# 2024 UPDATES TO THE CDC IMMUNIZATION SCHEDULE FOR AGES 18 YEARS AND YOUNGER

March 19, 2024

# HOUSEKEEPING

- Please ensure you are muted throughout the presentation unless you are speaking.
  - Reminder for QA Team:
  - Please monitor the chat for questions you may be able to answer.
  - Reminder to Attendees:
  - Today's session is being recorded. Slides and webinar recordings will be uploaded to: <a href="https://health.hawaii.gov/docd/for-healthcare-providers/vaccination-resources/vaccines-for-children-program-vfc/">https://health.hawaii.gov/docd/for-healthcare-providers/vaccination-resources/vaccines-for-children-program-vfc/</a>
- To be added to the Hawaii VFC Program email list, please email your request to <a href="mailto:HawaiiVFC@doh.Hawaii.gov">HawaiiVFC@doh.Hawaii.gov</a>. In the subject line of the email, please write **EMAIL LIST**.

# QUESTIONS



During today's webinar, please use the chat to ask your questions so the Hawaii VFC Program subject matter experts can respond directly.



We will be answering your questions at the end of the presentation

# **OBJECTIVES**

By the end of the presentation, attendees should be able to:

- Describe current Advisory Committee on Immunization Practices (ACIP) immunization recommendations for individuals ages 18 years and younger
- Locate CDC immunization schedule resources

# **OVERVIEW**

- Updated each year
- Represents current, approved ACIP policy
- Designed for
  - Implementation of ACIP policy
  - Healthcare providers to ensure that individuals get all of the vaccines that they need when they need them
- Schedules can be found at <u>www.cdc.gov/vaccines/schedules/index.html</u>
  - Pdf version or mobile app
- CDC is no longer printing hard copies of the immunization schedule.
- Updates can also be found on the CDC Morbidity and Mortality Weekly Report website: https://www.cdc.gov/mmwr/volumes/73/wr/mm7301a2.htm

# HOW TO USE THE SCHEDULE

#### How to use the schedule

To make vaccination recommendations, healthcare providers should:

- 1. Determine recommended vaccine by age (Table 1 By Age)
- Determine recommended interval for catch-up vaccination (<u>Table 2 Catch-up</u>)
- Assess need for additional recommended vaccines by medical condition or other indication (<u>Table 3 – By Medical Indication</u>)
- Review vaccine types, frequencies, intervals, and considerations for special situations (<u>Notes</u>)
- Review contraindications and precautions for vaccine types (<u>Appendix</u>)
- 6. Review new or updated ACIP guidance (Addendum)

Providers should use the tables, notes, appendix, and addendum together to determine recommended vaccinations for patient populations.

# UPDATES TO THE 2024 IMMUNIZATION SCHEDULE



UNITED STATES

Vaccines and Other Immunising Accepts in the Child and Adelescent Immunication Cabachalat

Monoclonal antibody	Abbreviation(s)	Trade name(s)	
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	R5V-mAb	Beyfortus™	
Vaccine	Abbreviation(s)	Trade name(s)	
COVID-19	1vCOV-mRNA	Comimaty®/Pfizer- BioNTech COVID-19 Voccine Spikovac®/Modema COVID-19 Vaccine	
	1vCOV-aPS	Novavax COVID-19 Vaccine	
Dengue vaccine	DEN4CYD	Dengvaxia*	
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel* Infantx*	
formophilus influenzae type b vaccine	HIB (PRP-OMP)	ActHIB* Hiberix* PedvaxHIB*	
Installed Assessment			
Hepatitis Avaccine	Hep.A	Havrix* Vaqta*	
Tepatitis B vaccine	НерВ	Engwiz-B* Recombivax HB*	
Human papilliomavirus vaccine	HPV	Gardasil 9*	
nfluenza vaccine (inactivated)	IIV4	Multiple	
nfluenza vaccine (live. attenuated)	LAIV4	FluMist® Quadrivalent	
Vleasles, mumps, and rubella vaccine	MMR	M-M-RII* Priorix*	
Meningococcal serogroups A, C, W, Y vaccine	Men ACWY-CRM	Menveo*	
	MenACWY-TT	MonQuadfi <sup>®</sup>	
Weningococcal seregroup B vaccine	Men 8-4C	Bettsero*	
	Men8-FHbp	Trumenba*	
Vieningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ Men8-FHbp	nACWY-TT/ Penbraya**	
Mpox vaccine	Mpox	Jynneos*	
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance™	
	PCV20	Prevner 20°	
Pneumococcal polysaccharide vaccine	DPSV23	Pneumovas 23°	

## How to use the child and adolescent immunization schedule

Determine recommended vaccine by age (Table 1)

Determine Assess need recommended for additional interval for catch- recommended up vaccination vaccines (Table 2) by medical

vaccine types. frequencies. intervals and considerations condition or for special other indication situations (Notes)

and precautions - guidance (Appendix)

Review new or contraindications updated ACP for vaccine types (Addendum)

Recommended by the Advisory Committee on Immunization Practices (www.odc.gov/vaccines/acio) and approved by the Centers for Disease Control and Prevention (www.cdc.gov). American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

#### Report

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

(Table 3)

#### Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.-8 p.m. ET, Monday through Friday, excluding holidays.



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



**UNITED STATES** 

Monoclonal antibody	Abbreviation(s)	Trade name(s)	
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus™	
Vaccine	Abbreviation(s)	Trade name(s)	
COVID-19	1vCOV-mRNA	Comirnaty*/Pfizer- BioNTech COVID-19 Vaccine Spikevax*/Modema COVID-19 Vaccine	
	1vCOV-aPS	Novavax COVID-19 Vaccine	
Dengue vaccine	DEN4CYD	Dengvaxia*	
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel* Infanrix*	
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB® Hiberix®	
	Hib (PRP-OMP)	PedvaxHIB*	
Hepatitis A vaccine	НерА	Havrix* Vaqta*	
Hepatitis B vaccine	НерВ	Engerix-B* Recombivax HB*	
Human papillomavirus vaccine	HPV	Gardasil 9*	
Influenza vaccine (inactivated)	IIV4	Multiple	
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent	
Measles, mumps, and rubella vaccine	MMR	M-M-R II* Priorix*	
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo*	
	MenACWY-TT	MenQuadfi*	
Meningococcal serogroup B vaccine	MenB-4C	Bexsero*	
	MenB-FHbp	Trumenba*	
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™	
Mpox vaccine	Мрок	Jynneos*	
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance™ Prevnar 20°	
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23°	
Poliovirus vaccine (inactivated)	IPV	Ipol*	
Respiratory syncytial virus vaccine	RSV	Abrysvo <sup>sa</sup>	
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 inject	tions when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix*	
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel*	
	Martin de amos d	APR - 1 - 20	

Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC. 11/16/2023

DTaP and inactivated poliovirus vaccine

Measles, mumps, rubella, and varicella vaccine

hepatitis B vaccine

DTaP, inactivated poliovirus, Hoemophilus influenzae type b, and

#### How to use the child and adolescent immunization schedule

recommended vaccine by age

Determine

Assess need recommended for additional interval for catch- recommended up vaccination vaccines by medical condition or

(Table 3)

vaccine types, frequencies, intervals, and considerations for special other indication situations

(Notes)

contraindications updated ACIP and precautions guidance for vaccine types (Addendum) (Appendix)

6

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

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- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

#### Questions or comments

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Kinrix\*

Vaxelis\*

ProQuad\*

DTaP-IPV-Hib-

HepB

MMRV

Quadracel\*

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

#### Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
- General Best Practice Guidelines for Immunization (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements:
- www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual



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## Title has been updated

- Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule
- Addition of the monoclonal antibody, nirsivemab, which provides passive immunization

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

Monoclonal antibody	Abbreviation(s)	Trade name(s)	
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus™	
Vaccine	Abbreviation(s)	Trade name(s)	
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	1vCOV-aPS	Novavax COVID-19 Vaccine	
Dengue vaccine	DEN4CYD	Dengvaxia*	
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel* Infanrix*	
Haemophilus Influenzae type b vaccine	Hib (PRP-T)	ActHIB* Hiberix*	
	Hib (PRP-OMP)	PedvaxHIB*	
Hepatitis A vaccine	НерА	Havrix* Vaqta*	
Hepatitis B vaccine	НерВ	Engerix-B* Recombivax HB*	
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	MenB-FHbp	Trumenba*	
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™	
Mpox vaccine	Мрох	Jynneos*	
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance™ Prevnar 20°	
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23*	
Poliovirus vaccine (inactivated)	IPV	lpol*	
Respiratory syncytial virus vaccine	RSV	Abrysvo™	
totavirus vaccine	RV1 RV5	Rotarix* RotaTeg*	
fetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®	
letanus and diphtheria vaccine	Td	Tenivac* Tdvax™	
/aricella vaccine	VAR	Varivax*	
ombination vaccines (use combination vaccines instead of separate in	iections when appropriate)		
TaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix*	
TaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel*	
OTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix* Quadracel*	
DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib- HepB	'Hib- Vaxelis*	

<sup>\*</sup>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 and adolescent immunization schedule

Determine recommended vaccine by age (Table 1)

Determine

Assess need recommended for additional interval for catch- recommended frequencies, up vaccination vaccines by medical condition or other indication situations (Table 3)

Review vaccine types,

intervals, and considerations for special

6

Review contraindications updated ACIP and precautions guidance for vaccine types (Addendum) (Appendix)

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- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- \* Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual



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

Monoclonal antibody	Abbreviation(s)	Trade name(s)		
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus**		
Vaccine	Abbreviation(s)	Trade name(s)		
COVID-19	1vCOV-mRNA	Comirnaty*/Pfizer- BioNTech COVID-19 Vaccine Spikevax*/Moderna COVID-19 Vaccine		
	1vCOV-aPS	Novavax COVID-19 Vaccine		
Dengue vaccine	DEN4CYD	Dengvaxia*		
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel* Infanrix*		
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB® Hiberix®		
	Hib (PRP-OMP)	PedvaxHIB*		
Hepatitis A vaccine	НерА	Havrix* Vaqta*		
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nfluenza vaccine (inactivated)	IIV4	Multiple		
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Measles, mumps, and rubella vaccine	MMR	M-M-R II* Priorix*		
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo*		
	MenACWY-TT	MenQuadfi*		
Meningococcal serogroup B vaccine	MenB-4C	Bexsero*		
	MenB-FHbp	Trumenba*		
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya**		
Mpox vaccine	Mpox	Jynneos*		
rieumococcar conjugate vaccine	PCVIS	vaxieuvance		
	PCV20	Prevnar 20*		
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23°		
Policy restine (martivated)	- ion	- ipolit		
Respiratory syncytial virus vaccine	RSV	Abrysvo**		
sotavirus vaccine	KV1	Rotarix*		
Salaria dishibati and collidara distributions de	RV5	RotaTeq®		
fetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®		
letanus and diphtheria vaccine	Td	Tenivac* Tdvax**		
Varicella vaccine	VAR	Varivax*		
Combination vaccines (use combination vaccines instead of separate in	jections when appropriate)			
OTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-Hep8-IPV	Pediarix*		
OTaP, inactivated poliovirus, and Hoemophilus influenzoe type b vaccine	e DTaP-IPV/Hib	Pentacel*		
OTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®		
OTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib- HepB	Vaxelis*		
Measles, mumps, rubella, and varicella vaccine	MMRV			
Administer recommended vaccines if immunization history is incomplete or ur	A STATE OF THE PARTY OF THE PAR			

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 and adolescent immunization schedule

Determine recommended vaccine by age (Table 1)

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

Assess need by medical condition or other indication

(Table 3)

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

Review new or contraindications updated ACIP and precautions guidance for vaccine types (Addendum) (Appendix)

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

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#### Questions or comments

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- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
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Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule\*

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Name and the second of	HIb (PRP-OMP)	PedvaxHIB*		
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	PCV20	Prevnar 20*		
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23*		
Poliovirus vaccine (inactivated)	IPV	lpol*		
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Rotavirus vaccine	RV1	Rotarix*		
	RV5	RotaTeq*		
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel* Boostrix*		
Tetanus and diphtheria vaccine	Td	Tenivac* Tdvax™		
Varicella vaccine	VAR	Varivax <sup>e</sup>		
Combination vaccines (use combination vaccines instead of separate in		X.,		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix*		
DTaP, inactivated poliovirus, and Hoemophilus Influenzoe type b vaccin		Pentacel*		
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix* Quadracel*		
DTaP, inactivated poliovirus, Hoemophilus influenzoe type b, and hepatitis B vaccine	DTaP-IPV-Hib- Hep8	ib- Vaxelis*		
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad*		
Administer recommended vaccines if immunization history is incomplete or u				

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 and adolescent immunization schedule

recommended vaccine by age

recommended for additional interval for catch- recommended up vaccination vaccines (Table 2)

Assess need by medical condition or other indication situations (Table 3)

vaccine types, frequencies, intervals, and considerations for special

contraindications updated ACIP and precautions quidance for vaccine types (Addendum) (Appendix)

