



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

**Bureau of Infectious Disease and Laboratory Sciences 305 South Street,
Jamaica Plain, MA 02130**

MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL Lieutenant Governor

KATHLEEN E. WALSH

Secretary

ROBERT GOLDSTEIN, MD, PhD

Commissioner

Tel: 617-624-6000 www.mass.gov/dph

To: Camp Directors

From: Pejman Talebian, MA, MPH, Director, Immunization Division

Date: March 22 2024

Subject: Required Immunizations for Children Attending Camp and Camp Staff

Vaccination is critically important to control the spread of vaccine-preventable diseases. Since the COVID-19 public health emergency ended, there has been a resurgence of many vaccine-preventable diseases. In 2024, measles outbreaks are occurring worldwide including in multiple European countries. In the US, as of mid-March, there have already been as many confirmed cases of measles (58) as there were in all of 2023, impacting 17 different jurisdictions. A single case of measles can result in hundreds of exposures, with a 21-day quarantine required of those who do not have evidence of immunity to measles and who cannot be vaccinated within three days of exposure. The way to avoid this situation, which can bring a summer camp to a halt, is to ensure that children attending camp and camp staff have evidence of immunity to measles.

Required Vaccines:

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Immunization requirements for children attending camp follow the Massachusetts school immunization requirements, as outlined in the [Massachusetts School Immunization Requirements](#) table, which reflects the newest requirement: meningococcal vaccine (MenACWY) for students entering grades 7 and 11 (on or after the 16th birthday, in the latter case; see the tables that follow for further details). Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school-aged should follow the Childcare/Preschool immunization requirements included in the School Immunization Requirements table.

Campers, staff, and volunteers 18 years of age and older should follow the immunizations outlined in the document [Adult Occupational Immunizations](#).

The following pages includes portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant to camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed disease cases, please contact the MDPH Immunization Program at ImmAssessmentUnit@mass.gov. Address questions about enforcement with your legal counsel; enforcement of requirements is at the local level.

See the following page for Grades Kindergarten–6, and Grades 7–12

DTaP/Tdap	<p>doses; 4 doses are acceptable if the fourth dose is given on or after the 4th birthday; DT is only acceptable with a letter stating a medical contraindication to DTaP</p>
Polio	<p>doses; fourth dose must be given on or after the 4th birthday and ≥ 6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4th birthday and ≥ 6 months after the previous dose</p>
Hepatitis B	<p>doses; laboratory evidence of immunity acceptable</p>
MMR	<p>doses; first dose must be given on or after the 1st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable</p>
	<p>doses; first dose must be given on or after the 1st birthday and</p>

Varicella

second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

In ungraded classrooms, Kindergarten requirements apply to all students ≥ 5 years.

Grades Kindergarten–6

Grades 7–12

In ungraded classrooms, Grade 7 requirements apply to all students ≥ 12 years.

See the following page for campers, staff, and volunteers 18 years of age and older **Campers, staff, and volunteers 18 years of age and older**

MMR	<p>2 doses; anyone born in or after 1957;</p> <p>1 dose; anyone born before 1957 outside the US; anyone born in the US before 1957 is considered immune; laboratory evidence of immunity to measles, mumps, and rubella is acceptable</p>
Varicella	<p>2 doses; anyone born in or after 1980 in the US, and anyone born outside the US; anyone born before 1980 in the US is considered immune; a reliable history of chickenpox* or laboratory evidence of immunity is acceptable</p>
Tdap	<p>1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥ 10 years since Tdap</p>
Hepatitis B	<p>3 doses; (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid; laboratory evidence of immunity is acceptable</p>

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	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) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
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

Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance Prevnar 20
	PCV20	
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
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax

Combination vaccines (use combination vaccines instead of separate injections when appropriate)

DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix
		Quadracel

DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-HibHepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

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

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

11/21/2024

How to use the child and adolescent immunization schedule

123456

Determine Determine Assess need Review Review Review new or

recommended recommended for additional vaccine types, contraindications updated ACIP vaccine by age interval for catch- recommended frequencies, and precautions guidance

(Table 1) up vaccination vaccines intervals, and for vaccine types (Addendum)

(Table 2) by medical considerations (Appendix) condition or for special other indication situations

(Table 3) (Notes)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/acip/index.html) 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.

