February 26, 2021

Dear Colleague:

The Centers for Disease Control and Prevention (CDC) has released the 2021 Recommended Immunization Schedules. These schedules and footnotes, which are meant to be used together, are attached. Links to the schedules and summaries of changes to the child/adolescent and adult schedules are available on the CDC website, at https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html and https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html, respectively.

Highlights of the changes to both schedules include a link on the first page of each schedule to FAQs for ACIP Shared Clinical Decision-Making Recommendations. Both schedules include a new meningococcal quadrivalent conjugate vaccine, MenACWY-TT (MenQuadfi® [Sanofi]). The influenza notes each include a bullet about the time required between the use of specific antiviral medications and the administration of live, attenuated influenza vaccine (LAIV4).

For children and adolescents specifically:
Changes to the child and adolescent schedule include guidance, in the “special situations” section of meningococcal vaccination, about the use of MenACWY-CRM (Menveo® [GSK]) in infants who received dose 1 at age 3-6 months.

For adults specifically:
All references to zoster vaccine live have been removed since it is no longer available in the U.S. The hepatitis A note has been revised to include dosing for the accelerated HepA-HepB (Twinrix® [GSK]) schedule for travel in countries with high or intermediate endemic hepatitis A. The hepatitis B note was revised to include shared clinical decision-making for hepatitis B vaccination in person with diabetes who are 60 years of age or older. The human papillomavirus vaccination note was revised to include the recommendation that those with immunocompromising conditions, including HIV, receive three doses regardless of age at initiation.

For questions on the new immunization schedules, or any other vaccine-related issue, please call (347) 396-2400 or email nycimmunize@health.nyc.gov. Thank you for keeping New York City residents safe from vaccine-preventable diseases.

Sincerely,

Jane R. Zucker, MD, MSc

Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunization
42-09 28th Street, CN21
Queens, NY 11101-4132
## Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

**Vaccines in the Child and Adolescent Immunization Schedule***

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Abbreviations</th>
<th>Trade names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis vaccine</td>
<td>DTaP</td>
<td>Daptacel®* Infanrix®*</td>
</tr>
<tr>
<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>No trade name</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b vaccine</td>
<td>Hib (PRP-T)</td>
<td>ActHIB®* Hibrix®* PedvaxHIB*</td>
</tr>
<tr>
<td></td>
<td>Hib (PRP-OMP)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix® Vaqta®*</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix-B* Recombivax HB*</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9®</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IIV</td>
<td>Multiple</td>
</tr>
<tr>
<td>Influenza vaccine (live, attenuated)</td>
<td>LAIV4</td>
<td>FluMist® Quadrivalent</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R II*</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra®</td>
</tr>
<tr>
<td></td>
<td>MenACWY-CRM</td>
<td>Menveo*</td>
</tr>
<tr>
<td></td>
<td>MenACWY-TT</td>
<td>MenQuadrifi®</td>
</tr>
<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Bexsero®</td>
</tr>
<tr>
<td></td>
<td>MenB-FHbp</td>
<td>Trumenba®</td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevnar 13®</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PPV23</td>
<td>Pneumovax 23®</td>
</tr>
<tr>
<td>Poliovirus vaccine (inactivated)</td>
<td>IPV</td>
<td>IPOL®</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td>RV1</td>
<td>RotaTeq®</td>
</tr>
<tr>
<td></td>
<td>RV5</td>
<td>RotaTeq®</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel®*Boostrix®</td>
</tr>
<tr>
<td>Tetanus and diphtheria vaccine</td>
<td>Td</td>
<td>Tenivac® TdvaX®</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax®</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Abbreviations</th>
<th>Trade names</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP, hepatitis B, and inactivated poliovirus vaccine</td>
<td>DTaP-IPV</td>
<td>Pedriarix®</td>
</tr>
<tr>
<td>DTaP, inactivated poliovirus, and <em>Haemophilus influenzae</em> type b vaccine</td>
<td>DTaP-IPV/Hib</td>
<td>Pentacel®</td>
</tr>
<tr>
<td>DTaP and inactivated poliovirus vaccine</td>
<td>DTaP-IPV</td>
<td>Kinrix® Quadracel®</td>
</tr>
<tr>
<td>DTaP, inactivated poliovirus, <em>Haemophilus influenzae</em> type b, and hepatitis B vaccine</td>
<td>DTaP-IPV-Hib-HepB</td>
<td>Vaxelis®</td>
</tr>
<tr>
<td>Measles, mumps, rubella, and varicella vaccine</td>
<td>MMRV</td>
<td>ProQuad®</td>
</tr>
</tbody>
</table>