6 Review new or

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

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

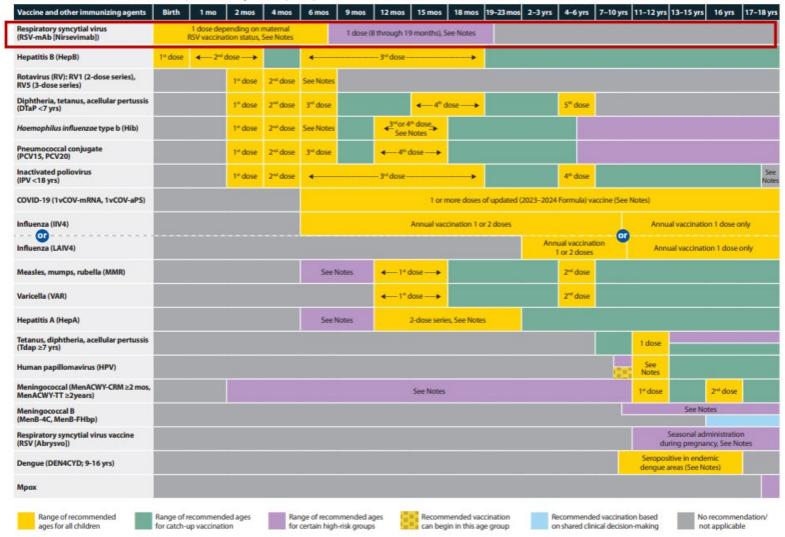




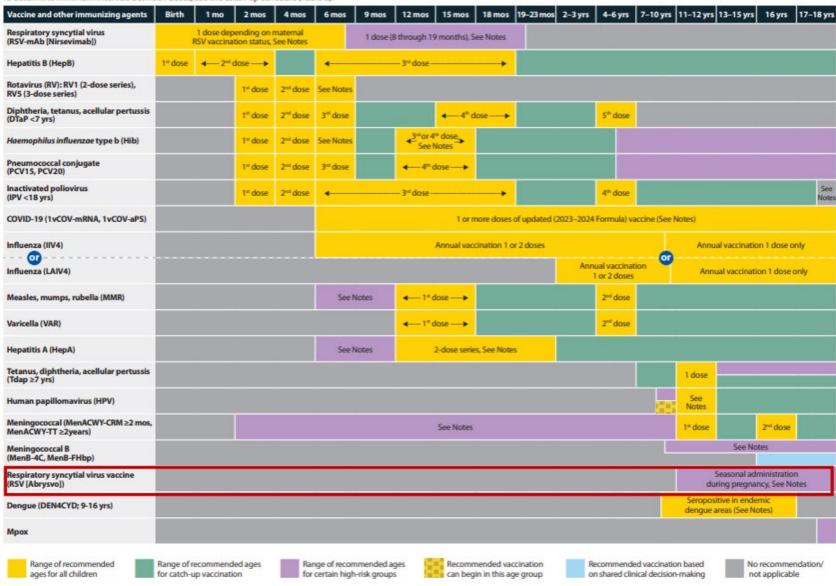
# CHILD IMMUNIZATION SCHEDULE BY AGE

TABLE 1

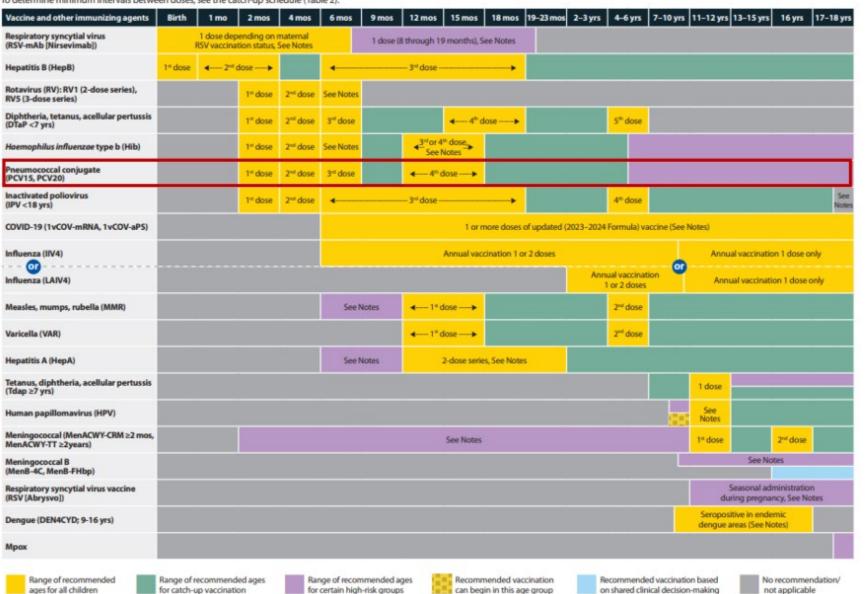




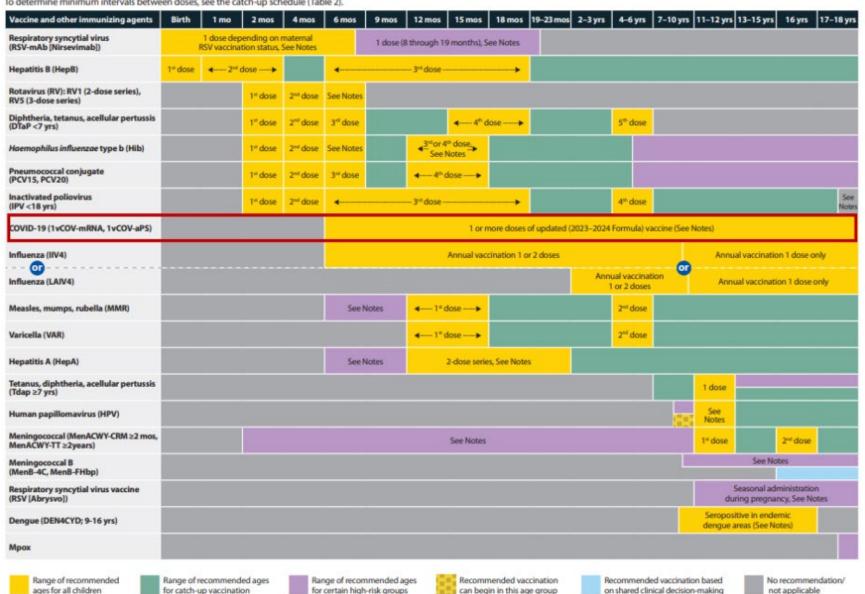




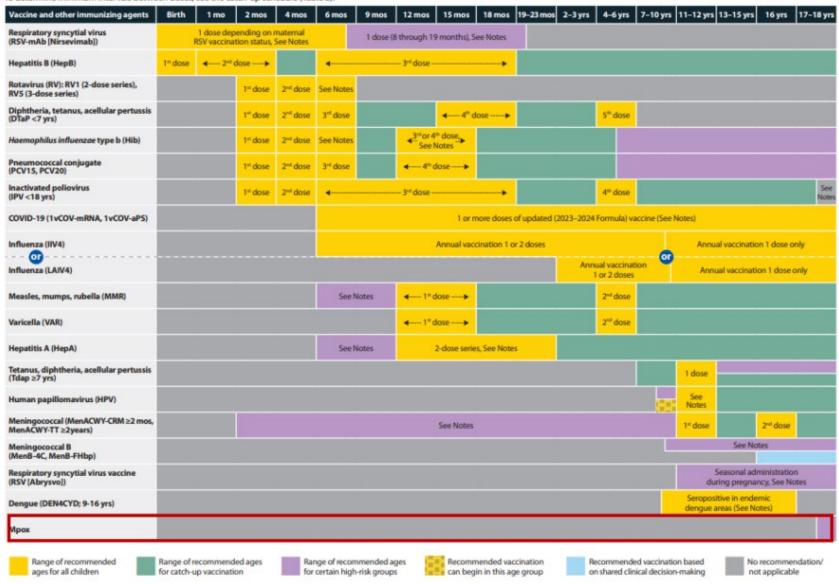














# CATCH UP IMMUNIZATION SCHEDULE

TABLE 2



# Table 2

# Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2024

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

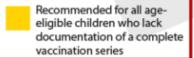
	19800000 - 80-00	-	Children age 4 months through 6 years			
Vaccine	Minimum Age for	Minimum Interval Between Doses				
	Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5	
lepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose minimum age for the final dose is 24 weeks			
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days			
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months A fifth dose is not necessary f the fourth dose was administered at age 4 years o pider and at least 6 months ther dose 3	
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older months or older first dose was administered before the 1* 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 (ActHeb*, Pentacel*, Hiberix*), Vaxelis* or unknown 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1" birthday and second dose was administered at younger than 15 months; OR if the doses were Pedvard-lib* and were administered before the 1st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1" 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= birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1= birthday or after	No further doses needed for healthy children if previous dose was administered at age 24 months or older 4 weeks (a strain type of the strain type	8 weeks (as final dose) This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.		
nactivated 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				
faricella	12 months	3 months				
Sepatitis A	12 months	6 months				
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT		See Notes	See Notes		
			Children and adolescents age 7 through 18 years			
Meningococcal ACWY	Not applicable (N/A)	8 weeks				
letanus, diphtheria; letanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday	6 months if first dose of DTaP/DT was administered before the 1st birthday		
fuman papillomavirus	9 years	Routine dosing intervals are recommended.				
lepatitis A	N/A	6 months				
lepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose			
nactivated 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 <i>and</i> at least 6 months after the previous dose.	A fourth dose of EV is indicated if all previous doses were administered at <4 years OR if the third dose was administered <6 months after the second dose.		
Measles, mumps, rubella	N/A	4 weeks				
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older				
Dengue	9 years	6 months	6 months			

# IMMUNIZATION BY MEDICAL INDICATION

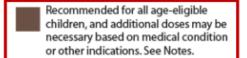
TABLE 3

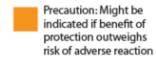


# Table 3: New Legend Definitions



Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease



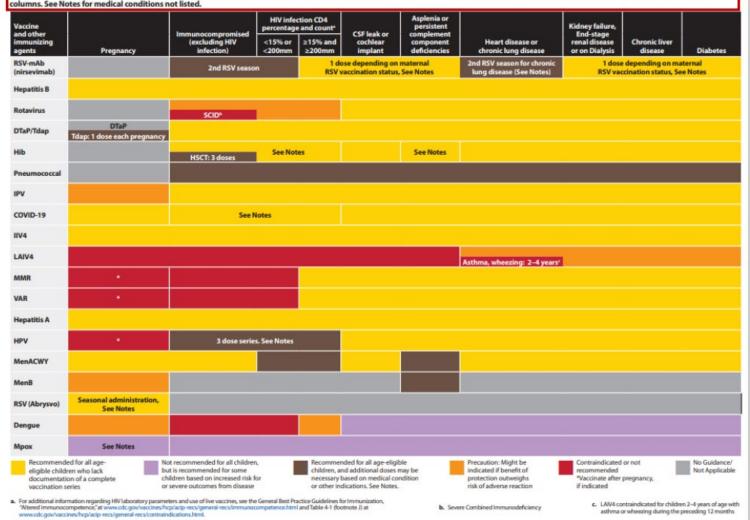




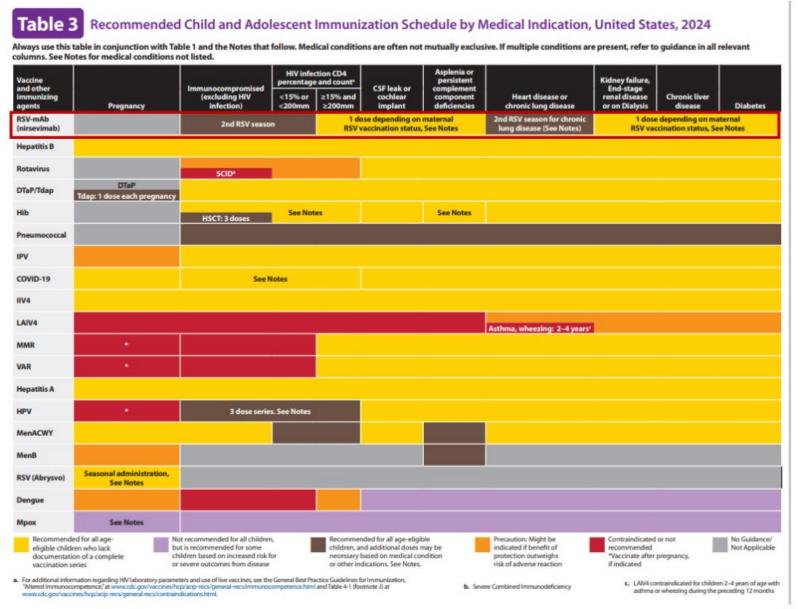


### Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2024

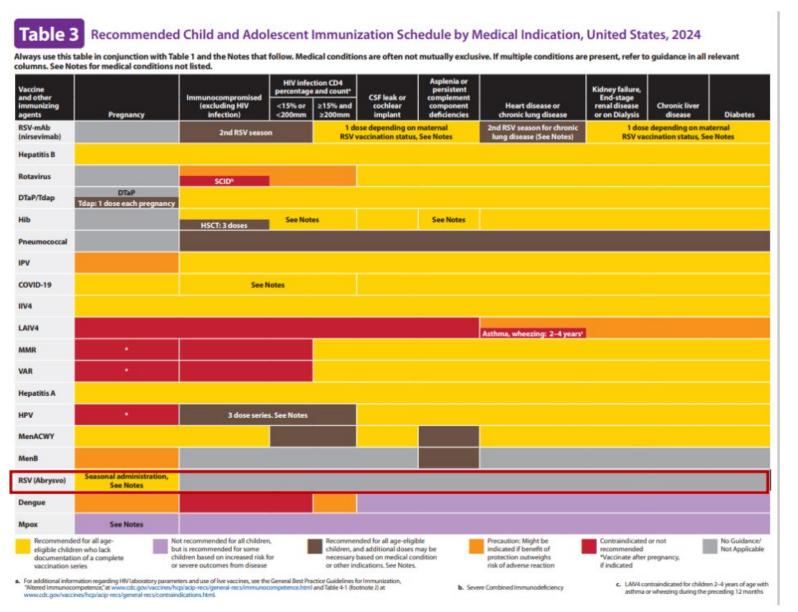
Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.