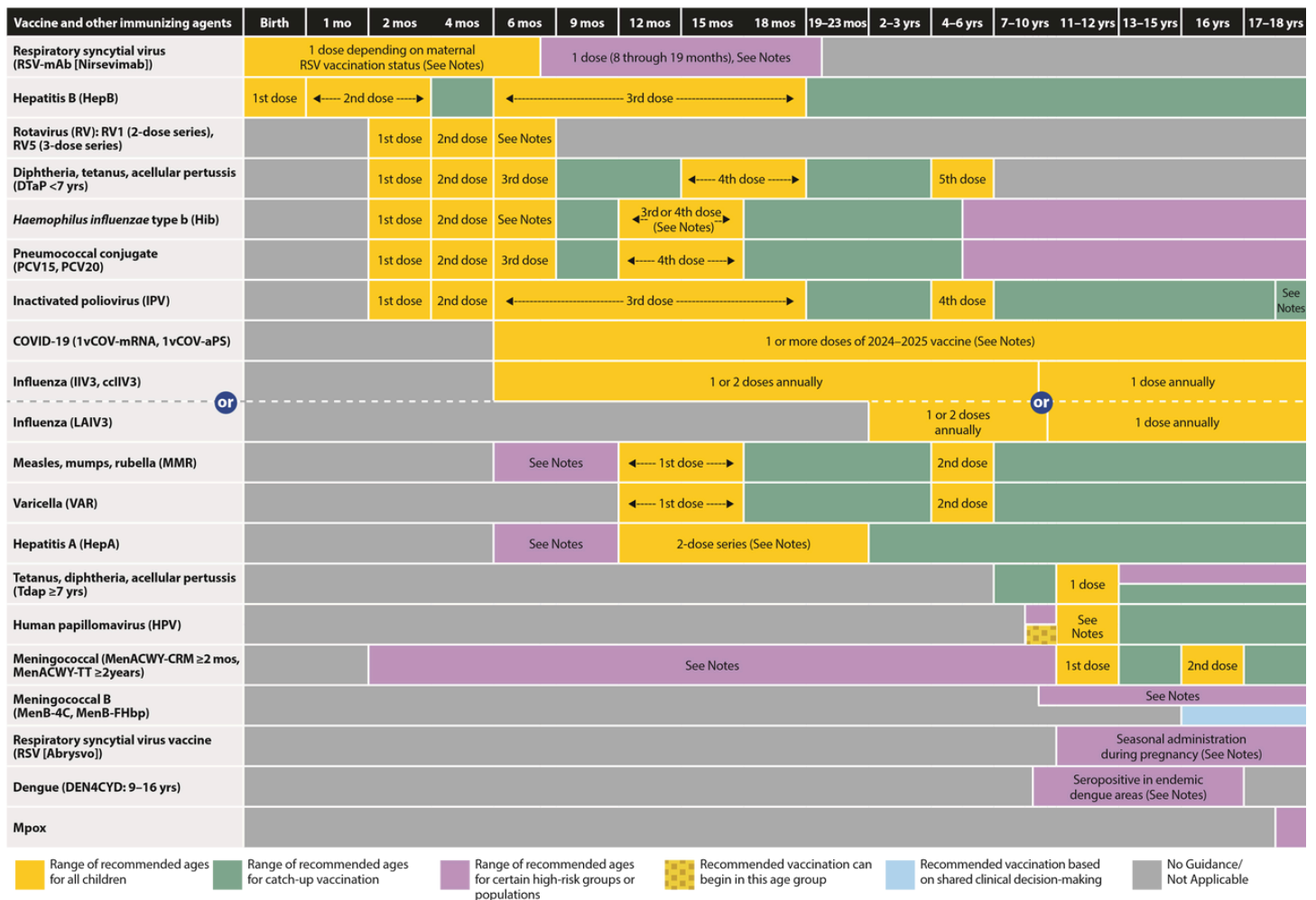
Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/hcp/imz-schedules/app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.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

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).



