



Recommendations from the Combined Immunization Schedule Work Group for the 2025 Immunization Schedules for Children/Adolescents and Adults

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ACIP Meeting

October 24, 2024

2025 Update to Child and Adolescent Immunization Schedule

Age 18 years or younger

Dr. Nanda Issa

How to Use the Immunization Schedule

Sections

- Cover Page
- Table 1: Age-based
- Table 2: Catch-up
- Table 3: Medical indication
- Vaccination notes
- Appendix: contraindications and precautions
- Addendum: updates after schedule is published

Recommended Child and Adolescent Immunization Schedule

for ages 18 years or younger

UNITED STATES
2025

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	Bevyfortis™
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®
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHib® Hibex®
	Hib (PRP-OMP)	PedvaxHib®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IN4	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	Boxero®
	MenB-FHbp	Trumenba®
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos®
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance™
	PCV20	Pneumar 20®
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	Imovax®
Respiratory syncytial virus vaccine	RSV	Abrysvo™
Rotavirus vaccine	RV1	Rotarix®
	RV5	Rotateq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdavax™
Varicella vaccine	VAR	Varivax™
Combination vaccines (use combination vaccines instead of separate injections whenever possible)		
DTap, hepatitis B, and inactivated poliovirus vaccine	DTap-HepB-IPV	Pediaris®
DTap, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTap-IPV/Hib	Pentacel®
DTap and inactivated poliovirus vaccine	DTap-IPV	Kinrix®
		Quadacel®
DTap, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTap-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

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

03/01/2024

How to use the child and adolescent immunization schedule

- 1**
Determine recommended vaccine by age (Table 1)
- 2**
Determine recommended interval for catch-up vaccination (Table 2)
- 3**
Assess need for additional recommended vaccines by medical condition or other indication (Table 3)
- 4**
Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
- 5**
Review contraindications and precautions for vaccine types (Appendix)
- 6**
Review new or updated ACP guidance (Addendum)

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).

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

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

Helpful information
 • Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
 • ACP 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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Centers for Disease Control and Prevention

Scan QR code for access to online schedule
CS310009E

Proposed Update to the 2025 Child/Adolescent Immunization Schedule

Changes to Tables

- Cover Page
- Table 1
- Table 2
- Table 3

Changes to Vaccination Notes

- **COVID-19**
- DTaP
- **Hib**
- **Influenza**
- MMR
- **MenB**
- Pneumococcal
- RSV monoclonal antibody
- RSV vaccine

Changes to Appendix

- MMR/MMRV
- Varicella

1. [Use of COVID-19 Vaccines for Persons Aged ≥6 Months: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–2025 | MMWR \(cdc.gov\)](#)
2. [Use of Haemophilus influenzae Type b–Containing Vaccines Among American Indian and Alaska Native Infants: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2024 | MMWR \(cdc.gov\)](#)
3. [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–25 Influenza Season | MMWR \(cdc.gov\)](#)

Cover page

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

UNITED STATES
2025

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	Bevyfortus
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine Spikevax/Moderna COVID-19 Vaccine Novavax COVID-19 Vaccine
	1vCOV-aPS	
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHIB Hiberix PedvaxHIB
	Hib (PRP-OMP)	Havrix Vaqta
Hepatitis A vaccine	HepA	
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB C Gardasil
Human papillomavirus vaccine	HPV	
Influenza vaccine (inactivated; egg-based)	IIV3	Multiple
Influenza vaccine (inactivated; cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
	MenACWY-CRM	Menveo
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-TT	MenQuadfi
	MenB-4C	Bexsero
Meningococcal serogroup B vaccine	MenB-FHbp	Trumenba
	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	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
Rotavirus vaccine	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix Tenovac
Tetanus and diphtheria vaccine	Td	Tdavax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit.

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How to use the child and adolescent immunization schedule

- 1** Determine recommended vaccine by age (Table 1)
- 2** Determine recommended interval for catch-up vaccination (Table 2)
- 3** Assess need for additional recommended vaccines by medical condition or other indication (Table 3)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
- 5** Review contraindications and precautions for vaccine types (Appendix)
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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).

Report

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Helpful Information

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- 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/sur-manual



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Table 1

Immunization schedule by age group

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8 through 19 months). See Notes												
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			← 3 rd or 4 th dose (See Notes) →										
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →										
Inactivated poliovirus			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					See Notes	
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2024–2025 vaccine (See Notes)																	
Influenza (IIV3, cIIV3)						1 or 2 doses annually						1 dose annually						
Influenza (LAIV3)												1 or 2 doses annually		1 dose annually				
Measles, mumps, rubella (MMR)						See Notes		← 1 st dose →					2 nd dose					
Varicella (VAR)								← 1 st dose →					2 nd dose					
Hepatitis A (HepA)						See Notes		2-dose series (See Notes)										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose					
Human papillomavirus (HPV)														See Notes				
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)				See Notes											1 st dose		2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)											See Notes							
Respiratory syncytial virus vaccine (RSV [Abrysvo])											Seasonal administration during pregnancy (See Notes)							
Dengue (DEN4CYD; 9–16 yrs)											Seropositive in endemic dengue areas (See Notes)							
Mpox	No guidance/Not Applicable																	