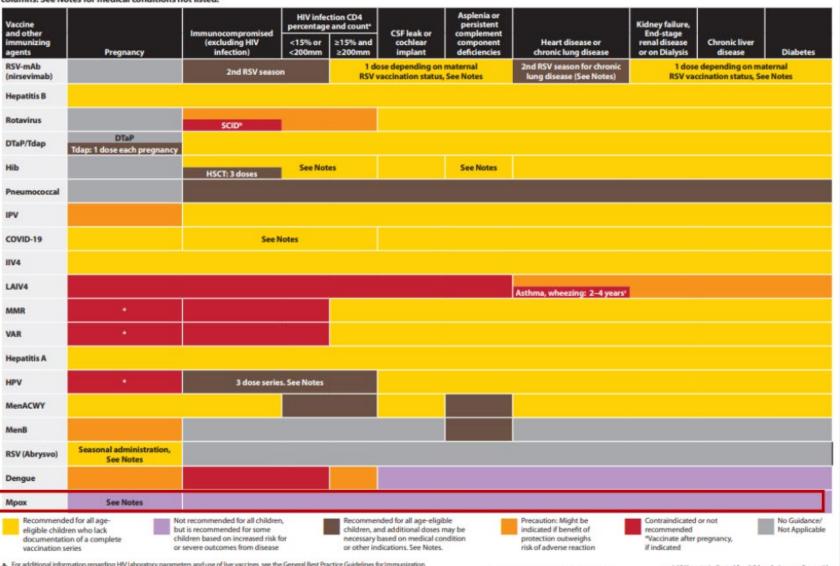
Refer to Hawaii Medical Advisory for Hawaii Specific RSV Information https://health.hawaii.gov/docd/files/2023/12/Med-Advisory-RSV-mAb-and-Vaccine-12\_27\_2023.pdf



Refer to Hawaii Medical Advisory for Hawaii Specific RSV Information https://health.hawaii.gov/docd/files/2023/12/Med-Advisory-RSV-mAb-and-Vaccine-12\_27\_2023.pdf

#### Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2024

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



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

c. LAN4 contraindicated for children 2-4 years of age with asthma or wheezing during the preceding 12 months

b. Severe Combined Immunodeficiency

# NOTES



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

#### Additional information

- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- \* Within a number range (e.g., 12-18), a dash (-) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-2, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/ acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/ general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Barnett ED, Lynfield Ruth, Sawyer MH, eds. Red Book: 2021-2024 Report of the Committee on Infectious Diseases, 32rd ed. Itasca, IL: American Academy of Pediatrics; 2021:72-86).
- For information about vaccination in the setting of a vaccinepreventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PPSV23, RSV, Mpox and COVID-19 vaccines. Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

#### COVID-19 vaccination

(minimum age: 6 months [Moderna and Pfizer-BioNTech COVID-19 vaccines], 12 years [Novavax COVID-19 Vaccine1)

#### Routine vaccination

#### Age 6 months-4 years

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

#### Age 5-11 years

- Unvaccinated: 1 dose of updated (2023–2024 Formula) Moderna or Pfizer-BioNTech vaccine.
- Previously vaccinated\* with 1 or more doses of Moderna or Pfiz

Mode recent

Age 1

0, 3-8 Previous 1 dose vaccin

#### Special situations

Persons who are moderately or severely immunocompromised\*\*

#### Age 6 months-4 years

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

#### Age 5-11 years

- Unvaccinated:
- 3-dose series of updated (2023-2024 Formula) Moderna

The National Vaccine Injury Compensation Program (VICP)is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PPSV23, RSV, Mpox, and COVID-19 vaccines. Mpox and COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.



For vaccination recommendations for persons ages

### **Routine vaccination**

Persons **NOT** moderately or severely immunocompromised

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

see Table 3-2, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.

- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see
  Table 8-1, Vaccination of persons with primary and secondary
  immunodeficiencies, in General Best Practice Guidelines for
  Immunization at www.cdc.gov/vaccines/hcp/acip-recs/
  general-recs/immunocompetence.html, and Immunization in
  Special Clinical Circumstances (In: Kimberlin DW, Barnett ED,
  Lynfield Ruth, Sawyer MH, eds. Red Book: 2021–2024 Report
  of the Committee on Infectious Diseases. 32<sup>nd</sup> ed. Itasca, IL:
  American Academy of Pediatrics; 2021:72–86).
- For information about vaccination in the setting of a vaccinepreventable disease outbreak, contact your state or local health department.
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#### COVID-19 vaccination

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

#### Routine vaccination

#### Age 6 months-4 years

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

#### Age 5-11 years

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

#### Age 12-18 years

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

# Special situations

Persons who **ARE** moderately or severely immunocompromised

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

#### Special situations

Persons who are moderately of

#### Age 6 months-4 years

- Unvaccinated:
- 3-dose series of updated (20 0, 4, 8 weeks
- 3-dose series of updated (20 BioNTech at 0, 3, 11 weeks.
- Previously vaccinated\* with 2-dose series of updated (202)
- 0, 4 weeks (minimum interval between previous Moderna and dose 1: 4 weeks).
- Previously vaccinated\* with 2 doses of any Moderna:
- 1 dose of updated (2023–2024 Formula) Moderna at least 4 weeks after the most recent dose.
- Previously vaccinated\* with 3 or more doses of any Moderna: 1 dose of updated (2023–2024 Formula) Moderna at least 8 weeks after the most recent dose.
- Previously vaccinated\* with 1 dose of any Pfizer-BioNTech: 2-dose series of updated (2023–2024 Formula)
   Pfizer-BioNTech at 0, 8 weeks (minimum interval between previous Pfizer-BioNTech and dose 1: 3 weeks).
- Previously vaccinated\* with 2 or more doses of any Pfizer-BioNTech: 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 8 weeks after the most recent dose.

#### Age 5-11 years

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



# Notes

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

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

#### Age 12-18 years

- Unvaccinated:
- -3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- 3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0, 3 weeks
- Previously vaccinated\* with 1 dose of any Moderna:
   2-dose series of updated (2023–2024 Formula) Moderna at
   0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks).
- Previously vaccinated\* with 2 doses of any Moderna:
   1 dose of updated (2023–2024 Formula) Moderna at least
   4 weeks after the most recent dose.
- Previously vaccinated\* with 1 dose of any Pfizer-BioNTech: 2-dose series of updated (2023–2024 Formula)
   Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).
- Previously vaccinated\* with 2 doses of any Pfizer-BioNTech: 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after the most recent dose.
- Previously vaccinated\* with 3 or more doses of any Moderna or Pfizer-BioNTech: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.
- Previously vaccinated\* with 1 or more doses of Janssen or Novavax or with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

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

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

Current COVID-19 schedule and dosage formulation available at www.cdc.gov/covidschedule. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccine

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

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

(minimum age: 9 year

#### Routine vaccination

- Age 9 16 years living in areas with endernic dengue AND have laboratory confirmation of previous dengue infection
- 3 dase sones administered at 0, 6, and 12 months.
- Endemic areas include Puerto Rico, American Samoa, US
   Virgin Islands, Federated States of Micronesia. Republic of
   Marshall Islands, and the Republic of Palau. For updated
   quidance on dengue endemic areas and pre-vaccination
   laboratory lealing see provides upon minurosclamas. (Univ.)
   in 2008a1 htmls. cid. in 2008a1 wand sexwed condengue
   warding periods. (Intro.)
- Designe vaccine should not be administered to children traveling to or visiting endemic designe areas.

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

#### Routine vaccination

 5 dose somes (4 dose primary series at age 2, 4, and 6 months, followed by a booster doses at ages 15–18 months and 4-6 years \*Note: Previously vaccinated is defined as having received any Original monovalent or bivalent COVID-19 vaccine (Janssen, Moderna, Novavax, Pfizer-BioNTech) prior to the updated 2023–2024 formulation.

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

#### Routine vaccination

- ActHIB", Hiberix", Pentacel", or Vaxelis", 4 dose series
   dose primary series at age 2, 4, and 6 months; followed by a booster dose" at age 12, 15 months;
- "Vaxels" is not recommended for use as a booster dose. A different Rib containing vaccine should be used for the booster dose.
- PedvaxHIB\*: 3 dose series (2 dose primary series at age 2 and 4 months) followed by a booster dose at age 12-15 months!

#### Catch-up vaccination

- Dose 1 at age 7-11 months; Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12-15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at age 12–14 months: Administer dose 2 ffinal dose at least 8 weeks after dose 1.
- Dose 1 before age 12 months and dose 2 before age 15 months: Administer dose 3 (final dose) at least 8 works after dose 2.
- 2 doses of PedvaxHIB\* before age 12 months: Administer dose 3 linual doses at age 12, 59 months and at least 8 weeks after dose 2.
- 1 dose administered at age 15 months or older: No further doses needed
- Unvaccinated at age 15-59 months: Administer 1 dose



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

#### Age 12-18 years

- Unvaccinated:
- 3-dose series of updated (2023–2024 Formula) Moderna at 0, 4, 8 weeks
- -3-dose series of updated (2023–2024 Formula) Pfizer-BioNTech at 0, 3, 7 weeks
- 2-dose series of updated (2023–2024 Formula) Novavax at 0. 3 weeks
- Previously vaccinated\* with 1 dose of any Moderna:
   2-dose series of updated (2023–2024 Formula) Moderna at
   0, 4 weeks (minimum interval between previous Moderna dose and dose 1: 4 weeks).
- Previously vaccinated\* with 2 doses of any Moderna:
   1 dose of updated (2023–2024 Formula) Moderna at least
   4 weeks after the most recent dose.
- Previously vaccinated\* with 1 dose of any Pfizer-BioNTech: 2-dose series of updated (2023–2024 Formula)
   Pfizer-BioNTech at 0, 4 weeks (minimum interval between previous Pfizer-BioNTech dose and dose 1: 3 weeks).
- Previously vaccinated\* with 2 doses of any Pfizer-BioNTech: 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech at least 4 weeks after the most recent dose.
- Previously vaccinated\* with 3 or more doses of any Moderna or Pfizer-BioNTech: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.
- Previously vaccinated\* with 1 or more doses of Janssen or Novavax or with or without dose(s) of any Original monovalent or bivalent COVID-19 vaccine: 1 dose of any updated (2023–2024 Formula) COVID-19 vaccine at least 8 weeks after the most recent dose.

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

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

Current COVID-19 schedule and dosage formulation available at www.cdc.gov/covidschedule. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccine

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

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

#### (minimum age: 9 years)

#### Routine vaccination

- Age 9-16 years living in areas with endemic delique AND have laboratory confirmation of pressous delique infection a description administrated at 9 in and 12 months.
- Endemic areas include Puerto Rico, American Samou, US Virgin Islands, Federated States of Micronisia. Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory tealing see arms cd. gue minor volumes? (Vir.) 11 (2006) John Novell 11 (2006)
   Wand Wew.odc.gov.dongue yacamin'ng under John.

longue vaccine should not be administered to children: avoling to or valuing endemic denges areas.

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

#### Routine vaccination

5 dose series EE dose primary series at age 2, 4, and 6 months, followed by a booster doses at ages 15–18 months and 4–6 years

Prospectively: Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed whice dose 1.

Retrospectively: A 4° dose that was madvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

#### atch-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 carch up quistance, see Table 2

#### pecial situations

Wound management in children less than age 7 years with history of 2 or more doses of tetanus toxoid containing vaccine. For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of totanus toxoid containing vaccine. For dotailed information see www.cdc.gov/irmn/vallations/07/77/57/92a1 from

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

#### Routine vaccination

- ActHIB\*, Hiberix\*, Pentacel\*, or Vaxelis\*: 4 dose senses.
   dose primary senses at age 2, 4, and 6 months, followed by a booster dose, at age 12, 15 months.
- "Vaxels: is not recommended for use as a booster dose. A different hith containing vaccine should be used for the booster dose.
- PedvaxHIB\*: 3 dose series (2 dose primary series at age 2 and 4 munths, fullewed by a booster dose at age 12 15 months)

#### Catch-up vaccination

- Dose 1 at age 7–11 months: Administer dose 2 at least
   weeks later and dose 3 (final dose) at age 12–15 months or
   B weeks after dose 2 (whichever is later).
- Dose 1 at age 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before age 12 months and dose 2 before age 15 months: Administer dose 3 final dose at least 8 weeks after dose 2.
- 2 doses of PedvaxHIB\* before age 12 months: Administer dose 3 ifinal dose) at age 12-59 months and at least 8 words after done.
- 1 dose administered at age 15 months or older:
   No further-doses meeded
- Invaccinated at age 15-59 months: Administer 1 doze



#### Special situation

Notes

- Revacunation is not generally recommended for presons with a normal immune status who were vaccinated as infant children, adolescents, or adults.
- Post-vaccination serology testing and revaccination of anti-HRs < 10mil/mts is recommended for cortain boundations including:
- infants born to HILAG positive mother
- Persons who are produities or on maintenance dialysis
- Other immunocompromated persons
- For detailed revaccination recommendations, see www.cds. gue-vaccines/frequation researches, specific hepfallung.

Note: Hiplisay & and Preffesting are not recommended in pregnancy due to lack of safety data in pregnant persons.

#### Human papillomavirus vaccination (minimum age: 9 years)

#### Routine and catch-up vaccination

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

#### **Special situations**

- Immunocompromising conditions, including HIV infection: 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
- . History of sexual abuse or assault: Start at age 9 years
- Pregnancy: Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant

#### Influenza vaccination

(minimum age 6 months [IIV], 2 years (LAIV4), 18 years (recombinant influenza vaccine, RIV4))

#### Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually.
- Age 6 months -8 years who have received fewer than 2 influenza vaccine doses before July 1, 2023, or whose influenza vaccinoson fuscory is unknown: 2 doses, separated by at least 4 weeks. Administer dose 2 even if the child turns 9 years between receipt of dose 1 and dose 2.
- Age 6 months B years who have received at least a influence vaccing doses before July 1, 2023; 1 dose
- Age 9 years or older: I dow
- For the 2028-2024 season, see www.cia.agrammwillantienes/12/10/1/20241, http://
- For the 2024-25-season, see the 2024-25 ACIP influenzal viaccine recommendations.