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

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

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

#### 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](http://www.vaers.hhs.gov) or 800-822-7967

#### Helpful information
- Complete ACIP recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- **General Best Practice Guidelines for Immunization**: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)

Download the CDC Vaccine Schedules App for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html).

---

*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 Assistants (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).*
### Table 1: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

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). School entry and adolescent vaccine age groups are shaded in gray.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, acellular pertussis (DTaP &lt;7 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3rd or 4th dose, See Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus (IPV &lt;18 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (IIV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination 1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (LAIV4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination 1 dose only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination 1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination 1 dose only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2-dose series, See Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Recommended based on shared clinical decision-making or *can be used in this age group
- No recommendation/not applicable
Table 2
Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 month Behind, United States, 2021

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.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks Maximum age for final dose is 8 months, 0 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>6 weeks</td>
<td>No further doses needed if first dose was administered at age 15 months or older, 4 weeks if first dose was administered before the 1st birthday, 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.</td>
<td>No further doses needed if previous dose was administered at age 15 months or older, 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hibrix) 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 1st birthday and second dose was administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) and were administered before the 1st birthday.</td>
<td>8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td>6 weeks</td>
<td>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 1st birthday, 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after.</td>
<td>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 &lt;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.</td>
<td>8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.</td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks if current age is &lt;4 years. 6 months (as final dose) if current age is 4 years or older.</td>
<td></td>
<td>6 months (minimum age 4 years for final dose).</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>12 months</td>
<td>3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12 months</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal ACWY</td>
<td>2 months MenACWY-CRM</td>
<td>8 weeks</td>
<td>See Notes</td>
<td>See Notes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 months MenACWY-D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 years MenACWY-TT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Children and adolescents age 7 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal ACWY</td>
<td>Not applicable (N/A)</td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis</td>
<td>7 years</td>
<td>4 weeks</td>
<td>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.</td>
<td>6 months if first dose of DTaP/DT was administered before the 1st birthday.</td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td>9 years</td>
<td>Routine dosing intervals are recommended.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>N/A</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>N/A</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose.</td>
<td>A fourth dose of IPV is indicated if all previous doses were administered at &lt;4 years or if the third dose was administered &lt;6 months after the second dose.</td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>N/A</td>
<td>4 weeks</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>N/A</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Table 3: Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2021

Always use this table in conjunction with Table 1 and the notes that follow.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>INDICATION</th>
<th>HIV infection CD4+ count</th>
<th>Kidney failure, end-stage renal disease, or on hemodialysis</th>
<th>Heart disease or chronic lung disease</th>
<th>CSF leak or cochlear implant</th>
<th>Asplenia or persistent complement component deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis (DTaP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae type b</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (IIV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (LAIV4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Human papillomavirus</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal ACWY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html) and Table 4-1 (footnote D) at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

2 Severe Combined Immunodeficiency

3 LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months
Prospectively:
Unvaccinated or only 1 dose before age 12 months: 2 doses,
2 or more doses before age 12 months: 1 dose at least 8 weeks
Retrospectively:
1 dose
2 or more doses before age 12 months: 1 dose at least 8 weeks
1 dose
Unvaccinated or only 1 dose before age 12 months: 2 doses,
2 or more doses before age 12 months: 1 dose at least 8 weeks
3-dose series 4 weeks apart starting 6 to 12 months after
1 dose (preferably at least 14 days before procedure)

The National Vaccine Injury Compensation Program (VICP) is a
department. The VICP is a no-fault alternative to the traditional legal system for resolving
vaccine injury claims. All routine child and adolescent vaccines
are covered by VICP except for pneumococcal polysaccharide
vaccine (PPSV23). For more information, see
recs/immunocompetence.html, and Immunization in Special
Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA,
Diseases, 31st ed. Itasca, IL: American Academy of Pediatrics;

For vaccination recommendations for persons ages 19 years or
older, see the Recommended Adult Immunization Schedule,
2021.

