **0.5 mL of HBIG** to infants >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 **Recombivax HB** only)
- Adolescents 18 years and older may receive a 2-dose series of HepB (**Heplisav-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.

Human papillomavirus vaccination (minimum age: 9 years)

Routine and Catch-up vaccination

- HPV vaccination routinely recommended for all adolescents **age 11–12 years (can start at age 9 years)** and through age 18 years if not previously 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

Inactivated 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 required after the 4th birthday and at least 6 months after the previous dose.

Use of CpG-adjuvanted HepB Use of combined HepA-HepB vaccine

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. 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.

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- 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:

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between the 1st and 2nd birthdays.
- **Unvaccinated age 12 months and older:** 1st dose as soon as travel considered for persons traveling to or working in countries with high or intermediate endemic hepatitis A

Special situations:

At risk for hepatitis A infection: 2-dose series as above

- **Chronic liver disease**
- **Clotting factor disorders**
- **Men who have sex with men**
- **Injection or non-injection drug use**
- **Homelessness**
- **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A infection
- **Travel** in countries with high or intermediate endemic hepatitis A
- **Closely contact** (e.g., arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

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 >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 **0.5 mL of HBIG** (at separate anatomic sites) 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 **0.5 mL of HBIG** in addition to HepB vaccine 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 **0.5 mL of HBIG** to infants >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

Use of combination vaccines that contain IPV

schedule, with at least 4 months between doses (adult formulation **Recombivax HB** only).

- Adolescents 18 years and older may receive a 2-dose series of HepB (**Heplisav-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.

Human papillomavirus vaccination (minimum age: 9 years)

Routine and Catch-up vaccination

- HPV vaccination routinely recommended for all adolescents **age 11–12 years (can start at age 9 years)** and through age 18 years if not previously 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

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

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Notes

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2019

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

Influenza vaccination (minimum age: 6 months)

Routine vaccination

- 1 dose IIV, RIV, or LAIV appropriate for age and health status annually (2 doses separated by at least 4 weeks for **children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018).
- For additional guidance, see www.cdc.gov/flu/professionals/index.htm.

Special situations

- Egg allergy, hives only:** 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): 1 dose IIV, RIV, or LAIV appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- Pregnancy, immunocompromising conditions including HIV infection, anatomic or functional asplenia,** or use of influenza **antiviral medications** in previous 48 hours, or concomitant **aspirin- or salicylate- containing therapy**: 1 dose IIV or RIV (LAIV not recommended)

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 doses at least 4 weeks apart

Special situations

International travel

- Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses 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

Added LAIV group A,C,W,Y vaccination (MenACWY-CRM, Menveo, 2 months [MenACWY-D, Menactra])

Routine vaccination

- 2-dose series: 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

Vaccination of persons with egg allergy

- 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)

When not to use LAIV

- Persistent complement component deficiency:**
 - 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:**
 - 24 months or older: 2 doses 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:

- Children age less than 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 the 1st birthday)
 - 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

Military recruits and first-year college students who live in residential housing if not previously vaccinated at age 16 years or older: 1 dose Menveo or Menactra

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” above and additional meningococcal vaccination information, see meningococcal MMWR publications at: 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])

Clinical discretion

- MenB vaccine may be administered based on individual circumstances **not at increased risk** age 16–18 years):
 - 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, eculizumab use:

- Bexsero:** 2-dose series at least 1 month apart
 - Trumenba:** 3-dose series at 0, 1–2, 6 months
- Bexsero and MenB-FHbp Trumenba are not interchangeable; same product should be used for all doses in a series.

For additional meningococcal vaccination information, see meningococcal MMWR publications at 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 same visit.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung

Notes

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2019

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

Influenza vaccination (minimum age: 6 months)

Routine vaccination

- 1 dose IIV, RIV, or LAIV appropriate for age and health status annually (2 doses separated by at least 4 weeks for **children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018).
- For additional guidance, see www.cdc.gov/flu/professionals/index.htm.