#### Special situations

Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment; should not necesso LAV4. If LAV4 a given they should avoid contact with for such immunosuppresse

#### pecial situations

- International trave
- Infants age 6-11 months; 1 dose before departure, revaconate with 2 dose series at age 12-15 months. 112 months for children in high risk areast and dose 2 as daily as 4 weeks latter.
- Unvaccinated children age 12 months or older:
- In murips outbreak tethings for information about adultional dosus of MMR including 3rd duse of MMR, se www.cli.com/mmrs/setal/EVY/Set multi-rotar futor
- \*Note: If MMRV is used, the minimum interval between MMRI stusies is 3 months.

Meningococcal serogroup A, C,W, Y vaccination (minimum age: 2 months [MenACWY-CHM, Menveo 2 years [MenACWY-TT, MenQuadh]), 10 years [MenACWY-TT/Men8-FHbp, Penbraya])

#### Routine vaccination

- 2 dose senes at ago 11 12 years To years

#### Catch-up vaccination

- Age 11-15 years: 1 dose now and booster at age 16-18 years. Intervenue interval: 8 weeks.
- + Ago 10-18 years: I dose

Special situations

# Routine and catch-up vaccination

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

of MMRV\* is 12 years. - MenO

Bullion by Spirit



#### Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV4], 18 years [recombinant influenza vaccine, RIV4])

#### Routine vaccination

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

#### Special situations

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

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

Added information for vaccinating persons with a history of egg

allergy.

Dose 1 at age 2 mostly: 4 dose series (additional 3 doses



#### Special situation:

- Revaccination is not generally recommended for persons with a normal immune status who were saccinated as infants children, adolpsionts, or adults.
- Post-vaccination serology testing and revaccination
  of anti-ties + 10mit/mtb is recommended for certain
  populations including
- infants born to H8sAg positive mothers
- Persons who are predictivals or on maintenance distiyas
- Other minumeconspromised present
- For detailed revocation recommendations, see way said goe making that may recover appropriate publish.

Note: Hephare Bland Proffeshing are not recommended in programsy due to lack of sufety duta in programs persons

#### Human papillomavirus vaccination (minimum age: 9 years)

#### Routine and catch-up vaccination

- IPV vaccination routinely recommended at age 11-12 years ican 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 door series depending on age at initial vacuination.
   Age 9-14 years at initial vaccination. 2 dose somes at 0.
   12 months (minimum interval: 5 months repeat dose if principles of the control.)
  - Age 15 years or older at initial vaccination. 3 dose somes at 0.1.2 months, 6 menths imminimum intervals, dose 1 to dose 2.4 weeks 1 dose 2 to dose 3: 12 weeks 1 dose 1 to dose 3: 12 weeks 1 dose 1 to dose 3: 2 months; repeat dose if administered too soon).
- No additional dose recommended when any HPV value review of any valency backreen completed using recommended dosing intervals.

#### Special situations

- Immunocompromising conditions, including HIV infection: 3 date series, even for those who initiate vaccination at age 9 through 14 years.
- "History of sexual abuse or assault: Start at age 9 years
- Pregnancy: Prognancy testing not needed before vaccination: HPV vaccination not recommended until after pregnancy: no intervention needed if vaccinated while pregnant.

#### Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV4] 18 years (recombinant Influenza yaccine, RIV4

#### Routine vaccination

- Use any influenza vaccine appropriate for age and healt status aroundly.
- Age 6 months 8 years who have received fewer than 2 influenza vaccine doses before July 1, 2023, or whose influenza vaccination history is anknown: 2 doses, separate by at least 4 weeks. Administer dose 2 event if the child turn if years between receipt of dose 1 and dose 2.
- Age 6 months 8 years who have received at least a influenza vaccine doses before July 1, 2023; 1 dose
- Age 9 years or older: I down
- For the 2013-2014 season, see wave-off-queenman volumes (2014-2014) htm.
- For the 2024, 25 season, see the 2024-25 ACF influents vaccine recommendations.

#### Special situations

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

Note: Persons with an ogg allergy can receive any influenza vaccine regy based and non-egy based appropriate for aga and health status.

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

#### Routine vaccination

- 2-dose series at age 12–15 months, age 4–6 years
- MMR or MMRV\* may be administered

**Note:** For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV\* may be used if parents or caregivers express a preference.

#### Catch-up vaccination

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

#### **Special situations**

- International travel
- Infants age 6-11 months: 1 dose before departure; revaccinate with 2-dose series at age 12-15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.\*
- Unvaccinated children age 12 months or older:
   2-dose series at least 4 weeks apart before departure\*
- In mumps outbreak settings, for information about additional doses of MMR (including 3rd dose of MMR), see www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm
- \*Note: If MMRV is used, the minimum interval between MMR doses is 3 months

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menved 2 years [MenACWY-TT, MenQuadh]), 10 years [MenACWY-TT/Men8-FHbp, Penbraya]]

#### Routine vaccination

= 2 dose series at age 11-12 years. To year

#### Catch-up vaccination

- Age 13. T5 years 1 dose now and booster at age 16–18 years.
   Immunism internal: 8 weeks?
- Age To 15 years; I dose

#### Special situations

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

#### - Manyon

- Dose 1 at age 2 months: 4 dote sensy/additional 3 doses at age 4, 6, and 12 months!
- Dose 1 at age 3-6 months: 3 or 4 dose senes (dose 2 ) land dose 3 if applicable) at least 8 weeks after previous dose until a dose is received at age 7 months or sider, to lowed by an additional dose at least 12 weeks later and after age 12 months).
- Dave 1 at age 7 33 months: 2 dave senes (date 2 at least 12 weeks after dose 1 and after age 12 months)
- Dose 1 at age 24 months or olden 2 dose series at least 5 weeks apart
- MenQuadh

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

Moved



#### Special situation

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants children, adolescents, or adults.
- Post-vaccination serology testing and revaccinatio (if anti-HBs < 10m(U/mL) is recommended for certain populations including:

infants born to HRsAg positive mother

Persons who are predialysis or an maintenance dialysis

Other immunocompromised persons

For detailed revocamenton recommendations, see www.ch. gov/vac/vios/hapvisans recommendations, see www.ch.

Note: Freplicav B and Prefreybrid are not recommended in pregnancy due to lack of safety data in pregnant persons

#### Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV4], 18 years [recombinant influenza yaccine, RIV4]

#### Routine vaccination

- Use any influenza vaccine appropriate for age and heaft status annually:
  - Age 6 months 8 years who have received fewer than 2 influenza viccine doses before July 1, 2023, or whose influenza viccine doses before July 1, 2023, or whose influenza viccinetion history is unknown; 2 doses, separates by at least 4 weeks. Administer dose 2 even if the shild turn 9 years between receipt of dose 1 and dose 2.

Age 6 months - 8 years who have received at least influenza vaccine doses before July 1, 2023: 1 dose

Age 9 years or older: I dose

#### Human papillomavirus vacc (minimum age: 9 years)

## Added MenABCWY (Penbraya)

#### Routine and catch-up vaccin

- \* HPV vaccination routinely recomm (can start at age 9 years) and catrecommended for all persons through age 18 years if not adequately vaccinated
- 2 or 3 dose series depending on age at initial vaccination.
   Age 9–14 years at initial vaccination. 2 dose series at 0, 6–12 months (initial interval) 5 months (epeat dose if administration) for event.
- Age 15 years or older at initial vaccination. 3 dose series at 0.1-2 months 6 months (numerum intervals) dose 1 to dose 2:4 weeks / dose 2 to dose 3:12 weeks / dose 1 to dose 3:5 months repeat dose if administered too soon.
- No additional dose recommended when any HPV vaccine series of any valency has been completed using recommended dosing intervals.

#### Special situations

- Immunocompromising conditions, including HIV infection: 3 dose series, even for these who instate vaccination at age 9 through 14 years.
- History of sexual abuse or assault: Start of age V years
- Pregnancy: Pregnancy testing not needed before vaccination: HPV vaccination not recommended until after pregnancy: no intervention needed if vaccinated while pregnant.

immunosuppressed persons who require a protected environment; should not receive EAIV4. If EAIV4 is given, they should avoid contact with for such immunosuppresses persons for 7 days after vaccination.

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

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

#### Routine vaccination

- Z dose series at age 12-75 months, age 4-6 year
- MMR or MMRV\* may be administered

**Note:** For dose 1 in children age 12:47 months, it is recommended to administer MMB and varicella vaccine separately. MMRV\* may be used if parents or caregivers express a preference.

#### Catch-up vaccination

- Unvaccinated chifdren and adolescents: 3 dose serie at least # weeks apart\*
- The maximum age for use of MMRV\* is 12 years.

#### Special situations

- International trav
  - Infants age 6-11 months: 1 dose before departure, revaccinate with 2 dose series at age 12-15 months. (12 months for children in high risk areast and dose 2 as early as 4 weeks later."
  - Unvaccinated children age 12 months or older: 2 dose series at least 4 weeks apart before departure.
- In mumps outbreak settings, for information about additional doses of MMR (including 3rd dose of MMR), see www.codt.auc.minwa.violunessis7.viii.mens70137.html
- \*Note: If MMRV is used, she manimum interval between MMRV.

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

#### Routine vaccination

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

#### Catch-up vaccination

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

#### **Special situations**

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

#### Menveo\*\*

- Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
- Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
- Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

#### MenQuadfi<sup>®</sup>

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



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

- Children less than age 24 months:
- Menveo\*\* (age 2–23 months)
- Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
- Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
- Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
- Children age 2 years or older: 1 dose Menveo\*\* or MenQuadfi\*

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

1 dose Menveo\*\* or MenQuadfi\*

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

- Children for whom boosters are recommended because of an ongoing increased risk of meningococcal disease (e.g., those with complement component deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.
- Children for whom boosters are not recommended (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.
- \*Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www. cdc.gov/vaccines/vpd/mening/downloads/menveo-single-vialpresentation.pdf.

Note: For MenACWY booster dose recommendations for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

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

leningococcal serogroup B vaccination ninimum age: 10 years [Men8-4C, Bexsero"; len8-FHbp, Trumenba"; MenACWY-TT/Men8-FHbp enbraya"<sup>\*\*</sup>])

#### lared clinical decision-making

idolescents not at increased risk ago 16, 21 years preferred ago 16, 18 years based on shared linical decision making.

Bexsero\*1.2 doug somes at least 1 month apart.

Trumenba\*1.2 dose series at least 6 months apart lif dose a sadministored earlies than 5 months, administer a 3 \* dose at least 4 months after dose 28.

additional information on shared climical decision making. Men8, see www.cds.gov.inactines.hep.adminidoenikanis job aid actin maning to mand chincal diesson malang.pdf

#### recial situations

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

exsero"; 2 dose series at least 1 munth apart

numenba\*1:3 doze series at 0, 1, 2, 6 months in dose 2 as administered at least 6 months after dose 1: dose 3 of needed: if dose 3 is administered earlier than 4 months ther doze 2, a 4 " dose should be administered at least months after dose 3:

te: Sexsero\* and Trumenba\* are not interchangeable: same product should be used for all doses in a series

MenB booster dose recommendations for groups listed der "Special setuations" and in an outbreak setting and distorial meningocoscal vaccination information, see residuals manufredumes after medical, tilm.

litternage 10 years or older may receive a dose of Pentinaya" an alternative to separate administration of MenACWY and inflivition both vaccines vioud be given on the Chine a For age eliquble children not at increased risk if Pentinaya" is of for dose 1 Menti. Menti Filipp (Transpible) should be ministered for dose 2 Menti. For age eliquble children at reased risk of meningococcal drisease. Pentinaya" may be ad for additional MenACWY and MenB doses lincluding

Mpox vaccination (minimum age: 18 years [lynneos\*]

#### Special situations

 Age 18 years and at risk for Mpox infection: E-dose some 28 days upart.

Risk factors for Mesoc enfection include

Persons who are gay, brackust, and other MSM, transgorder or nonthinary people who in the past 6 months have had:

A new diagnosis of at least 1 sexually transmitted disease. More than 1 sex partner

Sex at a commercial sex venu

ex in association with a large public event in a geographic rea where Mpox transmission is occurring

Persons who are sexual partners of the persons described : above:

Persons who unticipate expunencing any of the situations described above

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

For detailed information, see, www.cdc.gov/scores-score meetings downloads skides 2023 TE 29 26 04 MPCX Pay 500 pdf

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

#### Routine vaccination with PCV

with above common of 2014 At 12 Th consisting

#### Catch-up vaccination with PCV

- (teathy children ages 2: 4 years with any incomplete)
   PEV series 1 dose PCV
- ... For other catch up enudance, see Table 2

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

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



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

Children less than age 24 months

Menveo" (age 2-23 months

Dose 1 at age 2 months: 4 dose senes (additional 3 doses a age 4, 6, and 12 months).

Dose 1 at age 3 % months: 3 or # dose series (dose 2 land dose 3 if applicable) at least 8 weeks after previous dose intil a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)

Dose 1 at age 7, 23 months 2 dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)

Ghildren age 2 years or older: 1 dose Menveo."
 or MenQuadfi."

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

\* Tuose Menveo or MenQuadh

Adolescent vaccination of children who received MenACW1 prior to age 10 years:

- Children for whom boosters are recommended because
  of an engoing increased risk of meningococcal disease
  (e.g., those with complement component deficiency, 1892
  or asplema). Follow the booster schedulo for persons at
  thereased risk.
- Children for whom boosters are not recommended (e.g., a healthy child who received a single dose for travel to a country where moningococcal disease is endernic.)
   Administer MonACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.
- \*Menved has two formulations: lyaphilized and haud. The liquid formulation should not be used before age 10 years. See Is with call you versions upon menting flow electric memory angle year.