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 <i>and</i> at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months A fifth dose is not necessary if the fourth dose was administered at age 4 years or older <i>and</i> at least 6 months after dose 3
<i>Haemophilus influenzae</i> type b	6 weeks	<p>No further doses needed if first dose was administered at age 15 months or older.</p> <p>4 weeks if first dose was administered before the 1st birthday.</p> <p>8 weeks (as final dose) if first dose was administered at age 12 through 14 months.</p>	<p>No further doses needed if previous dose was administered at age 15 months or older</p> <p>4 weeks if current age is younger than 12 months <i>and</i> first dose was administered at younger than age 7 months <i>and</i> at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis or unknown</p> <p>8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months <i>and</i> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <i>and</i> first dose was administered before the 1st birthday <i>and</i> second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB and were administered before the 1st birthday</p>	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	<p>No further doses needed for healthy children if first dose was administered at age 24 months or older</p> <p>4 weeks if first dose was administered before the 1st birthday</p>	<p>No further doses needed for healthy children if previous dose was administered at age 24 months or older</p> <p>4 weeks if current age is younger than 12 months <i>and</i> previous dose was administered at <7 months old</p> <p>8 weeks (as final dose for healthy children)</p>	8 weeks (as final dose) This dose is only necessary for children age 12 through 59 months regardless of risk,	

		8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after	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	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-CRM 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; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	6 months if first dose of DTaP/DT was administered before the 1st 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	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		

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*		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 ³	≥15% and ≥200/mm ³						
RSV-mAb (nirsevimab)		2nd RSV season	1 dose depending on maternal RSV vaccination status (See Notes)				2nd 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- Not recommended for all children, Recommended for all age-eligible Precaution: Might be Contraindicated or not No Guidance/

eligible children who lack
 but recommended for some
 children, and additional doses may be
 indicated if benefit of
 recommended

Not Applicable documentation of a complete children based on increased risk for necessary based on medical condition protection outweighs *Vaccinate after pregnancy, vaccination series or severe outcomes from disease or other indications. See Notes. risk of adverse reaction if indicated

a. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.htm "Altered Immunocompetence," at For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Table 4-1 (footnote J) at b. Severe Combined Immunodeficiency. LAIV3 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

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

Routine vaccination

Age 6 months–4 years

All vaccine doses should be from the same manufacturer.

y Unvaccinated:

- 2 doses 2024–25 Moderna at 0, 4–8 weeks
- 3 doses 2024–25 Pfizer-BioNTech at 0, 3–8, and at least

8 weeks after dose 2 y **Incomplete initial vaccination series before 2024–25**

vaccine with:

- **1 dose Moderna:** complete initial series with 1 dose

2024–25 Moderna 4–8 weeks after most recent dose

- **1 dose Pfizer-BioNTech:** complete initial series with 2 doses 2024–25 Pfizer-BioNTech 8 weeks apart (administer dose 1 3–8 weeks after most recent dose).
- **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 8 weeks after the most recent dose.

y Completed initial vaccination series before 2024–25

vaccine with:

- **2 or more doses Moderna:** 1 dose 2024–25 Moderna at

least 8 weeks after the most recent dose.

- **3 or more doses Pfizer-BioNTech:** 1 dose 2024–25 PfizerBioNTech at least 8 weeks after the most recent dose. Age 5–11 years

y Unvaccinated: 1 dose 2024–25 Moderna or Pfizer-BioNTech y

Previously vaccinated before 2024–25 vaccine with 1 or more doses

Moderna or Pfizer-BioNTech: 1 dose 2024–25 Moderna or Pfizer-BioNTech at least 8 weeks after the most recent dose. Age 12–18 years y Unvaccinated:

y Unvaccinated:

- 1 dose 2024–25 Moderna or Pfizer-BioNTech
- 2 doses 2024–25 Novavax at 0, 3–8 weeks y **Previously vaccinated before 2024–25 vaccine with:**
- **1 or more doses Moderna or Pfizer-BioNTech:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.
- **1 dose Novavax:** 1 dose 2024–25 Novavax 3–8 weeks after

most recent dose. If more than 8 weeks after most recent dose, administer 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech.

- **2 or more doses Novavax:** 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech at least 8 weeks after the most recent dose.

Special situation

Persons who are moderately or severely immunocompromised.