Diphtheria, tetanus, and pertussis (DTP)

vaccination (minimum age: 6 weeks [4 years
for Kinrix or Quadracel])

Routine vaccination
- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
  - Prospectively: Dose 4 may be 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
- 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/rr6702a1.htm.

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

Routine vaccination
- ActHIB, Hibrix, or Pentacel: 4-dose series at 2, 4, 6, 12–
15 months
- PedvaxHIB: 3-dose series at 2, 4, 12–15 months

Catch-up vaccination
- Dose 1 at 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) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before age 12 months: Administer dose
3 (final dose) at 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: Unvaccinated 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.

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

**Routine vaccination**
- 2-dose series (minimum interval: 6 months) beginning at age 12 months

**Catch-up vaccination**
- Unvaccinated persons through age 18 years should complete a 2-dose series (minimum interval: 6 months).
- Individuals 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 the combined HepA and HepB vaccine, *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.

**Hepatitis B vaccination** (minimum age: birth)

**Birth dose (monovalent HepB vaccine only)**
- *Mother is HBsAg-negative*: 1 dose within 24 hours of birth for all medically stable infants ≥2,000 grams. Infants <2,000 grams: Administer 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still <2,000 grams).
- *Mother is HBsAg-positive*: Administer HepB vaccine and hepatitis B immune globulin (HBIG) (in separate limbs) within 12 hours of birth, regardless of birth weight. For infants ≤2,000 grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
- *Mother’s HBsAg status is unknown*: Administer HepB vaccine within 12 hours of birth, regardless of birth weight.
- For infants <2,000 grams, administer HBIG in addition to HepB vaccine (in separate limbs) within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Determine mother’s HBsAg status as soon as possible. If mother is HBsAg-positive, administer HBIG to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

**Routine series**
- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.

**Catch-up vaccination**
- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents aged 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation *Recombivax* HB only).
- Adolescents aged 16 years or older may receive a 2-dose series of HepB (*Heplisav-B*) at least 4 weeks apart.
- Adolescents age 18 years or older may receive the combined HepA and HepB vaccine, *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).
- For other catch-up guidance, see Table 2.

**Special situations**
- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- Revaccination may be recommended for certain populations, including:
  - Infants born to HBsAg-positive mothers
  - Hemodialysis patients
  - Other immunocompromised persons
- For detailed revaccination recommendations, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html.

**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, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 3 months; repeat dose if administered too soon)
- **Interruited schedules**: If vaccination schedule is interrupted, the series does not need to be restarted.
- **No additional dose recommended after completing series with recommended dosing intervals using any HPV vaccine.**

**Special situations**
- Immunocompromising conditions, including HIV infection:
  - 3-dose series as above
  - *History of sexual abuse or assault*: Start at age 9 years.
  - Pregnancy: HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

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

**Routine vaccination**
- Use any influenza vaccine appropriate for age and health status annually:
  - 2 doses, separated by at least 4 weeks, for children age 6 months–8 years who have received fewer than 2 influenza vaccine doses before July 1, 2020, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
  - 1 dose for children age 6 months–8 years who have received at least 2 influenza vaccine doses before July 1, 2020
  - 1 dose for all persons age 9 years or older
- For the 2021–22 season, see the 2021–22 ACIP influenza vaccine recommendations.

**Special situations**
- *Egg allergy, hives only*: Any influenza vaccine appropriate for age and health status annually
- *Egg allergy with symptoms other than hives* (e.g., angioedema, respiratory distress, need for emergency medical services or epinephrine): Any influenza vaccine appropriate for age and health status annually. If using an influenza vaccine other than Flublok or Flucelvax, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions.
- Severe allergic reactions to vaccines can occur even in the absence of a history of previous allergic reaction. All vaccination providers should be familiar with the office emergency plan and certified in cardiopulmonary resuscitation.
- A previous severe allergic reaction to influenza vaccine is a contraindication to future receipt of any influenza vaccine.
- LAIV4 should not be used in persons with the following conditions or situations:
  - History of severe allergic reaction to a previous dose of any influenza vaccine or to any vaccine component (excluding egg, see details above)
  - Receiving aspirin or salicylate-containing medications
  - Age 2–4 years with history of asthma or wheezing
  - Immunocompromised due to any cause (including medications and HIV infection)
  - Anaphylaxis or functional anaphylaxis
  - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
  - Pregnancy
  - Cochlear implant
  - Cerebrospinal fluid-oropharyngeal communication
  - Children less than age 2 years
  - Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, or peramivir within the previous 5 days, or baloxavir within the previous 17 days
**Notes**

**Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021**

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

**Routine vaccination**
- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

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

**Special situations**

**International travel**
- Infants age 6–11 months: 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- Unvaccinated children age 12 months or older: 2-dose series at least 4 weeks apart before departure

**Meningococcal serogroup A,C,W,Y vaccination**
(minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra], 2 years [MenACWY-TT, MenQuadfi])

**Routine vaccination**
- 2-dose series at 11–12 years, 16 years

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

**Special situations**

**Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:**
- Menveo
  - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 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
- Menactra
  - Persistent complement component deficiency or complement inhibitor use:
    - Age 9–23 months: 2-dose series at least 12 weeks apart
    - Age 24 months or older: 2-dose series at least 8 weeks apart
  - Anatomic or functional asplenia, sickle cell disease, or HIV infection:
    - Age 9–23 months: Not recommended
    - Age 24 months or older: 2-dose series at least 8 weeks apart
  - Menactra must be administered at least 4 weeks after completion of PCV13 series.

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

**Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj** (www.cdc.gov/travel/):
- Children less than age 24 months:
  - Menveo (age 2–23 months)
    - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 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)
- Menactra (age 9–23 months):
  - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- Children age 2 years or older: 1 dose Menveo, Menactra, or MenQudafi

**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, Menactra, or MenQudafi

**Adolescent vaccination of children who received MenACWY prior to age 10 years:**
- Children for whom boosters are recommended because of an ongoing increased risk of meningococcal disease (e.g., those with complement deficiency, HIV, or asplenia); follow the booster schedule for persons at increased risk.
- Children for whom boosters are not recommended (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic); administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

**Note:** Menactra should be administered either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under “Special situations” and in an outbreak setting and additional meningococcal vaccination information, see [www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm](http://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm).

**Meningococcal serogroup B vaccination**
(minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba])

**Shared clinical decision-making**

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

**Special situations**

**Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:**
- Bexsero: 2-dose series at least 1 month apart
- Trumenba: 3-dose series at 0, 1–2, 6 months

**Bexsero** and **Trumenba** are not interchangeable; the same product should be used for all doses in a series. For MenB booster dose recommendations for groups listed under “Special situations” and in an outbreak setting and additional meningococcal vaccination information, see [www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm](http://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm).

**Pneumococcal vaccination**
(minimum age: 6 weeks [PCV13], 2 years [PPSV23])

**Routine vaccination with PCV13**
- 4-dose series at 2, 4, 6, 12–15 months

**Catch-up vaccination with PCV13**
- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

**Special situations**

**Underlying conditions below:** When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during same visit.

**Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral corticosteroids); diabetes mellitus:**
- Age 2–5 years
- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after completing all recommended PCV13 doses)
- Age 6–18 years
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after completing all recommended PCV13 doses)

**Cerebrospinal fluid leak, cochlear implant:**
- Age 2–5 years
- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)
- Age 6–18 years
- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23
Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

**Age 2–5 years**
- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later

**Age 6–18 years**
- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PCV13 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

**Chronic liver disease, alcoholism:**

**Age 6–18 years**
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

*Incomplete series = Not having received all doses in either the recommended series or an age-appropriate catch-up series. See Tables 8, 9, and 11 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr9111.pdf) for complete schedule details.

**Notes**

**Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021**

**Poliovirus vaccination**

**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.
- IPV is not routinely recommended for U.S. residents age 18 years or older.

**Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:**
- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
- Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
- Doses of OPV administered on or after April 1, 2016, should not be counted.
- For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

**Rotavirus vaccination**

**Minimum age: 6 weeks**

**Routine vaccination**
- Rotavac: 2-dose series at 2 and 4 months
- RotaTeq: 3-dose series at 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**
- **Adolescents age 11–12 years:** 1 dose Tdap
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- **Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.**

**Catch-up vaccination**
- **Adolescents age 13–18 years who have not received Tdap:**
  - 1 dose Tdap, then Td or Tdap booster every 10 years
- **Persons 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:**
  - **Children age 7–9 years** who receive Tdap should receive the routine Tdap dose at age 11–12 years.
  - **Children age 10 years** who receive Tdap do not need the routine Tdap dose at age 11–12 years.
- **DTaP inadvertently administered on or after age 7 years:**
  - **Children age 7–9 years:** DTaP may count as part of catch-up series. Administer routine Tdap dose at age 11–12 years.
  - **Children age 10–18 years:** Count dose of DTaP as the adolescent Tdap booster.
  - 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

**Varicella vaccination**

**Minimum age: 12 months**

**Routine vaccination**
- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

**Catch-up vaccination**
- Ensure persons age 7–18 years without evidence of immunity (see MMWR at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have a 2-dose series:
  - **Age 7–12 years:** routine interval: 3 months (a dose administered after a 4-week interval may be counted)
  - **Age 13 years and older:** routine interval: 4–8 weeks (minimum interval: 4 weeks)
  - The maximum age for use of MMRV is 12 years.
### Recommended Adult Immunization Schedule
**for ages 19 years or older**

**UNITED STATES  2021**

#### How to use the adult immunization schedule

1. **Determine recommended vaccinations by age** ([Table 1](#))
2. **Assess need for additional recommended vaccinations by medical condition and other indications** ([Table 2](#))
3. **Review vaccine types, frequencies, and intervals and considerations for special situations** ([Notes](#))

#### Vaccines in the Adult Immunization Schedule*

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Abbreviations</th>
<th>Trade names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemophilus influenzae type b vaccine</td>
<td>Hib</td>
<td>ActHIB*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hiberix*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PedvaxHIB*</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vaqta*</td>
</tr>
<tr>
<td>Hepatitis A and hepatitis B vaccine</td>
<td>HepA-HepB</td>
<td>Twinrix*</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix-B*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recombivax HB*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hepalis-B*</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9*</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IIV</td>
<td>Many brands</td>
</tr>
<tr>
<td>Influenza vaccine (live, attenuated)</td>
<td>LAIV4</td>
<td>FluMist* Quadrivalent</td>
</tr>
<tr>
<td>Infuenza vaccine (recombiant)</td>
<td>RIV4</td>
<td>Flublok* Quadrivalent</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R II*</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra*</td>
</tr>
<tr>
<td></td>
<td>MenACWY-CRM</td>
<td>Menveo*</td>
</tr>
<tr>
<td></td>
<td>MenACWY-TT</td>
<td>MenQuadri*</td>
</tr>
<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Bexsero*</td>
</tr>
<tr>
<td></td>
<td>MenB-FHbp</td>
<td>Trumenba*</td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevnar 13*</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PPSV23</td>
<td>Pneumovax 23*</td>
</tr>
<tr>
<td>Tetanus and diphtheria toxoids</td>
<td>Td</td>
<td>Tenivac*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tdvaq*</td>
</tr>
<tr>
<td>Tetanus and diphtheria toxoids andacellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boostrix*</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax*</td>
</tr>
<tr>
<td>Zoster vaccine, recombinant</td>
<td>RZV</td>
<td>Shingrix</td>
</tr>
</tbody>
</table>

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

---

**Report**
- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

**Injury claims**
All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide (PPSV23) and zoster (RZV) vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**Questions or comments**
Contact [www.cdc.gov/cdc-info](http://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.

**Helpful information**
- Complete ACIP recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- General Best Practice Guidelines for Immunization (including contraindications and precautions): [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Travel vaccine recommendations: [www.cdc.gov/travel](http://www.cdc.gov/travel)
- Recommended Child and Adolescent Immunization Schedule, United States, 2021: [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