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Note: For MenACMY booster dose recommendations for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information see www.cdc.pcv/menwivolumes/pii/com/900%1.htm.

Children age 10 years or older may receive a single dose of Penbraya" as an alternative to separate administration of MenACWY and MenB when both vaccines would be given Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero"; MenB-FHbp, Trumenba"; MenACWY-TT/MenB-FHbp, Penbraya™])

#### Shared clinical decision-making

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

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

#### Special situations

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

- · Bexsero\*: 2-dose series at least 1 month apart
- Trumenba\*: 3-dose series at 0, 1-2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a 4th dose should be administered at least 4 months after dose 3)

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

For MenB **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

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

Mpox vaccination (minimum age: 18 years [lynneos\*]

#### pecial situations

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

Busk factors for Mpox micronomicade:

Persons who are guy, briexual, and other MSM. transgender or nonbinary people who in the pass 6 months have had:

A new diagnosis of at least 4 sexually transmitted disease

More than I sex partner

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

for Jynneos use impregnancy due to lack or safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

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

#### Routine vaccination with PCV

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

#### Catch-up vaccination with PCV

- Healthy children ages 2: 4 years with any meomplete\*
   PCV senies 1 dose PCV
- For other eatch up guidance, see Table 2.

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



Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.tdc.gov/taged);

- Children less than age 24 months

#### Menveo" (age 2-23 months

Dose 1 at age 2 months: 4 dose sone; (additional 3 doses at age 4, 6, and 12 months)

Dose 1 at age 3 6 months: 3 or 4 dose series (dose 2) and dose 3 if applicable at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months).

Dose 1 at age 7-23 months: 2 dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)

 Children age 2 years or older: 1 dose Menvoor\* or MenQuadfi\*

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

\* Lidose Menyeo \*\* or MenQuadfe

Adolescent vaccination of children who received MenACW1 prior to age 10 years:

- Children for whom boosters are recommended because
  of an engoing increased risk of meningococcal disease
  jest, those with complement component deficiency. HIV.
  or asplemal: Follow the booster schedule for persons at
  increased risk.
- Children for whom boosters are not recommended (e.g., a healthy child who received a single dose for travel to a country where miningococcal 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.
- \*Merrees has two formalations: tyaphilized and ligard. The liquid formulation should not be used before age 10 years. See were, Cds. year viscones, vild hierard absorbinate menure and a visit presentation and.

Note: For ManACWY booster dose recommendations for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information see warmeds government volumes better the 90% of June 1.

Children age 10 years or older may receive a single dose of Penbraya an alternative to separate administration of MenACWY and Mend when both secones would be given Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero\*; MenB-FHbp, Trumenba\*; MenACWY-TT/MenB-FHbp, Penbraya™])

#### Shared clinical decision-making

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

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

#### Special situations

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

- · Bexsero\*: 2-dose series at least 1 month apart
- Trumenba\*: 3-dose series at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a 4th dose should be administered at least 4 months after dose 3)

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

For MenB booster dose recommendations for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

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

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

#### Special situations

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

Risk factors for Mpox infection include:

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

A new diagnosis of at least 1 sexually transmitted disease. More than 1 sex-partner

Sex at a commercial sex venu-

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

Persons who are sexual partners of the persons described above

Pursons who anticipate expaniencing any of the situations, described above.

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

For detailed information, see: www.cd. gov. accommoding meetings downloads sinds 2023-10-25-2614 MPCO Rec 5002d1

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

#### Routine vaccination with PCV

4 dose somes at 2.4, 0, 12-15 months

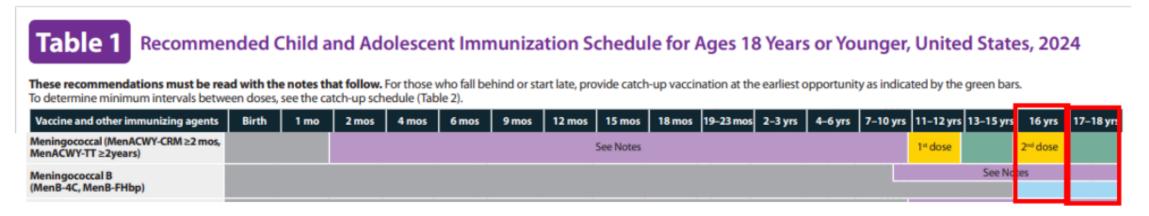
Catch-up vaccination with PC\

to Egy multicarred in arresther are

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



# Adolescent meningococcal vaccination schedule



# MenACWY-TT/MenB-FHbp (Penbraya)

- An option when both MenACWY and MenB are indicated on the same clinic day.
- In healthy persons, if Penbraya is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB.

MenB products are not interchangeable.



## **Special situations**

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

Added bullet on use of Jynneos in

pregnant persons

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

#### Special situations

Age 18 years and at risk for Mpox infection: 2-dose series,

Risk factors for Mpox infection include:

- Persons who are gay, bisexual, and other MSM, transgender or nonbinary people who in the past 6 months have had:
- A new diagnosis of at least 1 sexually transmitted disease
- More than 1 sex partner
- Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where Mpox transmission is occurring
- Persons who are sexual partners of the persons described
- Persons who anticipate experiencing any of the situations described above
- Pregnancy: There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant persons. Pregnant persons with any risk factor described above may receive Jynneos.

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



#### Notes

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

Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.ch.gover

. Children less than age 24 morths

#### Menyeo" (age 2-23 months

Dose 1 at age 2 months 4 dose sones (additional 3 doses at age 4, 6, and 12 months)

Dose 1 at age 3 -6 months 3 or 4 dose series (dose 2 and dose 3 if applicable) at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months).

Dose 1 at age 7, 23 months; 2 dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)

 Children age 2 years or older: 1 dose Merweo\* or MunQuadfi\*

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

- Toose Menyeo \*\* or MenQuadfi

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

- Children for whom boosters are recommended Decause of an origing increased risk of meningococcal disease seguithose with comploment component deficiency. HIV, or asplema: Fallow the booster schedule for persons at increased risk.
- Children for whom boosters are not recommended (e.g., a healthy child who received a single dose for travel to a country where moningococcal disease is enderror).
   Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.
- \*Menyeo has two fermulations: lyaphilized and liquid. The liquid formulation should not be used before age 10 years. See invescal, goe success spd transport theories is according to the second second solution with

Note: For MenACWY booster dose recommendations for groups listed under "Special situations" and in an outbreak setting and additional meningococcul vaccination information, see ways all separation resources part in mobile. htm.

Children age 10 years another may receive a single dose of Persbraya" as an afternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day (see "Meningococcal sengroup B vaccination" section below for more information). Meningococcal serogroup 8 vaccination (minimum age: 10 years [Men8-4C, Bexsero\*; Men8-FHbp, Trumenba\*; MenACWY-TT/Men8-FHb Penbraya\*])

#### Shared clinical decision-making

 Adolescents not at increased risk age 16–23 years preferred age 16–18 years based on shared clinical decision making:

Bexsero": 2 dose sones at least 1 month apart

Trumenba\*: 2 dose series at least 6 months apart if dose, is administered earlier than 6 months, administer #.3" dose at least 4 months after dose 2!

For additional information on shared climical decision making for Men8, see www.cdc.gov/inactines/licand-invidownloads/ aid job aid auth) mennig to shared climical decision making.aid

#### Special situation:

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

- "Bexsero": 2 dove series at least 1 month apart
- Trumenba\*: 3 dose series at 0.1 Z, 5 months lif dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 & administered earlier than 4 moisths after dose 2 a 4 dose should be administered at least 4 months after dose 3.

Note: Bexsero" and Trumenba" are not interchanguable the same product should be used for all doses in a series.

For MonB booster dose recommendations for groups listed under "Special situations" and in an outbreak setting and additional meningococcal securation information, see seem coccasion or men volumes by introduction information.

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

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

#### Special situations

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

Risk factors for Mook infection include

Persons who are gay, bilianual, and other MSM, transpender or nonlimary people who in the past 6 months have had!

A new diagnosis of at least 1 sexually transmitted disease.

Sex at a commercial sex venue

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

Persons who are sexual partners of the persons described above

Persons who anticipate expeniencing any of the situations described above.

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

For detailed information, see: www.dc.gumpocumes.actar description downloads/skides 2022 19 25 26 94 KPCD has 50kpdf

#### Pneumococcal vaccination

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

#### Routine vaccination with PCV

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

#### Catch-up vaccination with PCV

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

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



#### Notes

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

#### Special situations

Children and adolescents with cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; or diabetes mellitus:

#### Age 2-5 years

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

#### Age 6-18 years

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

Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; or sickle cell disease or other hemoglobinopathies:

#### Age 2-5 years

- Any incomplete\* PCV series:
- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received
- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

#### Age 6-18 years

- administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of primary series. Unless there are specific reasons to believe PPSV23 at least 8 weeks after the PCV15 dose.\*\*
- Received PCV before age 6 years but have not received PPSV23
- Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.
- \*Incomplete series = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Table 2 in ACIP pneumococcal recommendations at stacks.cdc.gov/view/cdc/133252
- \*\*When both PCV15 and PPSV23 are indicated, administer all doses of PCV15 first. PCV15 and PPSV23 should not be administered during the same visit.

For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html

Not previously received any dose of PCV13, PCV15, or PCV20: unvaccinated or incompletely vaccinated; administra



### Notes

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

#### Special situations

Children and adolescents with cerebrospinal fluid leak: chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; or diabetes mellitus:

#### Age 2-5 years

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

#### Age 6-18 years

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

Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; or sickle cell disease or other hemoglobinopathies:

#### Age 2-5 year

· Any in

- Less than 3 most recent
- Completed PPSV23
- Previously or PPSV23
- Not previou 1 dose PPS

### Added the following medical conditions

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

dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

#### Age 6-18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.\*\*
- Received PCV before age 6 years but have not received PPSV23
- Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.
- \*Incomplete series = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Table 2 in ACIP pneumococcal recommendations at stacks.cdc.gov/view/cdc/133252
- \*\*When both PCV15 and PPSV23 are indicated, administer all doses of PCV15 first, PCV15 and PPSV23 should not be administered during the same visit.

For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html





#### Special situations

Children and adolescents with cerebrospinal fluid leak: chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; or diabetes mellitus:

#### Age 2-5 years

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

#### Age 6-18 years

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

Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; or sickle cell disease or other hemoglobinopathies:

#### Age 2-5 years

- Any incomplete\* PCV series:
- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)
- Completed recommended PCV series but have not received PPSV23
- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

#### Age 6-18 years

- Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.\*\*
- Received PCV before age 6 years but have not received PPSV23
- Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
- Not previously received PCV20: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.
- \*Incomplete series = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Table 2 in ACIP pneumococcal recommendations at stacks.cdc.gov/view/cdc/133252
- \*\*When both PCV15 and PPSV23 are indicated, administer all doses of PCV15 first. PCV15 and PPSV23 should not be administered during the same visit.

For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html



#### Special situation

Children and adolescents with cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant or diabetes mellitus:

#### Age 2-5 year

- \* Any incomplete" PCV series with
- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
- -Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 washe apart)
- Completed recommended PCV series to PPSV23
- Previously received at least 1 dose of or PPSV23 doses needed
- Not previously received PCV20: admin 1 dose PPSV23 administer at least 8 w recent PCV dose.

#### Age 6-18 year

- Not previously received any dose of PC administer 1 dose of PCV15 or PCV20. previous receipt of PPSV23, administer least 8 weeks after the PCV15 dose.
- Received PCV before age 6 years but h. PPSV23
- Previously received at least 1 dose of PCV20: no further PC) or PPSV23 doses needed
- Not previously received PEV20: administer 1 dose PEV20 C 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.
- Received PCV13 only at a PCV20 OR 1 dose PPSV2 recent PCV13 dose.
- Received 1 dose PCV) 3 a years; no further doses of

Children and adolescent with immunocompromis syndrome; congenital or dysfunction; congenital diseases and conditions drugs or radiation therapeoplasms, leukemias, ly solid organ transplant; Hor other hemoglobinopa

#### Age 2-5 year

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

## **Catch-up vaccination**

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

- Received PCV13 only at or after age 6 years; administer 1 dos PCV20 OR 1-dose PP5V23 at least 8 weeks after the most recent PCV13 dose If PP5V23 is used, administer 1 dose of PCV20 or dose 2 PP5V23 at least 5 years after dose 1 PP5V23.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age of years: administer 1 dose PCV20 OR 1 dose PPSV23 at least 5 years.

## **Special situations**

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

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ccal vaccines obile app

#### Poliovirus vaccination (minimum age: 6 weeks)

#### Routine vaccination

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

#### Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- Adolescents aged 18 years known or suspected to be unvaccinated or incompletely vaccinated: administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.\* Unless there are specific reasons to believe they were not vaccinated, most persons aged 18 years or older born and raised in the United States can assume they were vaccinated against polio as children.
- 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\_%20 cid=mm6601a6 w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
- Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
- Doses of OPV administered on or after April 1, 2016, should not be counted.
- For guidance to assess doses documented as "OPV," see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s\_ cid=mm6606a7\_w.
- For other catch-up guidance, see Table 2.