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups or populations

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No guidance/Not Applicable

Page 2

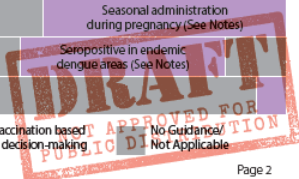


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status; (See Notes)					1 dose (8 through 19 months); See Notes											
Hepatitis B (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →			5 th dose								
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose (See Notes) →										
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →											
Inactivated poliovirus			1 st dose	2 nd dose	← 3 rd dose →				4 th dose		See Notes						
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2024–2025 vaccine (See Notes)																
Influenza (IV3, cclIV3)						1 or 2 doses annually							1 dose annually				
Influenza (LAIV3)											1 or 2 doses annually		1 dose annually				
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →		2 nd dose								
Varicella (VAR)						← 1 st dose →		2 nd dose									
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)															See Notes		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)				See Notes											1 st dose	2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																See Notes	
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy (See Notes)		
Dengue (DEN4CYD; 9–16 yrs)	Seropositive in endemic dengue areas (See Notes)																
Mpox																	

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No Guidance/Not Applicable

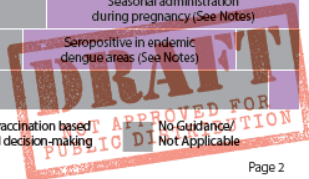


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs			
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)				1 dose (8 through 19 months); See Notes															
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →															
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)		1 st dose	2 nd dose	See Notes																
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose	← 4 th dose →					5 th dose										
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose (See Notes) →														
Pneumococcal conjugate (PCV15, PCV20)		1 st dose	2 nd dose	3 rd dose	← 4 th dose →															
Inactivated poliovirus		1 st dose	2 nd dose	← 3 rd dose →					4 th dose									See Notes		
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2024–2025 vaccine (See Notes)																			
Influenza (IIV3, cclIV3)	1 or 2 doses annually																			
Influenza (LAIV3)	1 or 2 doses annually										1 dose annually									
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →						2 nd dose							
Varicella (VAR)							← 1 st dose →						2 nd dose							
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)													
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)											1 dose									
Human papillomavirus (HPV)											See Notes									
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes														1 st dose	2 nd dose		
Meningococcal B (MenB-4C, MenB-FHbp)																	See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal administration during pregnancy (See Notes)					
Dengue (DEN4CYD; 9–16 yrs)	Seropositive in endemic dengue areas (See Notes)																			
Mpox	No Guidance/Not Applicable																			

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups or populations

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No Guidance/Not Applicable

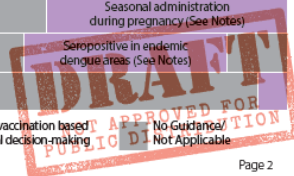


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)				1 dose (8 through 19 months). See Notes													
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →			5 th dose							
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			← 3 rd or 4 th dose (See Notes) →										
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →										
Inactivated poliovirus			1 st dose	2 nd dose	← 3 rd dose →						4 th dose						See Notes	
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2024–2025 vaccine (See Notes)																	
Influenza (IV3, ccIV3)	1 or 2 doses annually										1 dose annually							
Influenza (LAIV3)	or										1 or 2 doses annually		or					1 dose annually
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →				2 nd dose							
Varicella (VAR)							← 1 st dose →				2 nd dose							
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose					
Human papillomavirus (HPV)													See Notes					
Meningococcal (MenACWY-CRM ≥ 2 mos, MenACWY-TT ≥ 2years)				See Notes											1 st dose	2 nd dose		
Meningococcal B (MenB-4C, MenB-FHbp)													See Notes					
Respiratory syncytial virus vaccine (RSV [Abrysvo])													Seasonal administration during pregnancy (See Notes)					
Dengue (DEN4CYD; 9–16 yrs)													Seropositive in endemic dengue areas (See Notes)					
Mpox																		

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No Guidance/ Not Applicable

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

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Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose				← 4 th dose →		5 th dose								
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → (See Notes)												
Pneumococcal conjugate (PCV15, PCV20)		1 st dose	2 nd dose	3 rd dose				← 4 th dose →										
Inactivated poliovirus		1 st dose	2 nd dose	← 3 rd dose →						4 th dose								
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2024–2025 vaccine (See Notes)																	
Influenza (IIV3, cclIV3)	1 or 2 doses annually																	
Influenza (LAIV3)											1 or 2 doses annually	1 dose annually						
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose						
Varicella (VAR)							← 1 st dose →					2 nd dose						
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose					
Human papillomavirus (HPV)														See Notes				
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)				See Notes											1 st dose	2 nd dose		
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes				
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy (See Notes)				
Dengue (DEN4CYD; 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)				
Mpox																		

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No Guidance/ Not Applicable

Table 2

Catch-up immunization schedule

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

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

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



Table 3

Immunization schedule by medical indication

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2025

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.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV Infection)	HIV infection CD4 percentage and count ^a		CSF leak or cochlear Implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200/mm	≥15% and ≥200/mm						
RSV-mAb (nirsevimab)		2 nd RSV season	1 dose depending on maternal RSV vaccination status (See Notes)				2 nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status (See Notes)		
Hepatitis B										
Rotavirus		SCID ^b								
DTaP/Tdap	DTaP									
	Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19		See Notes								
Influenza inactivated		Solid organ transplant: 18yrs See Notes								
LAIV3							Asthma, wheezing: 2–4 years ^c			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 dose series (See Notes)								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration (See Notes)									
Dengue										
Mpox	See Notes									

Recommended for all age-eligible children who lack documentation of a complete vaccination series

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

Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended
*Vaccinate after pregnancy. See Notes.

No Guidance/Not Applicable

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 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

b. Severe Combined Immunodeficiency

c. LAIV3 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

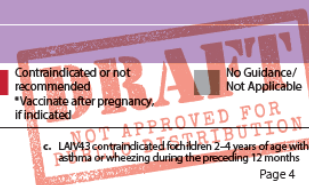


Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2025

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.