---

**U.S. Department of Health and Human Services**
Centers for Disease Control and Prevention
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19–26 years</th>
<th>27–49 years</th>
<th>50–64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza inactivated (IIV) or Influenza recombinant (RIV)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza live, attenuated (LAIV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap or Td)</td>
<td>1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td>2 doses (if born in 1980 or later)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster recombinant (RZV)</td>
<td></td>
<td></td>
<td></td>
<td>2 doses</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination or condition</td>
<td></td>
<td></td>
<td>27 through 45 years</td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal A, C, W, Y (MenACWY)</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal B (MenB)</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td></td>
<td></td>
<td>19 through 23 years</td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 or 3 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection**
- **Recommended vaccination for adults with an additional risk factor or another indication**
- **Recommended vaccination based on shared clinical decision-making**
- **No recommendation/Not applicable**

*Table 1: Recommended Adult Immunization Schedule by Age Group, United States, 2021*
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immuno-compromised (excluding HIV infection)</th>
<th>HIV infection CD4 count</th>
<th>Asplenia, complement deficiencies</th>
<th>End-stage renal disease or on hemodialysis</th>
<th>Heart or lung disease, alcoholism</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Health care personnel</th>
<th>Men who have sex with men</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIV or RIV4</td>
<td>Not Recommended</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>LAIV4</td>
<td>Not Recommended</td>
<td>Precaution</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>Tdap or Td</td>
<td>Not Recommended</td>
<td>1 dose Tdap each pregnancy</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
</tr>
<tr>
<td>MMR</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
</tr>
<tr>
<td>VAR</td>
<td>Not Recommended</td>
<td>Not Recommended</td>
<td>1 or 2 doses depending on indication</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
</tr>
<tr>
<td>RZV</td>
<td>Not Recommended</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
<td>2 doses at age ≥50 years</td>
</tr>
<tr>
<td>HPV</td>
<td>Not Recommended</td>
<td>3 doses through age 26 years</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
<td>2 or 3 doses through age 26 years depending on age at initial vaccination or condition</td>
</tr>
<tr>
<td>PCV13</td>
<td>Not Recommended</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>PPSV23</td>
<td>Not Recommended</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
<td>1, 2, or 3 doses depending on age and indication</td>
</tr>
<tr>
<td>HepA</td>
<td>Not Recommended</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
</tr>
<tr>
<td>HepB</td>
<td>Not Recommended</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
<td>2, 3, or 4 doses depending on vaccine or condition &lt;60 years</td>
</tr>
<tr>
<td>MenACWY</td>
<td>Not Recommended</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
</tr>
<tr>
<td>MenB</td>
<td>Precaution</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
</tr>
<tr>
<td>Hib</td>
<td>Not Recommended</td>
<td>3 doses HSCT recipients only</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
</tbody>
</table>

1. Precaution for LAIV4 does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. 3. Hematopoietic stem cell transplant.
Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2021

Additional Information

**COVID-19 Vaccination**

ACIP recommends use of COVID-19 vaccines within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. Interim ACIP recommendations for the use of COVID-19 vaccines can be found at [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html)

**Haemophilus influenzae type b vaccination**

Special situations
- Anatomical or functional asplenia (including sickle cell disease): 1 dose if previously did not receive Hib; if elective splenectomy, 1 dose, preferably at least 14 days before splenectomy
- Hematopoietic stem cell transplant (HSCT): 3-dose series 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history

Routine vaccination
- Not at risk but want protection from hepatitis A
  (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

Special situations
- At risk for hepatitis A virus infection: 2-dose series HepA or 3-dose series HepA-HepB as above
  - Chronic liver disease (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - HIV infection
  - Men who have sex with men
  - Injection or noninjection drug use
- Persons experiencing homelessness
- Work with hepatitis A virus in research laboratory or with nonhuman primates with hepatitis A virus infection
- Travel in countries with high or intermediate endemic hepatitis A (HepA-HepB [Twinrix] may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months)
- Close, personal contact with international adoptee (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)
- Pregnancy if at risk for infection or severe outcome from infection during pregnancy
- Settings for exposure, including health care settings targeting services to injection or noninjection drug users or group homes and nonresidential day care facilities for developmentally disabled persons (individual risk factor screening not required)

**Hepatitis B vaccination**

Routine vaccination
- Not at risk but want protection from hepatitis B
  (identification of risk factor not required): 2- or 3-dose series (2-dose series Heplisav-B at least 4 weeks apart [2-dose series HepB only applies when 2 doses of Heplisav-B are used at least 4 weeks apart] or 3-dose series Engerix-B or Recombivax HB at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