Age 6 months–4 years

Use vaccine from the same manufacturer for all doses (**initial vaccination series and additional doses***).

y Unvaccinated:

- 4 doses (**3-dose initial series 2024–25 Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by

1. dose 2024–25 Moderna 6 months later [minimum interval 2 months]). May administer additional doses.*

- 4 doses (**3-dose initial series 2024–25 Pfizer-BioNTech** at 0, 3 weeks, and at least 8 weeks after dose 2, followed by 1 dose 2024–25 Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*

y Incomplete initial 3-dose vaccination series before 2024–25 vaccine:

- Previous vaccination with Moderna

- **1 dose Moderna:** complete initial series with 2 doses

2024–25 Moderna at least 4 weeks apart (administer dose 1 4 weeks after most recent dose), followed by 1 dose 2024–25 Moderna 6 months later (minimum interval 2 months). May administer additional doses of Moderna.*

- **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna 6 months later (minimum interval 2 months). May administer additional doses of Moderna.*

- Previous vaccination with Pfizer-BioNTech

□ **1 dose Pfizer-BioNTech:** complete initial series with

2 doses 2024–25 Pfizer-BioNTech at least 8 weeks apart (administer dose 1 3 weeks after most recent dose),

followed by 1 dose 2024–25 Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Pfizer-BioNTech.*

□ **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 8 weeks after most recent dose, followed by 1 dose 2024–25 PfizerBioNTech 6 months later (minimum interval 2 months). May administer additional doses of Pfizer-BioNTech.*

y Completed initial 3-dose vaccination series before 2024–25 vaccine with:

- **3 or more doses Moderna:** 2 doses 2024–25 Moderna 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna.*
- **3 or more doses Pfizer-BioNTech:** 2 doses 2024–25 PfizerBioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Pfizer-BioNTech.*

Age 5–11 years

Use vaccine from the same manufacturer for all doses in the initial vaccination series. **y Unvaccinated:**

- 4 doses (**3-dose initial series 2024–25 Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by

1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*

- 4 doses (**3-dose initial series 2024–25 Pfizer-BioNTech** at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses.*

y Incomplete initial 3-dose vaccination series before 2024–25 vaccine:

- Previous vaccination with Moderna

□ **1 dose Moderna:** complete initial series with 2 doses

2024–25 Moderna at least 4 weeks apart (administer dose

1 4 weeks after most recent dose), followed by 1 dose

2024–25 Moderna or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Pfizer-BioNTech.*

□ **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or PfizerBioNTech 6 months later (minimum interval 2 months).

May administer additional doses of Moderna or PfizerBioNTech.*

- Previous vaccination with Pfizer-BioNTech

- **1 dose Pfizer-BioNTech:** complete initial series with 2 doses 2024–25 Pfizer-BioNTech at least 4 weeks apart (administer dose 1 3 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or PfizerBioNTech 6 months later (minimum interval 2 months).

May administer additional doses of Moderna or PfizerBioNTech.*

- **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or

Pfizer-BioNTech.* **y Completed initial 3-dose vaccination series before 2024–25 vaccine with:**

- 3 or more doses Moderna or 3 or more doses Pfizer-

BioNTech: 2 doses 2024–25 Moderna or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Pfizer-BioNTech.*

Age 12–18 years

Use vaccine from the same manufacturer for all doses in the initial vaccination series. **y Unvaccinated:**

- 4 doses (**3-dose initial series Moderna** at 0, 4 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- 4 doses (**3-dose initial series Pfizer-BioNTech** at 0, 3 weeks, and at least 4 weeks after dose 2, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- 3 doses (**2-dose initial series Novavax** at 0, 3 weeks, followed by 1 dose Moderna or Novavax or Pfizer-BioNTech 6 months later [minimum interval 2 months]). May administer additional doses of Moderna or Novavax or

Pfizer-BioNTech.*

y Incomplete initial vaccination series before 2024–25

vaccine:

- Previous vaccination with Moderna

□ **1 dose Moderna:** complete initial series with 2 doses

2024–25 Moderna at least 4 weeks apart (administer dose 1

4 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

□ **2 doses Moderna:** complete initial series with 1 dose 2024–25 Moderna at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or PfizerBioNTech 6 months later (minimum interval 2 months).

May administer additional doses of Moderna or Novavax or

Pfizer-BioNTech.*

- Previous vaccination with Pfizer-BioNTech

□ **1 dose Pfizer-BioNTech:** complete initial series with

2 doses 2024–25 Pfizer-BioNTech at least 4 weeks apart (administer dose 1 3 weeks after most recent dose), followed by 1 dose 2024–25 Moderna or Novavax or PfizerBioNTech 6 months later (minimum interval 2 months).