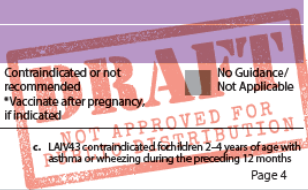
Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count ^a		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on Dialysis	Chronic liver disease	Diabetes
			<15% or <200mm	≥15% and ≥200mm						
RSV-mAb (nirsevimab)		2 nd RSV season	1 dose depending on maternal RSV vaccination status (See Notes)				2 nd RSV season for chronic lung disease (See Notes)		1 dose depending on maternal RSV vaccination status (See Notes)	
Hepatitis B										
Rotavirus		SCID ^b								
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19		See Notes								
Influenza inactivated		Solid organ transplant: 18yrs See Notes								
LAIV3							Asthma, wheezing: 2-4 years ^c			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 dose series (See Notes)								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration (See Notes)									
Dengue										
Mpox	See Notes									

Recommended for all age-eligible children who lack documentation of a complete vaccination series
Not recommended for all children, but is recommended for some children based on increased risk for or severe outcomes from disease
Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
Contraindicated or not recommended
*Vaccinate after pregnancy, if indicated
No Guidance/ Not Applicable

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 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

b. Severe Combined Immunodeficiency

c. LAIV3 contraindicated for children 2-4 years of age with asthma or wheezing during the preceding 12 months



Notes

Routine vaccination

Persons **NOT** moderately or severely immunocompromised

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

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/gbp-guidelines-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/gbp-guidelines-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*. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All 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 Vaccine])

Routine vaccination

Age 6 months–4 years

All vaccine doses should be from the same manufacturer.

• Unvaccinated

- 2-dose series of 2024–25 Moderna at 0, 4–8 weeks
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3–8, at least 8 weeks after dose 2

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 1 dose of 2024–25 Moderna 4–8 weeks after dose 1.
- **2 or more doses of any Moderna*:** 1 dose of 2024–25 Moderna at least 8 weeks after the most recent dose.

• Previous vaccination with Pfizer-BioNTech

- **1 dose of any Pfizer-BioNTech (dose 1):** 2 doses of 2024–25 Pfizer-BioNTech separated by at least 8 weeks (minimum interval dose 1 to dose 2: 3–8 weeks).
- **2 doses of any Pfizer-BioNTech:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **3 or more doses of any Pfizer-BioNTech*:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.

*Previous vaccination with 2 or more doses of any Moderna or 3 or more doses of any Pfizer-BioNTech **including** at least 1 dose of 2024–25 vaccine:

Age 5–11 years

• Unvaccinated

- 1 dose of 2024–25 Moderna or Pfizer-BioNTech vaccine

• Previous vaccination with 1 or more doses of any Moderna or Pfizer-BioNTech

- **Not including 2024–25 COVID-19 vaccine:** 1 dose of 2024–25 Moderna or Pfizer-BioNTech vaccine at least 8 weeks after the most recent dose.
- **Including 1 dose of 2024–25 COVID-19 vaccine:** no further doses indicated.

Age 12–18 years

• Unvaccinated:

- 1 dose of 2024–25 Moderna or Pfizer-BioNTech vaccine
- 2-dose series of 2024–25 Novavax at 0, 3–8 weeks

• Previous vaccination

- **1 or more doses of any Moderna or Pfizer-BioNTech or 2 or more doses of any Novavax not including 1 dose of any 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.
- **1 dose of any Novavax (dose 1):** 1 dose 2024–25 Novavax COVID-19 vaccine 3–8 weeks after dose 1. More than 8 weeks after dose 1, any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) may be administered.
- **1 or more doses of any Moderna or Pfizer-BioNTech or 2 or more doses of any Novavax including 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Pfizer-BioNTech or Novavax):** no further doses indicated.
- **Age 18 years who received 1 or more doses of Janssen COVID-19 Vaccine not including 1 dose of any 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.

Special situation

Persons who are moderately or severely immunocompromised.** For all age groups, all vaccine doses in initial series should be from the same manufacturer.

Age 6 months–4 years

• Unvaccinated

- 3-dose series of 2024–25 Moderna at 0, 4 weeks, at least 4 weeks after dose 2
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3 weeks, at least 8 weeks after dose 2

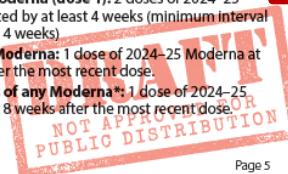
• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 2 doses of 2024–25 Moderna separated by at least 4 weeks (minimum interval dose 1 to dose 2: 4 weeks).
- **2 doses of any Moderna:** 1 dose of 2024–25 Moderna at least 4 weeks after the most recent dose.
- **3 or more doses of any Moderna*:** 1 dose of 2024–25 Moderna 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 COVID-19 vaccination history.



Notes

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2025.

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*, 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).
- * For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- * The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All 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 Vaccine])

Routine vaccination

Age 6 months–4 years

All vaccine doses should be from the same manufacturer.

• Unvaccinated

- 2-dose series of 2024–25 Moderna at 0, 4–8 weeks
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3–8, at least 8 weeks after dose 2

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 1 dose of 2024–25 Moderna 4–8 weeks after dose 1.
- **2 or more doses of any Moderna*:** 1 dose of 2024–25 Moderna at least 8 weeks after the most recent dose.

• Previous vaccination with Pfizer-BioNTech

- **1 dose of any Pfizer-BioNTech (dose 1):** 2 doses of 2024–25 Pfizer-BioNTech separated by at least 8 weeks (minimum interval dose 1 to dose 2: 3–8 weeks).
- **2 doses of any Pfizer-BioNTech:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **3 or more doses of any Pfizer-BioNTech*:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.