Special situations
- At risk for hepatitis B virus infection: 2-dose (Heplisav-B) or 3-dose (Engerix-B, Recombivax HB) series or 3-dose series HepA-HepB (Twinrix) as above
  - Chronic liver disease (e.g., persons with hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - HIV infection
  - Sexual exposure risk (e.g., sex partners of hepatitis B surface antigen [HBsAg]-positive persons; sexually active persons not in mutually monogamous relationships; persons seeking evaluation or treatment for a sexually transmitted infection; men who have sex with men)

**Human papillomavirus vaccination**

Routine vaccination
- HPV vaccination recommended for all persons through age 26 years: 2- or 3-dose series depending on age at initial vaccination or condition:
  - 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: 3 months; repeat dose if administered too soon)
  - Age 9–14 years at initial vaccination and received 1 dose or 2 doses less than 5 months apart: 1 additional dose
  - Age 9–14 years at initial vaccination and received 2 doses at least 5 months apart: HPV vaccination series complete, no additional dose needed
- Interrupted schedules: If vaccination schedule is interrupted, the series does not need to be restarted
- No additional dose recommended after completing series with recommended dosing intervals using any HPV vaccine

Shared clinical decision-making
- Some adults age 27–45 years: Based on shared clinical decision-making, 2- or 3-dose series as above

Special situations
- Age ranges recommended above for routine and catch-up vaccination or shared clinical decision-making also apply in special situations

For vaccine recommendations for persons 18 years of age or younger, see the Recommended Child/Adolescent Immunization Schedule.
**Immunocompromising conditions, including HIV infection:** 3-dose series as above, regardless of age at initial vaccination
- **Pregnancy:** HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

**Influenza vaccination**

**Routine vaccination**
- **Persons age 6 months or older:** 1 dose any influenza vaccine appropriate for age and health status annually
- For additional guidance, see [www.cdc.gov/flu/professionals/index.htm](http://www.cdc.gov/flu/professionals/index.htm)

**Special situations**
- **Egg allergy, hives only:** 1 dose any influenza vaccine appropriate for age and health status annually
- **Egg allergy—any symptom other than hives** (e.g., angioedema, respiratory distress): 1 dose any influenza vaccine appropriate for age and health status annually. If using an influenza vaccine other than RIIV4 or cIIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions.
- **Severe allergic reactions to any vaccine can occur even in the absence of a history of previous allergic reaction.** Therefore, all vaccine providers should be familiar with the office emergency plan and certified in cardiopulmonary resuscitation.
- A previous severe allergic reaction to any influenza vaccine is a contraindication to future receipt of the vaccine.
- **LAIV4 should not be used** in persons with the following conditions or situations:
  - History of severe allergic reaction to any vaccine component (excluding egg) or to a previous dose of any influenza vaccine
  - Immunocompromised due to any cause (including medications and HIV infection)
  - Anatomic or functional asplenia
  - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
  - Pregnancy
  - Cranial CSF/oropharyngeal communications
  - Cochlear implant

**Notes**
- 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
- **Adults 50 years or older**
- History of Guillain–Barre syndrome within 6 weeks after previous dose of influenza vaccine: Generally, should not be vaccinated unless vaccination benefits outweigh risks for those at higher risk for severe complications from influenza

**Meningococcal vaccination**

**Special situations for MenACWY**
- **Anatomical or functional asplenia** (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use: 2-dose series MenACWY-D (Menactra, Menveo or MenQuadfi) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease,** microbiologists routinely exposed to *Neisseria meningitidis*: 1 dose MenACWY (Menactra, Menveo or MenQuadfi) at least 8 weeks apart and among men who have sex with men) and additional meningococcal vaccination information, see [www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm](http://www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm)

**Shared clinical decision-making for MenB**
- **Adolescents and young adults age 16–23 years** (age 16–18 years preferred) not at increased risk for meningococcal disease: Based on shared clinical decision-making, 2-dose series MenB-4C (Bexsero) at least 1 month apart or 2-dose series MenB-FHbp (Trumenba) at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)

**Special situations for MenB**
- **Anatomical or functional asplenia** (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use, microbiologists routinely exposed to *Neisseria meningitidis*: 2-dose primary series MenB-4C (Bexsero) at least one month apart or