#### Special situations

- Adolescents aged 18 years at increased risk of exposure to pollovirus and completed primary series\*: may administer one lifetime IPV booster
- \*Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

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



#### Special situations

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

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

For detailed information, see:

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

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

#### Routine immunization

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

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

#### Special situations

• Ages 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*:

1 dose nirsevimab shortly before start of second RSV

#### Routine vaccination

For infants younger than age 8 months

and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/childfaqs.html

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

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

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

#### Respiratory syncytial virus vaccination (RSV [Abrysvo\*\*])

#### Routine vaccination

 Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\* 1 dose RSV vaccing (Attryavo\*).
 Administra RSV vaccing researches at mayone RSV intertion.

Either maternal RSV vaccination of infant anintumization with ninsevimab (RSV monoclonal anti-body) is recommended to prevent respiratory syncytial value lower respiratory tract infection in infants.

All other pregnant persons: RSV vaccine not recommended

here is currently no ACIP recommendation for RSV yaccimation in subsequent prognancies. No data are available to inform whether additional doses are needed in later prognancies.

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

#### Rotavirus vaccination (minimum age: 6 weeks)

#### Routine vaccination

- Rotarix\*: 2 dose sones at age 2 and 4 months
- RotaTeg 1: 3 dose somes at age 2, 4, and 6 months
- If any dose in the sense is either RotaTeq\* or unknown; default to 5 dose sense.

#### 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 casch up guidance, see Table 2.

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# Recommended Child and Adolescent Immunization Sche Special Situations

#### Special situations

- Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series\*: may administer one lifetime IPV booster
- \*Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

For detailed information, see:

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

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

#### Routine immunization

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

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

#### Special situations

 Ages 8–19 months with chronic prematurity requiring medical s chronic corticosteroid therapy, o

supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*:

- 1 dose nirsevimab shortly before start of second RSV season\*
- Ages 8-19 months who are American Indian or Alaska Native:
- 1 dose nirsevimab shortly before start of second RSV season\*
- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/childfags.html
- \*Note: While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.
- \*\*Note: Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

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

- 2<sup>nd</sup> RSV season: For children aged 8-19 months with certain medical conditions; or American Indian/Alaska native



#### Special situations

- Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series\*: may administer one lifetime IPV booster
- \*Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

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

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

#### Routine immunization

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

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

#### Special situations

- \* Ages 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*:
- 1 dose nirsevimab shortly before start of second RSV season\*
- Ages 8–19 months who are American Indian or Alaska Native:
- 1 dose nirsevimab shortly before start of second RSV
- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/childfaqs.html
- \*Note: While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States.

  Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.
- \*\*Note: Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

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

#### Respiratory syncytial virus vaccination (RSY [Abrysvo<sup>m</sup>])

#### Routine vaccination

- Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\*; 1 dose RSV vaccine (Abrywo 1) Adomistor RSV vaccine regardless of they loss RSV infection.
- Eithor maternal RSV vaccination or infant immunication with nusesimab (RSV monoclonal autilitiody) o recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.
- All other pregnant persons: RSV vaccine not recommended
- There is currently no ACIP recommendation for RSV waccination in subsequent prognancies. No data are available to inform whether additional doses are needed in later prognancies.
- \*Note: Providers in jurisdictions with RSV seasonably that differs from most of the continental United States (e.g., Alaska, jurisdiction with Tropical chinasor should follow guidence from public health authorities (e.g., CDC health departments or regional medical centers on timing of administration based on local RSV seasonably.

#### Rotavirus vaccination (minimum age: 6 weeks)

#### Routine vaccination

- Rotarix(12 dose senes at age 2 and 4 months
- · RotaTeq": 3 dose series at age 2.4, and 6 months
- If any slose in the series is either RotaTeq<sup>®</sup> or unknown default to 3 dote series.

- . Do not start the senior on or after age 15 weeks: It days
- The maximum age for the final slose is 8 months. If days.
- \* For other Latth up guidance, see Talsle Z



#### **Special situations**

- Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series\*: may administer one lifetime IPV booster
- \*Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

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

Respiratory syncytial virus immunization (minimum age: birth [Nirsevimab, RSV-mAb (Beyfortus<sup>™</sup>)

#### Routine immunization

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

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

#### Special situations

- Ages 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*:
- 1 dose nirsevimab shortly before start of second RSV season\*
- Ages 8–19 months who are American Indian or Alaska Native:
- 1 dose nirsevimab shortly before start of second RSV season\*
- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/childfags.html
- \*Note: While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States.

  Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.
- \*\*Note: Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

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

#### Respiratory syncytial virus vaccination (RSV [Abrysvo"])

#### Routine vaccination

- Pregnant at 32 weeks 0 days through 36 weeks and 6 days
  gestation from September through January in most of the
  continental United States\*; 1 dase 85V vaccine (Abrysso
  Administer 45V vaccine regardless of previous 85V infection
  Either maternal 85V vaccination or infant immunication with
  hissemmab (85V monoclonal antibody) is recommended to
  prevent respiratory syncytial virus lower respiratory tract
  infection in infants.
- All other pregnant persons: KSV vaccine not recommended.
   There is cumulty no ACP recommendation for RSV vaccination in subsequent prognancies. No data are available to inform whether additional decoration mentals in later prognancies.
- \*Note: Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, parisdiction with tropical climater should follow guidance from public health authorities (e.g., CDC, health departments) or regional modical centers on timing of administration based on
  - Added note on timing of nirsevimab administration.
  - Added note on use of nirsevimab in children who are eligible to receive palivizumab.

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



#### Special situations

- Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series\*: may administer one lifetime IPV booster
- \*Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral poliovirus vaccine (tOPV) in any combination.

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

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

#### Routine immunization

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

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

#### Special situations

- Ages 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*:
- 1 dose nirsevimab shortly before start of second RSV season\*
- Ages 8–19 months who are American Indian or Alaska Native:
- 1 dose nirsevimab shortly before start of second RSV season\*
- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: 1 additional dose of nirsevimab after surgery. For additional details see special populations and situations at www.cdc.gov/vaccines/vpd/rsv/hcp/childfags.html
- \*Note: While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, nirsevimab may also be administered during the RSV season to infants and children who are age-eligible.
- \*\*Note: Nirsevimab can be administered to children who are eligible to receive palivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

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

#### Respiratory syncytial virus vaccination (RSY (Abrysyo<sup>m</sup>))

#### Routine vaccination

- Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\*: 1 dose RSV vaccine (Abryssop\*). Administer RSV vaccine regardless of previous RSV infection. Either maternal RSV vaccination or infant invitamination with nussessmap PSV infectional antibody is recommended to prevent respiratory tract infection in infants.
- All other pregnant persons: RSV vaccine not recommended

There is currently no ACIP recommendation for RSV vaccination is subsequent prognancies. No data are available to inform whether additional closes are meded in later reconancies.

Note: Providers in jurisdictions with RSV seasonality that liffers from most of the continental United States (e.g., Alaska, unshibition with tropical climator should follow quidance from public health authorities (e.g., CDC, health departments) or exponal medical centers on timing of administration based on ocal RSV seasonality.

#### Rotavirus vaccination minimum age: 6 weeks)

#### loutine vaccination

- · Rotarix 12 glose series at age 2 and 4 months.
- . RotaTeq": 1 Buse series at age 2. 4, and ombothe
- If any dose in the screen is either RotaTeq<sup>®</sup> or unknown default to it dose series.

#### Catch-up vaccination

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

Added link to nirsevimab frequently asked questions webpage



#### Special situation

 Adolescents aged 18 years at increased risk of exposure t poliovirus and completed primary series\*; may administe and liketime IPV buoster.

 Note: Complete primary series consist of arteast 3 doses i IPV or tuvalent oral pollowirus vaccine (EDPV) in any combination.

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Respiratory syncytial virus immunization (minimum age: birth (Nirsevimab, RSV-mAb (Beyfortus<sup>17</sup>)

#### Routine immunization

- Infants born October March in most of the continenta United States\*
  - Mother did not receive RSV vaccing OR mother's RSV vaccination status is unknown administer 1 dovo misevimab within 1 week of birth in hospital or outpatient setting.
- Mother received RSV vaccine less than 14 days prior to delivery; administer 1 dose misevimab within 1 week of birth in hospital or outpatient setting.
- Mother received RSV vaccine at least 14 days prior to delivery misevimate not needed but can be considered in rare circumstances at the discretion of finalthcare provider use special populations and situations at
- Symmetric grownia common published for from him.
- Infants born April September in most of the continents United States\*
- Mother did not receive RSV vaccine OR matter's RSV vaccination states is unleading administer 1 dose ninseyinab shortly before start of RSV season?
- Mother received RSV vaccine less than 14 days prior to delivery; administer 1 dose nusevenab shortly before start or RSV season?
- Mother received RSV vaccine at least 14 days prior to delivery initiavimational needed but can be considered in rare circumstances at the discretion of healthcare providers(see special populations and situations at

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

#### Special situation

- Ages 8-19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length < 10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonar exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*;</p>
  - 1 dose ninseviriab shortly before start of second RSV season?
- Ages 8–19 months who are American Indian or Alask Native:
- 1 Bose nu serimati shortly before stant of second RSI season\*
- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: 1 addational dose of nitsevimal after surgery. For additional details see special populations and situations at assemble governmental resolutions.
- \*Note: While the timing of the onser and duration of RSV season may very, masevimab may be administered October through March in most of the continental United States. Providers in junistictions with RSV seasonality that differs from most of the continental United States reig. Alaska, journal timest of the continental United States reig. Alaska, journal timest of the continental United States reig. Alaska, journal timest of the continental or regional medical centers on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season to infants and children who are use eligible.
- "Note: Nesesmab can be administered to children who are cligible to receive palivicumab. Children who have inceived nusewinab should not receive palivicumab for the same RSV season.

For hirther guidance, see www.gih.ipnormmen/wallimax/72/ wr/mm/23464 htm and www.cde.gov/vaccines/wpd/syc/begchild faquetrip3

# Respiratory syncytial virus vaccination (RSV [Abrysvo™])

#### Routine vaccination

- Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\*: 1 dose RSV vaccine (Abrysvo™).
   Administer RSV vaccine regardless of previous RSV infection.
- nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.
- All other pregnant persons: RSV vaccine not recommended.

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

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

Rotavirus vaccination (minimum age: 6 weeks)

#### loutine vaccination

- Rotarist 12 dosesteres at age 2 and 4 months
- RotaTeg 1.3 dove seves at age 2.4, and a munths
- If any dose in the series is either RotaTeq\* or unknown default to J. Sote series.

- . Do not start the senior on or after one to week to days
- The maximum age for the final dose is 8 months 0 days.
- \* For other satch up quickance, see Table 2.



#### Special situations

 Adolescents aged 18 years at increased risk of exposure to poliovirus and completed primary series\*: may administer une lifetime (PV buostor)

\*Note: Complete primary series consist of at least 3 doses o :PV or trivalent oral policierus vaceine (LORV) in any combination.

For detailed information, see years are good and and applicability commendations from

Respiratory syncytiał virus immunization (minimum age: birth [Nirsevimab, RSV-mAb (Beyfortus ")

#### Routine immunization

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

Mother did not receive RSV vaccine Off mother's VSV vaccination status is unknown administer T dose misewinab within 1 week of birth in hospital or outpatient acting

Mother received RSV vaccine less than 14 days prior to delivery, administer 1 dose nasevirnab within 1 week of both in hospital or outpatient setting.

Mother received RSV vaccine at least 14 days piror to delivery misevimab not needed but can be considered in rare circumstances at the discretion of healthcare providers see special populations and situations at

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

Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown; administer 1 dose imperiment shortly before start of RSV season?

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

Mother received RSV vaccine at least 14 days prior to delivery, misevimate not needed but can be considered in rare circumstances at the discretion of healthcare providers/see special populations and tituations at any other vaccines are special populations.

Infants with prolonged birth hospitalization\*\* (e.g., for prematurity) discharged Citober through March should be managed shortly before or premiarly after the home

#### Special situations

Ages 8–19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonar exacerbation in the first year of life or abnormalities on chest imaging that persist when stable 175.

1. date miserimal shortly before start of second RS\ season\*

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

1 date miseviman shortly before start of second RSV season\*

 Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: I add-bonal dose of misevimal after surgery. For additional details see special populations and situations at www.cdc.unv.suc.new.edd.sse hep-club lans.html

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

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

For further guidance, see sown act annount workshims 1/2 with min 1234a4 hum and work allegan vaccount and my hear chala beaution.

# Respiratory syncytial virus vaccination (RSV [Abrysvo™])

#### Routine vaccination

- Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\*: 1 dose RSV vaccine (Abrysvo™).
   Administer RSV vaccine regardless of previous RSV infection.
- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.
- All other pregnant persons: RSV vaccine not recommended.

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

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

Rotavirus vaccination (minimum age 6 weeks)

#### Routine vaccination

- Rotarisch: Jonise seises attack Stand 4 months
- RotaTeg": 1 dose senes at age 2.4 and 6 months
- "If any close in the series is either RotaTeq" or unknown default to 3 dose series.

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



#### Special situation:

- Adolescents aged 18 years at increased risk of exposure t pollovirus and completed primary series\*: may administed one Mesime IPV booster
- \*Note: Complete primary series consist of at least 3 doiles of IPV or trivations oral policytrus vaccine.ItOPVI in any combination.

For detailed information, see: now xit, you was the avent public hep-trespontive relations from

Respiratory syncytial virus immunization (minimum.age: birth [Nirsevimab, RSV-mAb (Bevfortus\*\*)

#### Routine immunization

- Infants born October March in most of the continental United States\*
- Mother did not receive RSV vaccine OR mother's RSV vaccination status is unknown administer. I dose neseymable within I week of birth in hospital or outpatient setting.
- Mother received RSV vaccine less than 14 days pine to delivery; administer 1 dose minorimab within 1 week of birth in hospital or purpattent setting
- Mother received RSV vaccine at least 14 days prior to delivery: ninsevimab not needed but can be considered in rare circumstances at the discretion of healthcare provided (see special populations and squations at
- wise attention witcome and the lightful foration.
- Infants born April September in most of the continents United States\*
- Mother did not receive RSV vaccine Oil mother's RSV vaccination states is unknown administer 1 dose inserving shortly before start of RSV season?
- Mother received RSV vaccine less than 14 days prior to delivery; administer 1 dose nirsevimab shortly before start of RSV season\*
- Mother received RSV vaccine at least 14 days prior to delivery iniserimabinot needed but can be considered in rare provinciances at the discretion of healthcare providers(see special populations and situations at areas of special populations and situations at areas of special populations.