*Previous vaccination with 2 or more doses of any Moderna or 3 or more doses any Pfizer-BioNTech **including** at least 1 dose of 2024–25 vaccine: no further doses indicated.

Age 5–11 years

• Unvaccinated

- 1 dose of 2024–25 Moderna or Pfizer-BioNTech vaccine

• Previous vaccination with 1 or more doses of any Moderna or Pfizer-BioNTech

- **Not including 2024–25 COVID-19 vaccine:** 1 dose of 2024–25 Moderna or Pfizer-BioNTech vaccine at least 8 weeks after the most recent dose.
- **Including 1 dose of 2024–25 COVID-19 vaccine:** no further doses indicated.

Age 12–18 years

• Unvaccinated:

- 1 dose of 2024–25 Moderna or Pfizer-BioNTech vaccine
- 2-dose series of 2024–25 Novavax at 0, 3–8 weeks

• Previous vaccination

- **1 or more doses of any Moderna or Pfizer-BioNTech or 2 or more doses any Novavax not including 1 dose of any 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.
- **1 dose of any Novavax (dose 1):** 1 dose 2024–25 Novavax COVID-19 vaccine 3–8 weeks after dose 1. More than 8 weeks after dose 1, any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) may be administered.
- **1 or more doses any Moderna or Pfizer-BioNTech or 2 or more doses any Novavax including 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Pfizer-BioNTech or Novavax):** no further doses indicated.
- **Age 18 years who received 1 or more doses of Janssen COVID-19 Vaccine not including 1 dose of any 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.

Special situation

Persons who are moderately or severely immunocompromised.** For all age groups, all vaccine doses in initial series should be from the same manufacturer.

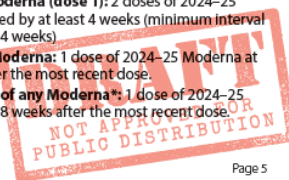
Age 6 months–4 years

• Unvaccinated

- 3-dose series of 2024–25 Moderna at 0, 4 weeks, at least 4 weeks after dose 2
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3 weeks, at least 8 weeks after dose 2

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 2 doses of 2024–25 Moderna separated by at least 4 weeks (minimum interval dose 1 to dose 2: 4 weeks).
- **2 doses of any Moderna:** 1 dose of 2024–25 Moderna at least 4 weeks after the most recent dose.
- **3 or more doses of any Moderna*:** 1 dose of 2024–25 Moderna at least 8 weeks after the most recent dose.



COVID-19 vaccination - continued

Special situation

Persons who are moderately or severely immunocompromised.**
For all age groups, all vaccine doses in initial series should be from the same manufacturer.

Age 6 months–4 years**• Unvaccinated**

- 3-dose series of 2024–25 Moderna at 0, 4 weeks, at least 4 weeks after dose 2
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3 weeks, at least 8 weeks after dose 2

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 2 doses of 2024–25 Moderna separated by at least 4 weeks (minimum interval dose 1 to dose 2: 4 weeks)
- **2 doses of any Moderna:** 1 dose of 2024–25 Moderna at least 4 weeks after the most recent dose.
- **3 or more doses of any Moderna*:** 1 dose of 2024–25 Moderna at least 8 weeks after the most recent dose.

• Previous vaccination with Pfizer-BioNTech

- **1 dose of any Pfizer-BioNTech (dose 1):** 2 doses of 2024–25 Pfizer-BioNTech separated by at least 8 weeks (minimum interval dose 1 to dose 2: 3 weeks).
- **2 doses of any Pfizer-BioNTech:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **3 or more doses of any Pfizer-BioNTech*:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.

***Previous vaccination with 3 or more doses of any Moderna or Pfizer-BioNTech including at least 1 dose of 2024–25 COVID-19 vaccine:** may administer additional doses from the same manufacturer.

Age 5–11 years**• Unvaccinated**

- 3-dose series of 2024–25 Moderna at 0, 4 weeks, at least 4 weeks after dose 2
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3 weeks, at least 4 weeks after dose 2

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 2 doses of 2024–25 Moderna separated by at least 4 weeks (minimum interval dose 1 to dose 2: 4 weeks)
- **2 doses of any Moderna:** 1 dose of 2024–25 Moderna at least 4 weeks after the most recent dose.

• Previous vaccination with Pfizer-BioNTech

- **1 dose of any Pfizer-BioNTech (dose 1):** 2 doses of 2024–25 Pfizer-BioNTech separated by at least 4 weeks (minimum interval dose 1 to dose 2: 3 weeks).
- **2 doses of any Pfizer-BioNTech:** 1 dose of 2024–25 Pfizer-BioNTech at least 4 weeks after the most recent dose.

• Previous vaccination with 3 or more doses of any Moderna or 3 or more doses of any Pfizer-BioNTech

- **Not including at least 1 dose of 2024–25 COVID-19 vaccine:** 1 dose of 2024–25 Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **Including at least 1 dose of 2024–25 COVID-19 vaccine:** may administer additional doses with either 2024–25 Moderna or Pfizer-BioNTech

Age 12–18 years**• Unvaccinated**

- 3-dose series of 2024–25 Moderna at 0, 4 weeks, at least 4 weeks after dose 2
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3 weeks, at least 4 weeks after dose 2
- 2-dose series of 2024–25 Novavax at 0, 3 weeks

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 2 doses of 2024–25 Moderna separated by at least 4 weeks (minimum interval dose 1 to dose 2: 4 weeks)
- **2 doses of any Moderna:** 1 dose of 2024–25 Moderna at least 4 weeks after the most recent dose.