**Measles, mumps, and rubella vaccination**

**Routine vaccination**
- **No evidence of immunity to measles, mumps, or rubella: 1 dose**
- **Evidence of immunity:** Born before 1957 (health care personnel, see below), documentation of receipt of MMR vaccine, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

**Special situations**
- **Pregnancy with no evidence of immunity to rubella:** MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose
- **Nonpregnant women of childbearing age with no evidence of immunity to rubella: 1 dose**
- **HIV infection with CD4 count ≥200 cells/mm$^3$ for at least 6 months and no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart; MMR contraindicated for HIV infection with CD4 count <200 cells/mm$^3$
- **Severe immunocompromising conditions:** MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close, personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart if previously did not receive any doses of MMR or 1 dose if previously received 1 dose MMR
- **Health care personnel:**
  - Born in 1957 or later with no evidence of immunity to measles, mumps, or rubella: 2-dose series at least 4 weeks apart for measles or mumps or at least 1 dose for rubella

**Recommended Adult Immunization Schedule, United States, 2021**

- Born before 1957 with no evidence of immunity to measles, mumps, or rubella: Consider 2-dose series at least 4 weeks apart for measles or mumps or 1 dose for rubella
Recommended Adult Immunization Schedule, United States, 2021

**Pneumococcal vaccination**

**Routine vaccination**
- **Age 65 years or older** (immunocompetent—see [www.cdc.gov/mmwr/volumes/68/wr/mm6846a5.htm](http://www.cdc.gov/mmwr/volumes/68/wr/mm6846a5.htm)): 1 dose PPSV23
  - If PPSV23 was administered prior to age 65 years, administer 1 dose PPSV23 at least 5 years after previous dose

**Shared clinical decision-making**
- **Age 65 years or older** (immunocompetent): 1 dose PCV13 based on [shared clinical decision-making](https://www.cdc.gov/mmwr/volumes/68/wr/mm6846a5_w.htm) if previously not administered.
  - PCV13 and PPSV23 should not be administered during the same visit
  - If both PCV13 and PPSV23 are to be administered, PCV13 should be administered first
  - PCV13 and PPSV23 should be administered at least 1 year apart

**Special situations**
([www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm))
- **Age 19–64 years with chronic medical conditions** (chronic heart [excluding hypertension], lung, or liver disease, diabetes, alcoholism, or cigarette smoking): 1 dose PPSV23

**Tetanus, diphtheria, and pertussis vaccination**

**Routine vaccination**
- **Previously did not receive Tdap at or after age 11 years**: 1 dose Tdap, then Td or Tdap every 10 years

**Special situations**
- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis**: At least 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks after Tdap and another dose Td or Tdap 6–12 months after last Td or Tdap (Td can be substituted for any Td dose, but preferred as first dose), Td or Tdap every 10 years thereafter
- **Pregnancy**: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- **Wound management**: Persons with 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 who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap. For detailed information, see [www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm](http://www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm)

**Varicella vaccination**

**Routine vaccination**
- **No evidence of immunity to varicella**: 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose
  - **Evidence of immunity**: U.S.-born before 1980 (except for documented evidence of varicella vaccination in women who are pregnant or health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease

**Special situations**
- **Pregnancy with no evidence of immunity to varicella**: VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **Health care personnel with no evidence of immunity to varicella**: VAR contraindicated for health care personnel with no evidence of immunity to varicella
- **HIV infection with CD4 count ≥200 cells/mm³ with no evidence of immunity**: Vaccination may be considered (2 doses 3 months apart; VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose
- **Severe immunocompromising conditions**: VAR contraindicated

**Zoster vaccination**

**Routine vaccination**
- **Age 50 years or older**: 2-dose series RZV (Shingrix) 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon), regardless of previous herpes zoster or history of zoster vaccine live (ZVL, Zostavax) vaccination (administer RZV at least 2 months after ZVL)

**Special situations**
- **Pregnancy**: Consider delaying RZV until after pregnancy if RZV is otherwise indicated.
- **Severe immunocompromising conditions (including HIV infection with CD4 count <200 cells/mm³)**: Recommended use of RZV under review