May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

□ **2 doses Pfizer-BioNTech:** complete initial series with 1 dose 2024–25 Pfizer-BioNTech at least 4 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months later (minimum interval 2 months). May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*

- Previous vaccination with Novavax

□ **1 dose Novavax:** complete initial series with 1 dose 2024–25 Novavax at least 3 weeks after most recent dose, followed by 1 dose 2024–25 Moderna or Novavax or PfizerBioNTech 6 months later (minimum interval 2 months).

May administer additional doses of Moderna or Novavax or

Pfizer-BioNTech.*

y Completed initial 3-dose vaccination series before 2024–25 vaccine with:

- **3 or more doses Moderna or 3 or more doses PfizerBioNTech:** 2 doses 2024–25 Moderna or Novavax or PfizerBioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.*
- **2 or more doses Novavax:** 2 doses 2024–25 Moderna or Novavax or Pfizer-BioNTech 6 months apart (minimum interval 2 months). Administer dose 1 at least 8 weeks after the most recent dose. May administer additional doses of Moderna or Novavax or Pfizer-BioNTech.* ***Additional doses of 2024–25 COVID-19 vaccine for moderately or severely immunocompromised:** based on shared clinical decision-making and administered at least 2 months after the most recent dose (see Table 2 at www.cdc.gov/vaccines/covid-19/clinical-considerations/interimconsiderations-us.html#table-02). For description of moderate and severe immunocompromising conditions and treatment, see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromisingconditions-treatment.

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/interim-considerations-us.html.

For information about interchangeability of COVID-19 vaccines, see 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-19vaccines.

Dengue vaccination (minimum age: 9 years)

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

Routine vaccination

y 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 y 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/index.html

y Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

Routine vaccination

y 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. y For other catch-up guidance, see Table 2. **Special situations**
- **Children younger 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 www.cdc.gov/pertussis/hcp/vaccine-recommendations/td-offlabel.html.
- **Wound management in children younger 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/rr6702a1.htm.

Routine vaccination

y **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.

y **PedvaxHIB:** 3-dose series (2-dose primary series at age 2 and

4 months, followed by a booster dose at age 12–15 months) y **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 **y Unvaccinated at age 15–59 months:** Administer 1 dose.

- **Previously unvaccinated children age 60 months or older who are not considered high risk:** Catch-up vaccination not required.

For other catch-up guidance, see Table 2. Vaxelis can be used for catch-up vaccination in children younger 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 y 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.

y Hematopoietic stem cell transplant (HSCT):

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

y 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 **y Elective splenectomy:**

Unvaccinated* persons age 15 months or older

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

Routine vaccination

- **2-dose series** (minimum interval: 6 months) at age 12– 23 months

Catch-up vaccination y Unvaccinated persons through age 18 years should

complete a 2-dose series (minimum interval: 6 months).

- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents age 18 years or older may receive HepA-HepB (Twinrix) as a 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months). **International travel**
- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses (separated by at least 6 months) between age 12–23 months.
- **Unvaccinated age 12 months or older:** Administer dose 1 as soon as travel is considered.

Routine vaccination y Mother is HBsAg-negative

- 3-dose series at age 0, 1–2, 6–18 months (**use monovalent**

HepB vaccine for doses administered before age 6 weeks)

- Birth weight $\geq 2,000$ grams: 1 dose within 24 hours of birth if medically stable
- Birth weight $< 2,000$ grams: 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still $< 2,000$ grams)
- Infants who did not receive a birth dose should begin the series as soon as possible (see Table 2 for minimum intervals).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum intervals (see Table 2):** when 4 doses are administered, substitute “dose 4” for “dose 3” in these calculations.
- **Final (3rd or 4th) dose:** age 6–18 months (**minimum age 24 weeks**)

y Mother is HBsAg-unknown

If other evidence suggestive of maternal hepatitis B infection exists (e.g., presence of HBV DNA, HBeAg-positive, or mother known to have chronic hepatitis B infection), manage infant as if mother is HBsAg-positive.