• Previous vaccination with Pfizer-BioNTech

- 1 dose of any Pfizer-BioNTech (dose 1): 2 doses of 2024–25 Pfizer-BioNTech separated by at least 4 weeks (minimum interval dose 1 to dose 2: 3 weeks).
- 2 doses of any Pfizer-BioNTech: 1 dose of 2024–25 Pfizer-BioNTech at least 4 weeks after the most recent dose.

• Previous vaccination with 3 or more doses of any Moderna or 3 or more doses of any Pfizer-BioNTech

- **Not including at least 1 dose of 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.
- **Including at least 1 dose of 2024–25 COVID-19 vaccine:** may administer additional doses with Moderna or Pfizer-BioNTech or Novavax.

• Previous vaccination with Novavax

- **1 dose of any Novavax (dose 1):** 1 dose 2024–25 Novavax COVID-19 vaccine 3 weeks after Dose 1

- **2 or more doses any Novavax not including 2024–25 Novavax:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Pfizer-BioNTech or Novavax) at least 8 weeks after the most recent dose.

- **2 or more doses of Novavax including at least 1 dose 2024–25 Novavax:** may administer additional doses with Moderna or Pfizer-BioNTech or Novavax.

• Previous vaccination with Janssen

- **Age 18 years who received 1 or more doses of Janssen COVID-19 Vaccine not including 1 dose of any 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.

Unvaccinated persons have never received any COVID-19 vaccine doses. 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/covid-19-vaccines-us.html.

For information about interchangeability of COVID-19 vaccines, see <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#Interchangeability>

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-vaccines.

****Additional doses of 2024–25 COVID-19 vaccine for moderately or severely immunocompromised:** If unvaccinated or completing initial vaccination series, after completing initial vaccination series, administer an additional dose 6 months later (minimum interval 2 months). For persons who have completed an initial vaccination series, administer an additional dose 6 months after the most recent dose (minimum interval 2 months). Recommendation for further additional doses is based on shared clinical decision-making and should be administered at least 2 months after the most recent dose. For children ages 6 months through 4 years, use vaccine from the same manufacturer for all doses (initial vaccination series and additional doses).

COVID-19 vaccination - *continued***Special situation**

Persons who are moderately or severely immunocompromised.**
For all age groups, all vaccine doses in initial series should be from the same manufacturer.

Age 6 months–4 years**• Previous vaccination with Pfizer-BioNTech**

- **1 dose of any Pfizer-BioNTech (dose 1):** 2 doses of 2024–25 Pfizer-BioNTech separated by at least 8 weeks (minimum interval dose 1 to dose 2: 3 weeks).
- **2 doses of any Pfizer-BioNTech:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **3 or more doses of any Pfizer-BioNTech*:** 1 dose of 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.

***Previous vaccination with 3 or more doses of any Moderna or Pfizer-BioNTech including at least 1 dose of 2024–25 COVID-19 vaccine:** may administer additional doses from the same manufacturer.

Age 5–11 years**• Unvaccinated**

- 3-dose series of 2024–25 Moderna at 0, 4 weeks, at least 4 weeks after dose 2
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3 weeks, at least 4 weeks after dose 2

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 2 doses of 2024–25 Moderna separated by at least 4 weeks (minimum interval dose 1 to dose 2: 4 weeks)
- **2 doses of any Moderna:** 1 dose of 2024–25 Moderna at least 4 weeks after the most recent dose.

• Previous vaccination with Pfizer-BioNTech

- **1 dose of any Pfizer-BioNTech (dose 1):** 2 doses of 2024–25 Pfizer-BioNTech separated by at least 4 weeks (minimum interval dose 1 to dose 2: 3 weeks).
- **2 doses of any Pfizer-BioNTech:** 1 dose of 2024–25 Pfizer-BioNTech at least 4 weeks after the most recent dose.

• Previous vaccination with 3 or more doses of any Moderna or 3 or more doses of any Pfizer-BioNTech

- **Not including at least 1 dose of 2024–25 COVID-19 vaccine:** 1 dose of 2024–25 Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose.

- **Including at least 1 dose of 2024–25 COVID-19 vaccine:** may administer additional doses with either 2024–25 Moderna or Pfizer-BioNTech

Age 12–18 years**• Unvaccinated**

- 3-dose series of 2024–25 Moderna at 0, 4 weeks, at least 4 weeks after dose 2
- 3-dose series of 2024–25 Pfizer-BioNTech at 0, 3 weeks, at least 4 weeks after dose 2
- 2-dose series of 2024–25 Novavax at 0, 3 weeks

• Previous vaccination with Moderna

- **1 dose of any Moderna (dose 1):** 2 doses of 2024–25 Moderna separated by at least 4 weeks (minimum interval dose 1 to dose 2: 4 weeks)
- **2 doses of any Moderna:** 1 dose of 2024–25 Moderna at least 4 weeks after the most recent dose.

• Previous vaccination with Pfizer-BioNTech

- 1 dose of any Pfizer-BioNTech (dose 1): 2 doses of 2024–25 Pfizer-BioNTech separated by at least 4 weeks (minimum interval dose 1 to dose 2: 3 weeks).
- 2 doses of any Pfizer-BioNTech: 1 dose of 2024–25 Pfizer-BioNTech at least 4 weeks after the most recent dose.

• Previous vaccination with 3 or more doses of any Moderna or 3 or more doses of any Pfizer-BioNTech

- **Not including at least 1 dose of 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.