Special situations

- Egg allergy, hives only:** 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- Egg allergy more severe than hives** (e.g., respiratory distress): 1 dose IIV, RIV, or LAIV appropriate for age and health status annually in medical supervision of health care provider who can manage severe allergic conditions
- Pregnancy, immunocompromising conditions, HIV infection, anatomic or functional asplenia,** or use of influenza **antiviral medications** in previous 48 hours, or concomitant **aspirin- or salicylate- containing therapy**: 1 dose IIV or RIV (LAIV not recommended)

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 doses at least 4 weeks apart

Special situations

International travel

- Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses 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: 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

Removed language regarding use of MMR in mumps outbreak and MenACWY and MenB in meningococcal outbreak

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

Menactra

- Persistent complement component deficiency:**
 - 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:**
 - 24 months or older: 2 doses 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:

- Children age less than 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 the 1st birthday)
 - 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

Military recruits and first-year college students who live in residential housing if not previously vaccinated at age 16 years or older: 1 dose Menveo or Menactra

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” above and additional meningococcal vaccination information, see meningococcal MMWR publications at: 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])

Clinical discretion

- MenB vaccine may be administered based on individual clinical decision to **adolescents not at increased risk** age

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, eculizumab use:

- Bexsero:** 2-dose series at least 1 month apart
 - Trumenba:** 3-dose series at 0, 1–2, 6 months
- Bexsero and MenB-FHbp Trumenba are not interchangeable; same product should be used for all doses in a series.

For additional meningococcal vaccination information, see meningococcal MMWR publications at 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 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 mellitusAge 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 implantAge 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 myelomaAge 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)
- *An incomplete series is defined as not having received all doses in either the recommended series or an age-appropriate catch-up series. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

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 booster every 10 years
- Persons age 7–18 years not fully immunized with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td.
- Children age 7–10 years who receive Tdap inadvertently or as part of the catch-up series should** receive the routine Tdap dose at 11–12 years.
- DTaP inadvertently given after the 7th birthday:**
 - Child age 7–10 years: DTaP may count as part of catch-up series. Routine Tdap dose at 11–12 **should** be administered.

- Adolescent age 11–18 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.**Added information regarding use of Tdap/Td for wound prophylaxis**

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 MMWR 2007;56[No. RR-4], at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2-dose series VAR:
 - Ages 7–12 years: routine interval: 3 months (minimum interval: 4 weeks)
 - Ages 13 years and older: routine interval: 4–8 weeks (minimum interval: 4 weeks.)



Immunization Schedule Web Pages

- Redesign of the CDC immunization web pages
 - Enhance usability for health care providers and the public
 - Improve layout to improve usability across all formats
 - Improve promotion of related immunization resources

Schedule Products

- Improve on-line schedule usability by allowing users to tab between schedule tables
- Prioritize the adult vaccine assessment tool and eliminate the adult “easy-to-read” tool.
- Streamlined childhood assessment tools

Discussion

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

UNITED STATES
2019

Vaccines in the Child and Adolescent Immunization Schedule*

Antigens	Vaccines	Abbreviations	Trade names
Tetanus, diphtheria, and pertussis	Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Tetanus and diphtheria	Diphtheria, tetanus vaccine	DT	No Trade Name
<i>Haemophilus influenzae</i> type b	<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A	Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B	Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus	Human papillomavirus vaccine	HPV	Gardasil 9
Influenza	Influenza vaccine (inactivated) Influenza vaccine (live attenuated)	IIV LAIV	Multiple Flumist
Measles, mumps, and rubella	Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal	Meningococcal serogroups A, C, W, Y vaccine Meningococcal serogroup B vaccine	MenACWY-D MenACWY-CRM MenB-4C MenB-FHbp	Menactra Menveo Bexsero Trumenba
Pneumococcal	Pneumococcal 13-valent conjugate vaccine Pneumococcal 23-valent polysaccharide vaccine	PCV13 PPSV23	Prenar 13 Pneumovax
Poliovirus	Poliovirus vaccine (inactivated)	IPV	IPOL
Rotavirus	Rotavirus vaccines	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and pertussis	Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria	Tetanus and diphtheria vaccine	Td	Tenivac Td Vaccine
Varicella	Varicella vaccine	VAR	Varivax
Combination Vaccines (Use combination vaccines instead of separate injections when appropriate.)			
	DTaP, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
	DTaP, inactivated poliovirus and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
	DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
	Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad

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

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, and 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), and American College of Obstetricians and Gynecologists (www.acog.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).

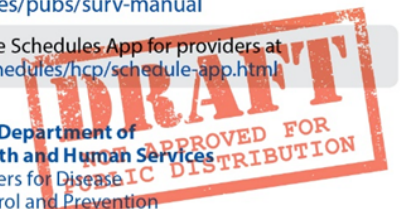
Helpful information

- 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

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



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Vote on Immunization Schedules

Recommend the proposed edits to the 2019 adult and child and adolescent immunization schedules.