- Birth dose (monovalent HepB vaccine only):

- Birth weight $\geq 2,000$ grams: administer **HepB vaccine** within 12 hours of birth. Determine mother's HBsAg status as soon as possible. If mother is determined to be HBsAg-positive, administer **HBIG** as soon as possible (in separate limb), but no later than 7 days of age.
- Birth weight $< 2,000$ grams: administer **HepB vaccine** and **HBIG** (in separate limbs) within 12 hours of birth. Administer 3 additional doses of **HepB vaccine** beginning at age 1 month (total of 4 doses).
- **Final (3rd or 4th) dose:** administer at age 6 months (**minimum age 24 weeks**).
- If mother is determined to be HBsAg-positive or if status remains unknown, test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.

Catch-up vaccination

y Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months. See Table 2 for minimum intervals. y Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB** only). y Adolescents age 18 years may receive:

- **HepB vaccine:** 2-dose series at least 4 weeks apart
- **PreHevbrio*:** 3-dose series at 0, 1, and 6 months
- **HepA-HepB (Twinrix):** 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months). **Special situations**
- Revaccination is generally not recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Post-vaccination serology testing and revaccination** (if anti-HBs < 10 mIU/mL) is recommended for certain populations, including:
 - Infants born to HBsAg-positive mothers
 - Persons who are predialysis or on maintenance dialysis
 - Other immunocompromised persons
- For detailed revaccination recommendations, see www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm. *Note: PreHevbrio is not recommended in pregnancy due to lack of safety data in pregnant women.

Routine and catch-up vaccination y 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. y 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** y **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 y **Pregnancy:** Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant

Routine vaccination

y 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](http://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, or caring for such immunosuppressed persons for 7 days after vaccination.

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

Routine vaccination

y 2-dose series at age 12–15 months, age 4–6 years y 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 y 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* y 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.

Routine vaccination

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

Catch-up vaccination

- **Age 13–15 years:** 1 dose now and booster at age 16–18 years

(minimum interval: 8 weeks) y **Age 16–18 years:** 1 dose

Special situations

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

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

12 weeks after dose 1 and after age 12 months)

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

y **MenQuadfi**

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

Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits: 1 dose Menveo* or MenQuadfi

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

y **Children for whom boosters are recommended because**

of an ongoing increased risk of meningococcal disease

(e.g., those with complement component deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.

y **Children for whom boosters are not recommended**

(e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

* *Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years. See www.cdc.gov/vaccines/vpd/mening/downloads/menveo-single-vialpresentation.pdf.*

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

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

meningitis belt or during the Hajj (www.cdc.gov/travel/): y **Children younger than age 24 months:**

- **Menveo* (age 2–23 months)**

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

12 weeks after dose 1 and after age 12 months) y **Children age 2 years or older:** 1 dose Menveo*

or MenQuadfi

Shared clinical decision-making y 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 dose 3 at least 4 months after dose 2)

*To optimize rapid protection (e.g., for students starting college in less than 6 months), a 3-dose series (0, 1–2, 6 months) may be administered.

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/rr6909a1.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.

Special situations y Age 18 years and at risk for mpox infection: complete 2-dose series, 28 days apart.

Risk factors for mpox infection include:

- Gay, bisexual, or other MSM, or a person who has sex with gay, bisexual, or other MSM who in the past 6 months have had one of the following:

- A new diagnosis of at least 1 sexually transmitted disease
- More than 1 sex partner
- Sex at a commercial sex venue
- Sex in association with a large public event in a geographic area where mpox transmission is occurring
- Persons who are sexual partners of the persons described above
- Persons who anticipate experiencing any of the situations described above
- **Pregnancy:** There is currently no ACIP recommendation for Jynneos use in pregnancy due to lack of safety data in pregnant women. Pregnant women with any risk factor described above may receive Jynneos.

For detailed information, see www.cdc.gov/mpox/hcp/vaccineconsiderations/vaccination-overview.html

Routine vaccination with PCV

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

Catch-up vaccination with PCV

y Healthy children ages 2–4 years with any incomplete*

PCV series: 1 dose PCV y For other catch-up guidance, see Table 2.

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

Special situations

Children and adolescents with cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; or diabetes mellitus: Age 2–5 years y Any incomplete* PCV series with:

- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)

y Completed recommended PCV series but have not received PPSV23.

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: administer 1 dose PCV20 or 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.