- **Including at least 1 dose of 2024–25 COVID-19 vaccine:** may administer additional doses with Moderna or Pfizer-BioNTech or Novavax.

• Previous vaccination with Novavax

- **1 dose of any Novavax (dose 1):** 1 dose 2024–25 Novavax COVID-19 vaccine 3 weeks after Dose 1
- **2 or more doses any Novavax not including 2024–25 Novavax:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Pfizer-BioNTech or Novavax) at least 8 weeks after the most recent dose.
- **2 or more doses of Novavax including at least 1 dose 2024–25 Novavax:** may administer additional doses with Moderna or Pfizer-BioNTech or Novavax.

• Previous vaccination with Janssen

- **Age 18 years who received 1 or more doses of Janssen COVID-19 Vaccine not including 1 dose of any 2024–25 COVID-19 vaccine:** 1 dose of any 2024–25 COVID-19 vaccine (Moderna or Novavax or Pfizer-BioNTech) at least 8 weeks after the most recent dose.

Unvaccinated persons have never received any COVID-19 vaccine doses. 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/covid-19-vaccines-us.html.

For information about interchangeability of COVID-19 vaccines, see <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#interchangeability>

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-vaccines.

****Additional doses of 2024–25 COVID-19 vaccine for moderately or severely immunocompromised:** If unvaccinated or completing initial vaccination series, after completing initial vaccination series, administer an additional dose 6 months later (minimum interval 2 months). For persons who have completed an initial vaccination series, administer an additional dose 6 months after the most recent dose (minimum interval 2 months). Recommendation for further additional doses is based on shared clinical decision-making and should be administered at least 2 months after the most recent dose. For children ages 6 months through 4 years, use vaccine from the same manufacturer for all doses (initial vaccination series and additional doses).



Dengue vaccination
(minimum age: 9 years)**Routine vaccination**

- Age 9–16 years living in areas with endemic dengue AND have laboratory confirmation of previous dengue infection
 - 3-dose series 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 guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/r7006a1.htm's_cld=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html
- Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

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

- 5-dose series (3-dose primary series at age 2, 4, and 6 months, followed by 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 since dose 3.
 - **Retrospectively:** A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

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

Special situations

- **Children less than age 7 years with a contraindication specific to the pertussis component of DTaP:** may administer Td for all recommended remaining doses in place of DTaP. Encephalopathy within 7 days of vaccination when not attributable to another identifiable cause, is the only contraindication specific to the pertussis component of DTaP. For additional information, see <https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/td-offlabel.html>.
- **Wound management in children less than age 7 years with history of 3 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 tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/r6702a1.htm.

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

- **ActHIB, Hiberix, Pentacel, or Vaxelis:** 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
 - *Vaxelis is not recommended for use as a booster dose. A different Hib-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)
- **American Indian and Alaska Native infants:** Vaxelis and PedvaxHIB preferred over other Hib vaccines for the primary series.

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 (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 (final dose) 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 unvaccinated children age 60 months or older who are not considered high risk:** Do not require catch-up vaccination

or other catch-up guidance, see Table 2. Vaxelis can be used for catch-up vaccination in children less than age 5 years, follow the catch-up schedule even if Vaxelis is used for one or more doses. For detailed information on use of Vaxelis see www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm.

Special situations

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

Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
 - **Hematopoietic stem cell transplant (HSCT):**
 - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
 - **Anatomic or functional asplenia (including sickle cell disease):**
 - Age 12–59 months**
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
 - Unvaccinated* persons age 5 years or older
 - 1 dose
 - **Elective splenectomy:**
 - Unvaccinated* persons age 15 months or older
 - 1 dose (preferably at least 14 days before procedure)
 - **HIV infection:**
 - Age 12–59 months**
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
 - Unvaccinated* persons age 5–18 years
 - 1 dose
 - **Immunoglobulin deficiency, early component complement deficiency, or early component complement inhibitor use:**
 - Age 12–59 months**
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- *Unvaccinated = Less than routine series (through age 14 months) or no doses (age 15 months or older)

Notes

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

Dengue vaccination (minimum age: 9 years)

Routine vaccination

- Age 9–16 years living in areas with endemic dengue AND have laboratory confirmation of previous dengue infection
 - 3-dose series 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 guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html
- Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

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

Routine vaccination

- 5-dose series (3-dose primary series at age 2, 4, and 6 months, followed by 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 since dose 3.
 - Retrospectively: A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

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

Special situations

- Children less than age 7 years with a contraindication specific to the pertussis component of DTaP: may administer Td for all recommended remaining doses in place of DTaP. Encephalopathy within 7 days of vaccination when not attributable to another identifiable cause, is the only contraindication specific to the pertussis component of DTaP. For additional information, see <https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/td-offlabel.html>.
- Wound management in children less than age 7 years with history of 3 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 tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/r6702a1.htm.

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

Routine vaccination

- **ActHIB, Hiblerix, Pentacel, or Vaxelis:** 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
 - *Vaxelis is not recommended for use as a booster dose. A different Hib-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)
- **American Indian and Alaska Native Infants:** Vaxelis and PedvaxHIB preferred over other Hib vaccines for the primary series.

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 (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 (final dose) 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 unvaccinated children age 60 months or older who are not considered high risk:** Do not require catch-up vaccination

For other catch-up guidance, see Table 2. Vaxelis can be used for catch-up vaccination in children less than age 5 years. Follow the catch-up schedule even if Vaxelis is used for one

Guidance for use of Hib in children receiving early component complement inhibitor.