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

#### Special situation

- Ages 8-19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length <10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonal exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*:</p>
  - 1 dose on seven ab after the before start of second RSV
- Ages 8-19 months who are American Indian or Alaska Native:
- I dose nuseriman shortly before start of second RSV season\*
- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: 1 additional dose of nitsevimal after surgery. For additional details see special populations and situations at www.idc.gov/vaccines/spill-sselvary.laft/ lags.html
- \*Note: While the timing of the onset and duration of RSV season may vary, reservinate may be administered October through March in most of the continental United States. Providers in jurisdictions with RSV seasonabity that differs from most of the continental United States (e.g. Alaska, jurisdiction with tropical alimite) should follow guidance from public health authorities (e.g. CDC, health departments) or regional health authorities (e.g. CDC, health departments) or regional reducing centers on timing of administration based on local RSV seasonality. Although optimal teming of administration is just before the start of the RSV season to infants and children who are age eligible.
- \*\*Note: Nasevimab can be administered to children who are eligible to receive palivizumati. Children who have received nit evimab should not receive palivizomab for the same RSV season.

For further guidance, see www.edc.gov/mmwires/azwirmen/234p4 from and www.edc.gov/macanes-vpakins/bcov datal tagainted

# Respiratory syncytial virus vaccination (RSV [Abrysvo™])

#### Routine vaccination

- Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\*: 1 dose RSV vaccine (Abrysvo™).
   Administer RSV vaccine regardless of previous RSV infection.
- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.
- All other pregnant persons: RSV vaccine not recommended.

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

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

# (minimum age 6 weeks)

#### Routine vaccination

- Rotarix 1: 2 close senes at age 2 and 4 months
- · BotaTea : I was unusation / 4 and amorthu
- If any dose in the screes is either RotaTeq<sup>®</sup> or unknown default to 3 dose series.

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





#### Special situations

- Adolescents aged 18 years at increased risk of exposure to pollovirus and completed primary series\*: may administer one Motune IPV Lucitor
- "Note: Complete primary series consist of at least 3 doses of IPV or trivalent oral policytrus vaccine (IOPV) in any combination.

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

#### Routine immunization

- Infants born October March in most of the continenta United States\*
- Mother did not receive RSV vaccine OR mather's RSV vaccination status is unknown administer 1 dose misevenab within 1 week of Eirth in hospital or patpatient setting
- Mother received RSV vaccine less than 14 days prior to delivery; administer 1 days missevimab within 1 week of birth in hospital or outputient setting.
- Mother received RSV vaccine at least 14 days prior to delivery misosymab not needed but can be considered in rare circumstances at the discretion of healthcare providers tare special populations and situations at
- www.cde.gov.wee.new.cod/nementallel/acchmile
- Infants born April September in most of the continental United States\*
- Mother did not receive RSV vaccine Off mother's RSV wascenation status is unknown; administer's dose in sevimal drainly before start of RSV season?
- Mother received RSV vaccine less than 14 days prior to delivery; administer 1 dose resevenabilities that of RSV season.
- Mother received RSV vaccine at least T4 days prior to delivery misevimals not needed but can be considered in rare circumstances at the discretion of healthcare providers/see special populations and situations at www.cdc.gov/vaccines/sec/special/populations/inc/chird fine-hamfil

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

#### Special situation

- Ages 8-19 months with chronic lung disease of prematurity requiring medical support (e.g., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen| any time during the 6-month period before the start of the second RSV season; severe immunocompromise; cystic fibrosis with either weight for length < 10th percentile or manifestation of severe lung disease (e.g., previous hospitalization for pulmonar exacerbation in the first year of life or abnormalities on chest imaging that persist when stable)\*\*;
- "Lidose miseymati shortly before start of second R5 season."
- Ages 8–19 months who are American Indian or Alaska Native:
- I dose reserring shortly before start of second AS season\*
- Age-eligible and undergoing cardiac surgery with cardiopulmonary bypass\*\*: 1, additional dose of misevimal after surgery. For additional details see special populations and situations at assemble per vaccines with the homeful lausifilm.
- \*Note: While the timing of the onset and duration of RSV season may vary, misewimab may be administered Dictaber through March in most of the continental United States. Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alanka, jurisdiction with tropical climater should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical conters on timing of administration based on local RSV seasonality. Although optimal timing of administration is just before the start of the RSV season, misowimab may also be administrated during the RSV season to infants and children who are due eligible.
- \*\*Note: Misevamab can be administered to children who are eligible to receive pulivizumab. Children who have received nirsevimab should not receive palivizumab for the same RSV season.

For further quedings, see sowered and remove solution? 22 M2 that 22.54/6 furrand conversable post-sequence sold assetted white lagrange.

# Respiratory syncytial virus vaccination (RSV [Abrysvo™])

#### **Routine vaccination**

- Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States\*: 1 dose RSV vaccine (Abrysvo<sup>TM</sup>).
- Administer RSV vaccine regardless of previous RSV infection.
- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infantion in infants.
- All other pregnant persons: RSV vaccine not recommended.

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

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

(minimum age: 6 weeks)

#### Routine vaccination

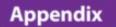
- Rotarix 12 close series at age 2 and 4 months.
- RetaTee? 1 Soor count at least 2 and remorates
- If any dose in the series is wither RotaTeq\* or unknown default to 3 dose series.

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



# APPENDIX

CONTRAINDICATIONS AND PRECAUTIONS



#### Guide to Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices.—United States, 2023-24 Influenza Season | MMWR (cdc.gov), Contraindications and Precautions for COVID-19 Vaccination, and Contraindications and Precautions for JYNNEOS Vaccination

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended	Precautions <sup>2</sup>
COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]	<ul> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine<sup>4</sup></li> </ul>	Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine*; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine  Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A)  Moderate or severe acute illness, with or without fever
COVID-19 protein subunit vaccine [Novavax]	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID-19 vaccine <sup>s</sup>	Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine*; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine     Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine     Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A)     Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV4)	Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine     (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency)     Severe allergic reaction (e.g., anaphylaxis) to any vaccine component <sup>1</sup> (excluding egg)	Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine     Moderate or severe acute illness with or without fever
Influenza, cell culture-based inactivated injectable (ccllV4) [Flucelvax Quadrivalent]	Severe allergic reaction (e.g., anaphylaxis) to any cclfV of any valency, or to any component <sup>1</sup> of cclfV4	Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.  Moderate or severe acute illness with or without fever
Influenza, recombinant Injectable (RIV4) [Flublok Quadrivalent]	Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component <sup>3</sup> of RIV4	Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.  Moderate or severe acute illness with or without fever
Influenza, live attenuated (LAIV4) [Flumist Quadrivalent]	Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) Severe allergic reaction (e.g., anaphylaxis) to any vaccine component' (excluding egg) Children age 2–4 years with a history of asthma or wheezing Anatomic or functional asplenia Immunocompromised due to any cause including, but not limited to, medications and HIV infection Close contacts or caregivers of severely immunosuppressed persons who require a protected environment Pregnancy Cochlear implant Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak Children and adolescents receiving aspirtin or salicylate-containing medications Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days	Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Asthma in persons age 5 years old or older Persons with underlying medical conditions other than those listed under contraindications that might predispose to complications after wild-type influenza virus infection, e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)  Moderate or severe acute illness with or without fever

- 1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.

  2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization.
- 1. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for U.S.-licensed vaccines.
- 4. See package inserts and FDA EUA fact sheets for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG).

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended	Precautions*		
Dengue (DEN4CYD)	<ul> <li>Severe allergic reaction (e.g., anaphylasis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)</li> <li>Lack of laboratory confirmation of a previous Dengue infection</li> </ul>	Pregnancy     HV infection without evidence of severe immunosuppression     Moderate or severe acute illness with or without fever		
Diphtheria, tetanus, pertussis (DTaP)	<ul> <li>Severe allergic reaction (e.g., anaphylaxin) after a previous dose or to a vaccine component?</li> <li>For DTaP only. Encephalopathy (e.g., coma, decreased level of conociousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP</li> </ul>	<ul> <li>Guillain-Bame syndrome (GBS) within 6 weeks after previous dose of tetanus-toxoid-containing vaccine.</li> <li>History of Arthus rtype hypersensithity reactions after a previous dose of diphtheria toxoid-containing or tetanus-toxoid-containing vaccine; deler vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine.</li> <li>For DTaP only. Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized.</li> <li>Moderate or severe acute illness with or without fever.</li> </ul>		
Hisemophilus influenzae type b (Hib)	<ul> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component*</li> <li>Less than age 6 weeks</li> </ul>	Moderate or severe acute illness with or without fever		
Hepatitis A (HepA)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component' including neomycin	Moderate or severe acute illness with or without fever		
Hepatitis B (HepB)	<ul> <li>Severe allergic reaction (e.g., anaphylasis) after a previous dose or to a vaccine component* including yeast</li> <li>Pregnancy: Replicar-8 and Prefivetine are not recommended due to lack of safety data in pregnant persons. Use other hepatitis.</li> <li>Broccines of Flegal a inclusted*.</li> </ul>	Moderate or severe acute illness with or without fever		
Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twintid]	<ul> <li>Severe allergic reaction (e.g., anaphylasis) after a previous dose or to a vaccine component<sup>3</sup> including neomycin and yeast</li> </ul>	Moderate or severe acute illness with or without fever		
Human papillomavirus (HPV)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component'     Pregnancy: HPV vaccination not recommended.	Moderate or severe acute illness with or without fever		
Measles, mumps, rubella (MMR)  Neasles, mumps, rubella, and varicella (MMRV)  Severe allergic reaction (e.g., anaphylasis) after a previous dose or to a vaccine componenti'  Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital im long-term immunocuppressive therapy or patients with HIV infection who are severely immunocompeters, e. Pregnancy  Family history of altered immunocompetence, unless verified clinically or by laboratory testing as imm		Recent (s11 months) receipt of antibody-containing blood product (specific interval depends on proceed on the process of the or the state of the process of the state of the		
Meningococcal ACWY (MenACWY) MenACWY-CRM (Menveo) MenACWY-TT (MenQuadfi)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component*     For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid—or CRM197—containing vaccine     For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine	For MenACWY-CRM only: Preterm birth if less than age 9 months     Moderate or severe acute illness with or without fever		
Meningococcal B (Menili) MenB-4C (Bexsero) MenB-FHbp (Trumenba)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component*	Pregnancy     For Mertil-4C only: Lates sensitivity     Moderate or severe acute illness with or without fever		
Meningococcal ABCWY (MenACWV TT/Men® Fittip) (Penbraya)	Severe allergic reaction (e.g., anaphylasis) after a previous dose or to a vaccine component*     Severe allergic reaction to a tetamus toxolid containing vaccine.	Moderate or severe acute illness, with or without fever		
Mpax [Jynneos]	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component*	Moderate or severe acute illness, with or without fever.		
Priedmococcal conjugate (PCV)	severe attergic reaction (e.g., anaphysisin) aren's previous dose or to a vaccine component*     Severe allergic reaction (e.g., anaphysisis) to any diphtheria-toxicid-containing vaccine or its component*	Moderate or severe acute inness with or without rever		
Pneumococcal polysaccharide (PPSV23)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component?	Moderate or severe acute illness with or without fever		
Poliovirus vaccine, inactivated (IPV)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component*	Pregnancy     Moderate or severe acute illness with or without fever		
RSV monoclonal antibody (RSV-mAb)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <sup>o</sup>	Moderate or severe acute illness with or without fever		
Respiratory syncytial virus vaccine (RSV)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <sup>a</sup>	Moderate or severe acute illness with or without fever		
Rotavirus (RV) RV1 [Rotaria] RV5 [Rotalleq]	Severe alongic reaction (e.g., anaphysisis) after a previous dose of to a vaccine component     Severe combined immunodeficiency (SCID)     History of intuisusception	Neureu miniorocompenence owier man SCID     Chronic gastrointestinal disease     RVI only: Spina bifids or bladder exstrophy     Moderate or severe acute illness with or without fever		
Tetanus, diphtheria, and acellular pertussis (Tidap) Tetanus, diphtheria (Tid)	<ul> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component<sup>3</sup></li> <li>For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap</li> </ul>	<ul> <li>Guillain-Blanei syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid-containing us.</li> <li>History of Arthur type hyperserability reactions after a previous dose of diphtheris toxoid-containing or tetanus-toxoid-containing vaccine.</li> <li>For Tage only. Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.</li> <li>Moderate or severe acute illness with or without feer.</li> </ul>		
Varicella (VAR)	Severe allergic reaction (e.g., anaphylasis) after a previous dose or to a vaccine component*     Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)     Pregnancy     Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent	Recent [<11 months] receipt of antibody-containing blood product (specific interval depends on product Receipt of specific antiviral drugs (acyclovir, farmicolovir, or valacyclovir) 24 hours before vaccination (avoid		

When a contraindication is present, a vaccine should NOT be administered. Knoger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recx/general-recx/contraindications.html
 When a precaution is present, vaccine should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Knoger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recx/general-recx/contraindications.html

<sup>3.</sup> Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at www.kla.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states.

4. For information on the pregnancy exposure registries for persons who were inadvertently vaccinated with Heplisav-B or PreHevbrio while pregnant, please visit heplisav-bregnancyregistry.com or www.prehevbrio.com/#safety.