Age 6–18 years y Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of PPSV23 at least 8 weeks after the PCV15 dose.**

y Received PCV before age 6 years but have not received

PPSV23

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: 1 dose PCV20 or 1 dose PPSV23 administer at least 8 weeks after the most recent PCV dose.
- Received PCV13 only at or after age 6 years: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose.
- Received 1 dose PCV13 and 1 dose PPSV23 at or after age 6 years: no further doses of any PCV or PPSV23 indicated. **Children and adolescents on maintenance dialysis, or with immunocompromising conditions such as nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; or sickle cell disease or other hemoglobinopathies: Age 2–5 years y** Any incomplete* PCV series:
- 3 PCV doses: 1 dose PCV (at least 8 weeks after the most recent PCV dose)
- Less than 3 PCV doses: 2 doses PCV (at least 8 weeks after the most recent dose and administered at least 8 weeks apart)

y Completed recommended PCV series but have not received

PPSV23

- Previously received at least 1 dose of PCV20: no further PCV or PPSV23 doses needed
- Not previously received PCV20: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

Age 6–18 years y Not previously received any dose of PCV13, PCV15, or PCV20: administer 1 dose of PCV15 or 1 dose of PCV20. If PCV15 is used and no previous receipt of PPSV23, administer 1 dose of

PPSV23 at least 8 weeks after the PCV15 dose.** y Received PCV before age 6 years but have not received

PPSV23

- Previously received at least 1 dose of PCV20: no additional dose of PCV or PPSV23
- Not previously received PCV20: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV dose. If PPSV23 is used, administer either PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.
- Received PCV13 only at or after age 6 years: administer 1 dose

PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose. If PPSV23 is used, administer 1 dose of PCV20 or dose 2 PPSV23 at least 5 years after dose 1 PPSV23.

- Received 1 dose PCV13 and 1 dose PPSV23 at or after age

6 years: administer 1 dose PCV20 or 1 dose PPSV23 at least 8 weeks after the most recent PCV13 dose and at least 5 years after dose 1 PPSV23.

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

For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the mobile app, which can be downloaded here: wcms-wp.cdc.gov/pneumococcal/hcp/vaccine-recommendations/app.html

**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.*

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?s_cid=mm6601a6_w.
 - Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
 - Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
 - Doses of OPV administered on or after April 1, 2016, should not be counted.
 - For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- y For other catch-up guidance, see Table 2. **Special situations**

y 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

Routine immunization

y 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 www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html) y **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 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 y **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 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

Routine vaccination

y **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.

y **All other pregnant women:** RSV vaccine not recommended y **Subsequent pregnancies:** additional doses not recommended. No data are available to inform whether additional doses are needed in subsequent pregnancies. Infants born to pregnant women 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.

Routine vaccination

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

to 3-dose series.

Catch-up vaccination

y Do not start the series on or after age 15 weeks, 0 days. y The maximum age for the final dose is 8 months, 0 days. y 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)

Varicella vaccination

(minimum age: 12 months)

Routine vaccination

- 2-dose series at age 12–15 months, 4–6 years
- VAR or MMRV may be administered*
- Dose 2 may be administered as early as 3 months after dose 1 (a dose inadvertently administered after at least 4 weeks may be counted as valid).

***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

- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have a 2-dose series:
- **Age 7–12 years:** Routine interval: 3 months (a dose inadvertently administered after at least 4 weeks may be counted as valid)
- **Age 13 years and older:** Routine interval: 4–8 weeks

(minimum interval: 4 weeks)

- The maximum age for use of *MMRV* is 12 years.

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Routine vaccination

y Age 11–12 years: 1 dose Tdap (adolescent booster) **y 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 y Age 13–18 years who have not received Tdap:

1 dose Tdap (adolescent booster) **y 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. **y 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 **y 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. **y** 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/](http://www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm)

[volumes/69/wr/mm6903a5.htm](http://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

Guide to Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: [Contraindication and Precautions, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2024–25 Influenza Season](#). | MMWR (cdc.gov), and [Contraindications and Precautions for COVID-19 Vaccination](#)