Special situations

• Chemotherapy or radiation treatment:

Age 12–59 months

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

Doses administered within 14 days of starting therapy or during therapy completion

- 3-dose series
- Success

• Anatomic cell

Age 12–59 months

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

Unvaccinated* persons age 5 years or older

- 1 dose

• Elective splenectomy:

Unvaccinated* persons age 15 months or older

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

• HIV infection:

Age 12–59 months

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

Unvaccinated* persons age 5–18 years

- 1 dose

• Immunoglobulin deficiency, early component complement deficiency, or early component complement inhibitor use:

Age 12–59 months

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

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

Vaxelis and PedvaxHIB preferred for primary series in American Indian and Alaska native infants.

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Notes

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

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 [IV3], 2 years [LAIV3], 18 years [recombinant Influenza vaccine, RIV3])

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, 2024, 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, 2024:** 1 dose.
 - **Age 9 years or older:** 1 dose
 - **Age 18 years solid organ transplant recipients receiving immunosuppressive medications:** high-dose inactivated (HD-IV3) and adjuvanted inactivated (aIV3) influenza vaccines are acceptable options. No preference over other age-appropriate IV3 or RIV3.

- For the 2024–25 season, see www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm.
- For the 2025–26 season, see the 2025–26 ACIP influenza vaccine recommendations.

Special situations

- **Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment:** should not receive LAIV3. If LAIV3 is given, they should avoid contact with/ caring 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.

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
WMR 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 preference.

Catch-up vaccination

In vaccinated 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*

Children age 12 months or older:

- Unvaccinated: 2-dose series (separated by at least 4 weeks*) before departure
- Previously received 1 dose: administer dose 2 at least 4 weeks after dose 1*

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 MMRV doses is 3 months.

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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 [IIV3], 2 years [LAIV3], 18 years [recombinant influenza vaccine, RIV3])

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, 2024, 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, 2024: 1 dose.
 - Age 9 years or older: 1 dose
 - Age 18 years solid organ transplant recipients receiving immunosuppressive medications: high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) influenza vaccines are acceptable options. No preference over other age-appropriate IIV3 or RIV3.
- For the 2024–25 season, see www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm.
- For the 2025–26 season, see the 2025–26 ACIP influenza vaccine recommendations.

Special situations

- Close contacts (e.g., household contacts) of severely immunosuppressed persons who require a protected environment: should not receive LAIV3. If LAIV3 is given, they should avoid contact with/ caring 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.

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*.
- Children age 12 months or older:
 - Unvaccinated: 2-dose series (separated by at least 4 weeks*) before departure
 - Previously received 1 dose: administer dose 2 at least 4 weeks after dose 1*

* 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 MMRV doses is 3 months.



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 or Trumenba (use same brand for all doses):
 - **2-dose series** at least 6 months apart (if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2)

*Students with less than 6 months prior to college entry may receive 3-dose series (0, 1–2, 6 months) to optimize rapid protection.

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 or Trumenba (use same brand for all doses including booster doses)**, 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)

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/r6909a1.htm.

Note: MenB vaccines may be administered simultaneously with MenACWY vaccines if indicated, but at a different anatomic site, if feasible.

Children age 10 years or older may receive a dose of Penbraya (MenACWY-TT/MenB-FHbp) 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.

Notes

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

Pneumococcal vaccination - continued

- 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.
- Pregnancy:** no recommendation for PCV or PPSV23 due to limited data. Summary of existing data on pneumococcal vaccination during pregnancy can be found at <https://www.cdc.gov/mmwr/volumes/72/rr/rr7203a1.htm>

***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

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 age 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.

Series containing oral poliovirus vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?_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?_cid=mm6606a7_w.

* For other catch-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—ideally during the birth hospitalization
- Mother received RSV vaccine less than 14 days prior to delivery: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization
- 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)

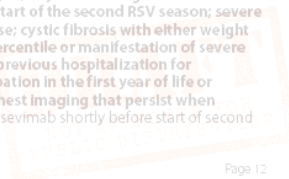
- Infants born April–September in most of the continental United States*

- 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*.



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 or mother received RSV vaccine in previous pregnancy: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization

- Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization

- 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 or mother received RSV vaccine in previous pregnancy: 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*

- 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. See www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf

***Note:** While the timing of the onset and duration of RSV season may vary, administration of nirsevimab is recommended October through March in most of the continental United States (optimally timing October through November or within 1 week of birth). 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.

****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 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—ideally during the birth hospitalization

- Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization

- 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 or 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*.

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 or mother received RSV vaccine in previous pregnancy: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization
 - Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization
 - 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 or mother received RSV vaccine in previous pregnancy: 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. See www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf

***Note:** While the timing of the onset and duration of RSV season may vary, administration of nirsevimab is recommended October through March in most of the continental United States (optimally timing October through November or within 1 week of birth). 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.

****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 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—ideally during the birth hospitalization
- Mother received RSV vaccine **less than 14 days** prior to delivery: administer 1 dose nirsevimab within 1 week of birth—ideally during the birth hospitalization
- 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 or 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*.

Notes

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

Respiratory syncytial virus immunization - *continued*

- 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/child-faqs.html

*Note: While the timing of the onset and duration of RSV season may vary, administration of nirsevimab is recommended October through March in most of the continental United States (optimally timing October through November or within 1 week of birth). 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.

**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 Abrysvo. Administer RSV vaccine regardless of previous RSV infection.
- Either maternal RSV vaccination with Abrysvo or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent severe respiratory syncytial virus disease in infants.

• **All other pregnant persons:** RSV vaccine not recommended.

• **Subsequent pregnancies:** additional doses not recommended. No data are available to inform whether additional doses are needed in subsequent pregnancies. Infants born to pregnant persons who received RSV vaccine during a previous pregnancy should receive nirsevimab.