5. Full prescribing information for BEYFORTUS (nirsevimab-alip) www.accessdata.fda.gov/drugsatfda\_docs/fabel/2023/761328s000fbl.pdf

# ADDENDUM

NEW ACIP RECOMMENDATIONS



In addition to the recommendations presented in the previous sections of this immunization schedule, ACIP has approved the following recommendations by majority vote since October 26, 2023. The following recommendations have been adopted by the CDC Director and are now official. Links are provided if these recommendations have been published in Morbidity and Mortality Weekly Report (MMWR).

Vaccines Recommendations Effective Date of Recommendation\*

No new vaccines or vaccine recommendations to report

<sup>\*</sup>The effective date is the date when the CDC director adopted the recommendation and when the ACIP recommendation became official.

# VACCINATION RESOURCES FOR HEALTHCARE PROVIDERS

# JOB AIDS FOR IMMUNIZATION SCHEDULE

### Vaccine Catch-Up Guidance

CDC has developed catch-up guidance job aids to assist healthcare providers in interpreting Table 2 in the child and adolescent immunization schedule.

- Haemophilus influenzae type b-Containing Vaccines Catch-Up Guidance for Children 4 Months through 4 Years of Age
  - Hib vaccine products: ActHIB, Pentacel, Hiberix, or unknown
     [3 pages]
  - Hib vaccine products: PedvaxHIB vaccine only
     [2 pages]
- <u>Diphtheria-, Tetanus-, and Pertussis-Containing</u>
   <u>Vaccines Catch-Up Guidance for Children 4 Months</u>
   <u>through 6 Years of Age</u>

  [2 pages]

- Inactivated Polio Vaccine (IPV)
   [2 pages]
- <u>Tetanus-, Diphtheria-, and Pertussis-Containing</u>
   <u>Vaccines Catch-Up Guidance for Children 7 through</u>
   <u>9 Years of Age</u>
   [2 pages]
- <u>Tetanus-, Diphtheria-, and Pertussis-Containing</u>
   <u>Vaccines Catch-Up Guidance for Children 10 through</u>
   <u>18 Years of Age</u>

### Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

#### **Pneumococcal Conjugate Vaccine: PCV**

	AND # of previous doses is	AND	AND	AND	THEN	Next dose due <sup>2</sup>
24 through 59 months	0	<b>→</b>	<b>→</b>	<b>→</b>	Give Dose 1 today	No additional doses needed
	1	Dose 1 was given <b>before</b> 1st birthday	<b>→</b>	<b>→</b>	Give Dose 2 (Final Dose) today	No additional doses needed
		Dose 1 was given after 1" birthday	Dose I was given before 2 <sup>nd</sup> birthday	It has been at least 8 weeks since Dose 1	Give Dose 2 (Final Dose) today	No additional doses needed
				It has <b>not</b> been at least 8 weeks since Dose 1	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
			Dose 1 was given after 2nd birthday	<b>→</b>	No dose today	No additional doses needed
	2	Dose 1 was given <b>before</b> 12 months of age	Dose 2 was given before 1st birthday	<b>→</b>	Give Dose 3 (Final Dose) today	No additional doses needed
			Dose 2 was given after 1st birthday	Dose 2 was given <b>before</b> 2 <sup>nd</sup> birthday	Give Dose 3 (Final Dose) today	No additional doses needed
				Dose 2 was given after 2nd birthday	No dose today	No additional doses needed
		Dose 1 was given after 12 months of age	-	<b>→</b>	No dose today	No additional doses needed
	3	All 3 doses were given <b>before</b> 12 months of age	<b>→</b>	<b>→</b>	Give Dose 4 (Final Dose) today	No additional doses needed
		1 or more doses were given at 12 months of age or older	<b>→</b>	<b>→</b>	No dose today	No additional doses needed

Refer to the notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger-United States, 2024, for Immunization guidance for children at increased risk for pneumococcal disease.

# JOB-AIDS FOR IMMUNIZATION SCHEDULE

<sup>&</sup>lt;sup>2</sup> Next dose due is not the final dose in the series unless explicitly stated.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024, www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

# **JOB AIDS**

# Shared Clinical Decision Making Recommendations



#### Shared Clinical Decision-Making

### Meningococcal B Vaccination

The determination on whether to vaccinate a patient 16-23 years of age who is not at increased risk for meningococcal disease with a MenB vaccine is based on a shared clinical decision-making process between a patient and their health care provider. However, all adolescents and young adults at increased risk because of a serogroup B meningococcal disease outbreak or certain medical conditions should receive a MenB vaccine. Shared clinical decision-making recommendations are intended to be flexible and informed by the characteristics, values, and preferences of the individual patient and the clinical discretion of the health care provider.

Consider discussing MenB vaccination with patients 16 through 23 years of age who are not at increased risk for meningococcal disease:



- MenB vaccine is not routinely recommended for all adolescents in this age group.
- The vaccine series provides short-term protection against most strains of serogroup B meningococcal bacteria circulating in the United States.



 Serogroup B meningococcal disease is an uncommon but deadly disease. In recent years, between 20 and 50 cases occurred in 16 to 23 year olds in the United States each year.
 A low risk of exposure or infection does not mean a person cannot get a MenB



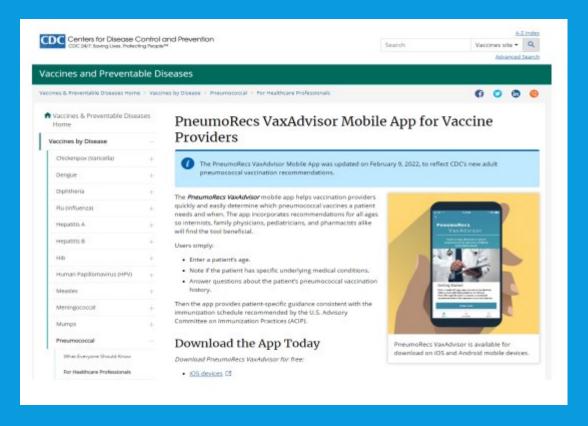
- A low risk of exposure or infection does not mean a person cannot get a Menii vaccine. It is just one potentially important consideration in shared clinical decision-making.
- College students are at increased risk, especially those who are freshmen, attend a four-year university, live in on-campus housing, or participate in scrorities and fraternities.
- Serogroup B vaccines are safe and effective, but only offer short-term protection (1 to 2 years) to those who get vaccinated.

If you vaccinate:



- Since these patients are not at increased risk of serogroup B disease, administer:
- -2-dose series of MenB-4C at least 1 month apart, or
- -2-dose series of MenB-FHbp at 0, 6 months
- MenB-4C and MenB-FHbp are not interchangeable
- MenB vaccines are safe and effective for this population unless a patient
   Had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a
- Is pregnant; vaccine should be delayed unless the patient is at increased risk and the benefits of vaccination outweigh the potential risks

# PNEUMOCOCCAL VACCINATION RESOURCES



https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html

# RSV VACCINATION RESOURCES FOR HEALTHCARE PROVIDERS

## Webpages

- Hawaii Medical Advisory for Hawaii Specific RSV Information
  - https://health.hawaii.gov/docd/files/2023/12/Med-Advisory-RSV-mAb-and-Vaccine-12\_27\_2023.pdf
- RSV Prevention Information
  - https://www.cdc.gov/vaccines/vpd/rsv/hcp/child.html
- RSV Vaccination for Pregnant People
  - https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html

## Frequently asked questions

- Frequently Asked Questions About RSV Immunization with Monoclonal Antibody for Children 19 Months and Younger
  - https://www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html
- Frequently Asked Questions About RSV Vaccine for Pregnant People
  - https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people-faqs.html

### Respiratory Syncytial Virus vaccines (RSV)

# **Options for Infant RSV Prevention**

At-a-Glance

Two immunization products are available for the prevention of severe Respiratory Syncytial Virus (RSV) disease in infants: maternal RSV vaccine and infant RSV monoclonal antibody. All infants should be protected against severe RSV disease through use of one of these products.

Either maternal RSV vaccination or use of RSV monoclonal antibody in the infant is recommended.

Administration of both products is not needed for most infants.

Maternal RSV vaccination: Use ONLY Pfizer RSVPreF vaccine (trade name Abrysvo™)

#### Maternal RSV Vaccine

RSVPreF vaccine (trade name Abrysvo<sup>™</sup>) is recommended for people during weeks 32 through 36 of pregnancy, using seasonal administration, to prevent severe RSV disease in infants. In clinical trials, there was a small increase in the number of preterm birth events in vaccinated pregnant people after vaccination. It is not clear if this is a true safety problem related to RSV vaccine or if this occurred for reasons unrelated to vaccination.

#### Infant RSV Monoclonal Antibody

RSV monoclonal antibody (generic name nirsevimab, trade name Beyfortus™) is recommended for the following:

- . Infants less than 8 months of age born during or entering their first RSV season if:
  - \* Mother did not receive maternal RSV vaccine or it is unknown if mother received RSV vaccine
  - \* Infant was born less than 14 days after maternal RSV vaccination\*

In rare circumstances, nirsevimab may be considered for infants born to mothers vaccinated 14 or more days before birth when the health care provider believes the potential incremental benefit is warranted. These situations include, but are not limited to:

- Infants born to mothers who might not have mounted an adequate immune response to vaccination (e.g., people with immunocompromising conditions)
- Infants born to mothers who have conditions associated with reduced transplacental antibody transfer (e.g., people living with HIV infection)
- Infants who might have experienced loss of maternal antibodies, such as those who have undergone cardiopulmonary

# RSV VACCINATION RESOURCES FOR HEALTHCARE PROVIDERS

https://www.cdc.gov/vaccines/vpd/rsv/h cp/child.html

#### Only Administer Nirsevimab (Beyfortus, Sanofi) to Young Children



#### Administer nirsevimab (Beyfortus) preventive antibody to:

- . Infants younger than 8 months
- Certain children 8–19 months



Do NOT administer RSV vaccine to infants and young children



Give ABRYSVO (Pfizer) to pregnant people 32-36 weeks' gestation, and to adults 60 years and offer based on shared clinical decision making. Give AREXVY (GSK) to adults 60 and older based on shared clinical decision making. Do not give to pregnant people.

#### Strategies to Help Prevent Vaccine Administration Errors



. Order and stock vaccine products that fit best with your patient population.



 If both nirsevimab (Beyfortus) and one or both RSV vaccines are stocked, label each storage bin with correct indications.



 Educate staff on recommendations. If more than 1 product is stocked, train staff about the differences in preparation, indications, and dosage.



 Follow medication administration best practices – read and check the product label at least 3 times and ask another staff member to confirm that it is the correct product for the patient.

#### **CDC Clinical Resources**

For Healthcare Professionals: RSV (Respiratory Syncytial Virus) | CDC

# RSV VACCINATION FOR HEALTHCARE PROVIDERS

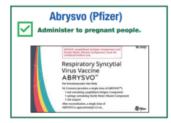
https://www.cdc.gov/vaccines/vpd/rsv/h cp/child.html

# RSV VACCINATION RESOURCES FOR HEALTHCARE PROVIDERS

#### Only Administer Abrysvo (Pfizer) Vaccine to Pregnant People



Two respiratory syncytial virus (RSV) vaccine products are available for use in the United States.





#### **Strategies to Help Prevent Errors**



 Order and stock vaccine products that fit best with your patient population. Avoid stocking both products, if possible.



 If both RSV vaccine products are stocked, label the Arexvy (GSK) vaccine "Do NOT administer to pregnant people."



 Educate staff on vaccine recommendations. If both RSV products are stocked, train staff about the differences in preparation and indications.



 Follow medication administration best practices – read and check the vaccine product label at least 3 times and ask another staff member to confirm that it is the correct vaccine product for the patient.



 If referring pregnant people to another vaccine provider, tell the provider to administer Abrysvo (Pfizer) vaccine and to confirm the vaccine product prior to administration.

#### **CDC Clinical Resources**

Healthcare Providers: RSV Vaccination for Pregnant People | CDC

RSV Vaccine Information Statement | CDC

# MATERIALS YOU CAN SHARE WITH YOUR PATIENTS

- Parent-friendly schedules
  - https://www.cdc.gov/vaccines/schedules/easy-toread/childeasyread.html
  - https://www.cdc.gov/vaccines/schedules/easy-toread/adolescenteasyread.html
- Vaccine assessment tool/quiz
  - https://www2.cdc.gov/vaccines/childquiz



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# VACCINE ASSESSMENT TOOL/QUIZ

Answer 7 quick questions to learn which vaccines your child may need. Vaccines are recommended for children and adolescents based on age, health conditions, and other factors. No personal information will be retained by CDC. This vaccine assessment tool applies to children and adolescents from birth through 18 years old.

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- 1. Answer the questions below.
- Get a list of vaccines your child may need based on your answers.
   (This list may include vaccines your child has already had)
- 3. Discuss the vaccines on the list with your child's doctor or health care professional.

#### Part One: About Your Child/Adolescent

1. Some vaccines are given based on your child's age. What is your child's birthday?

Month	~	Day♥	Year 🕶
Is your ch	ild		
O Female			
OMale			

#### Part Two: High-Risk Conditions or Medical Conditions

Will your child be traveling outside the U.S. in the near future?  O Yes
○ No
○ Don't know
Does your child have a weakened immune system due to illness or medications?  O Yes
○ No

# VACCINE ASSESSMENT TOOL/QUIZ

# **CONTACT INFO**

 For any VFC-related questions, please feel free to reach out to any member of our VFC QA Team

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Fax: 808-586-8302

Email address: HawaiiVFC@doh.hawaii.gov



# QUESTIONS

# SURVEY

Please complete the VFC Webinar Satisfaction Survey: https://forms.office.com/g/XStX9ewn6e