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended ¹	Precautions ²
COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine³ 	<ul style="list-style-type: none"> Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine³; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) Moderate or severe acute illness, with or without fever
COVID-19 protein subunit vaccine [Novavax]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a Novavax COVID-19 vaccine³ 	<ul style="list-style-type: none"> Diagnosed non-severe allergy (e.g., urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine³; or non-severe, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV3)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV of any valency) Severe allergic reaction (e.g., anaphylaxis) to any vaccine component⁴ (excluding egg) 	<ul style="list-style-type: none"> Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Moderate or severe acute illness with or without fever
Influenza, cell culture-based inactivated injectable (ccIIV3) [Flucelvax]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency, or to any component⁴ of ccIIV3 	<ul style="list-style-type: none"> Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. Moderate or severe acute illness with or without fever
Influenza, recombinant injectable (RIV3) [Flublok]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component⁴ of RIV3 	<ul style="list-style-type: none"> Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency. If using RIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. Moderate or severe acute illness with or without fever
Influenza, live attenuated (LAIV3) [Flumist]	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) Severe allergic reaction (e.g., anaphylaxis) to any vaccine component⁴ (excluding egg) Children age 2–4 years with a history of asthma or wheezing Anatomic or functional asplenia Immunocompromised due to any cause including, but not limited to, medications and HIV infection Close contacts or caregivers of severely immunosuppressed persons who require a protected environment Pregnancy Cochlear implant Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak Children and adolescents receiving aspirin or salicylate-containing medications Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days 	<ul style="list-style-type: none"> Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine Asthma in persons age 5 years old or older Persons with underlying medical conditions other than those listed under contraindications that might predispose to complications after wild-type influenza virus infection, e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus) Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should **NOT** be administered. Kroger A, Bahta L, Hunter P. [ACIP General Best Practice Guidelines for Immunization](#).
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. [ACIP General Best Practice Guidelines for Immunization](#).
3. See [package inserts](#) and [FDA EUA fact sheets](#) for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG).
4. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See [Package inserts for U.S.-licensed vaccines](#).

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended ¹	Precautions ²
Dengue (DEN4CYD)	<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"> ● 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 ● Younger 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: PreHevbrio is not recommended due to lack of safety data in pregnant women. Use other hepatitis B vaccines if HepB is indicated⁴ 	<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 • <i>Pregnancy: HPV vaccination not recommended.</i> 	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)	<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 (i.e., sibling or parent) history of seizures of any etiology • If using MMRV, see Varicella/MMRV for additional precautions
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 ● For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid— or CRM197—containing vaccine ● For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine 	<ul style="list-style-type: none"> ● For MenACWY-CRM only: Preterm birth if younger than age 9 months ● Moderate or severe acute illness with or without fever
Meningococcal ACWY (MenACWY)	MenACWY-CRM [Menveo]	MenACWY-TT [MenQuadfi]
Meningococcal B (MenB)	<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: Latex sensitivity ● Moderate or severe acute illness with or without fever
MenB-4C [Bexsero]		

MenB-FHbp [Trumenba]		
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 toxoid-containing vaccine 	<ul style="list-style-type: none"> ● Moderate or severe acute illness, with or without fever
Mpox [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-toxoid-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 component⁵ 	<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 exstrophy ● 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"> ● 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 ● If using MMRV, see MMR/MMRV for additional precautions

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

2. When a precaution is present, vaccination should generally be deterred but might be indicated if the benefit or 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.
3. 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/vaccines-licensed-use-united-states.
4. For information on the pregnancy exposure registry for persons who were inadvertently vaccinated with PreHevbrio while pregnant, please visit www.prehevbrio.com/#safety.
5. Full prescribing information for BEYFORTUS (nirsevimab-alip) www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf.

In addition to the recommendations presented in the previous sections of this immunization schedule, ACIP has approved the following recommendations by majority vote since October 24, 2024. The following recommendations have been adopted by the CDC Director and are now official. Links are provided if these recommendations have been published in *Morbidity and Mortality Weekly Report (MMWR)*.

VaccinesRecommendations	Effective Date of Recommendation*
No new vaccines or vaccine recommendations to report	

*The effective date is the date when the CDC director adopted the recommendation and when the ACIP recommendation became official.

- **y**Mother is HBsAg-positive -Birth dose (monovalent HepB vaccine only): administer HepB vaccine and hepatitis B immune globulin (HBIG) in separate limbs within 12 hours of birth, regardless of birth weight. -Birth weight <2000 grams: administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses). -Final (3rd or 4th) dose: administer at age 6 months (minimum age 24 weeks). -Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months. WHITE SPACE INTENTIONALLY LEFT BLANK
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