*Note: Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdictions 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

- Rotarix: 2-dose series at age 2 and 4 months
- RotaTeq: 3-dose series at age 2, 4, and 6 months
- If any dose in the series is either RotaTeq or unknown, default to 3-dose series.

Catch-up vaccination

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

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

Routine vaccination

- Age 11–12 years: 1 dose Tdap (adolescent booster)
- Pregnancy: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

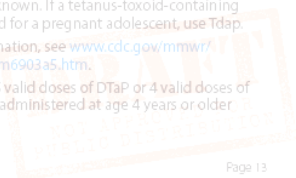
Note: Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- Age 13–18 years who have not received Tdap: 1 dose Tdap (adolescent booster)
- Age 7–18 years not fully vaccinated* with DTaP: 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- Tdap administered at age 7–10 years:
 - Age 7–9 years who receive Tdap should receive the adolescent Tdap booster dose at age 11–12 years.
 - Age 10 years who receive Tdap do not need the adolescent Tdap booster dose at age 11–12 years.
- DTaP inadvertently administered on or after age 7 years:
 - Age 7–9 years: DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years.
 - Age 10–18 years: Count dose of DTaP as the adolescent Tdap booster dose.
- For other catch-up guidance, see Table 2.

Special situations

- **Wound management** in persons age 7 years or older with history of 3 or more doses of tetanus-toxoid-containing vaccine: For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine; for all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine. Tdap is preferred for persons age 11 years or older who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant adolescent, use Tdap.
- For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm.
- Fully vaccinated = 5 valid doses of DTaP or 4 valid doses of DTaP if dose 4 was administered at age 4 years or older



Appendix

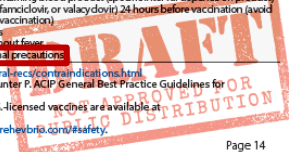
Contraindications and precautions

Appendix

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended ¹	Precautions ²
Dengue (DENH4CYD)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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) Lack of laboratory confirmation of a previous Dengue infection 	<ul style="list-style-type: none"> Pregnancy HIV infection without evidence of severe immunosuppression Moderate or severe acute illness with or without fever
Diphtheria, tetanus, pertussis (DTaP)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 or DTaP 	<ul style="list-style-type: none"> G Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus-toxoid-containing vaccine History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine For DTaP only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized Moderate or severe acute illness with or without fever
Haemophilus influenzae type b (Hib)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Less than age 6 weeks 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ including neomycin 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ including yeast Pregnancy; Hepilis-B and PreHebivo are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepB is indicated. 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twinrix]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ including neomycin and yeast 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Pregnancy; HPV vaccination not recommended. 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR) Measles, mumps, rubella, and varicella (MMRV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 For MMRV only: HIV infection of any severity 	<ul style="list-style-type: none"> Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) History of thrombocytopenia or thrombocytopenic purpura Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing Moderate or severe acute illness with or without fever For MMRV only: Personal or family (e.g., siblings or parents) history of seizures of any etiology Using MMRV, see Varicella/MMRV for additional precautions
Meningococcal ACWY (MenACWY) MenACWY-CRM (Menveo) MenACWY-TT [MenQuadfi]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxin—or CRM197—containing vaccine For MenACWY-TT only: severe allergic reaction to a tetanus toxin-containing vaccine 	<ul style="list-style-type: none"> For MenACWY-CRM only: Premature birth if less than age 9 months Moderate or severe acute illness with or without fever
Meningococcal B (MenB) MenB-4C [Baxenov] MenB-FHbp [Trumenb]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Pregnancy For MenB-4C only: Late sensitivity Moderate or severe acute illness with or without fever
Meningococcal ABCWY (MenACWY-TT/MenB-FHbp) [Penbraya]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Severe allergic reaction to a tetanus toxin-containing vaccine 	<ul style="list-style-type: none"> Moderate or severe acute illness, with or without fever
Mopox [Jynneos]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness, with or without fever
Pneumococcal conjugate (PCV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxin-containing vaccine or its component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Poliovirus vaccine, inactivated (IPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Pregnancy Moderate or severe acute illness with or without fever
RSV monoclonal antibody (RSV-mAb)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Respiratory syncytial virus vaccine (RSV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Rotavirus (RV) RV1 [Rotarix] RV5 [RotaTeq]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ Severe combined immunodeficiency (SCID) History of intussusception 	<ul style="list-style-type: none"> Altered immunocompetence other than SCID Chronic gastrointestinal disease RV1 only: Spina bifida or bladder ectrophy Moderate or severe acute illness with or without fever
Tetanus, diphtheria, and acellular pertussis (Tdap) Tetanus, diphtheria (Td)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 	<ul style="list-style-type: none"> G Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid-containing vaccine History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized Moderate or severe acute illness with or without fever
Varicella (VAR) Measles, mumps, rubella, and varicella (MMRV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component³ 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 For MMRV only: HIV infection of any severity 	<ul style="list-style-type: none"> Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination) Use of aspirin or aspirin-containing products Moderate or severe acute illness with or without fever Using MMRV, see MMR/MMRV for additional precautions

- When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
- 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. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
- 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.fda.gov/vaccines-blood-biologics/approved-products/vaccine-licensed-use-united-states.
- For information on the pregnancy exposure registries for persons who were inadvertently vaccinated with Hepilis-B or PreHebivo while pregnant, please visit heplisb.pregnancyregistry.com or www.prehebivo.com/safety.
- Full prescribing information for BEYFORTUS www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s0001b.pdf



Thank you!

Questions?

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

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

