

Recommended Pediatric Immunization Schedules — United States - 2018

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose															
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose				4 th dose			5 th dose					
<i>Haemophilus influenzae</i> type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 4				3 rd or 4 th dose, See footnote 4								
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose				4 th dose								
Inactivated poliovirus ⁶ (IPV: <18 yrs)			1 st dose	2 nd dose								4 th dose					
Influenza ⁷ (IIV)																	
Measles, mumps, rubella ⁸ (MMR)							See footnote 8		1 st dose			2 nd dose					
Varicella ⁹ (VAR)									1 st dose			2 nd dose					
Hepatitis A ¹⁰ (HepA)																	
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)																	
Tetanus, diphtheria, & acellular pertussis ¹³ (Tdap: ≥7 yrs)																	
Human papillomavirus ¹⁴ (HPV)																	
Meningococcal B ¹²																	
Pneumococcal polysaccharide ⁵ (PPSV23)																	

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
 No recommendation

NOTE: The above recommendations must be read along with the footnotes of this schedule.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes 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 ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus ²	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks ² Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 weeks	4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks ⁴ if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose) ⁴ • if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR • if current age is 12 through 59 months and first dose was administered before the 1 st birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 st birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate ⁵	6 weeks	4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus ⁶	6 weeks	4 weeks ⁶	4 weeks ⁶ if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months ⁶ (minimum age 4 years for final dose).	
Measles, mumps, rubella ⁸	12 months	4 weeks			
Varicella ⁹	12 months	3 months			
Hepatitis A ¹⁰	12 months	6 months			
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks ¹¹	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks ¹¹			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis ¹³	7 years ¹³	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus ¹⁴	9 years				
Hepatitis A ¹⁰	N/A	6 months			
Hepatitis B ¹	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus ⁶	N/A	4 weeks	6 months ⁶ 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 ⁸	N/A	4 weeks			
Varicella ⁹	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

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

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

Additional information

- For information on contraindications and precautions for the use of a vaccine, consult the *General Best Practice Guidelines for Immunization* and relevant ACIP statements, at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥ 4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤ 4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥ 5 days earlier than the minimum interval or minimum age should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, *Recommended and minimum ages and intervals between vaccine doses*, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, *Vaccination of persons with primary and secondary immunodeficiencies*, in *General Best Practice Guidelines for Immunization*, at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Immunization in Special Clinical Circumstances. (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015:68-107).
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see www.hrsa.gov/vaccinecompensation/index.html.

1. Hepatitis B (HepB) vaccine. (minimum age: birth)

Birth Dose (Monovalent HepB vaccine only):

- Mother is HBsAg-Negative:** 1 dose within 24 hours of birth for medically stable infants $\geq 2,000$ grams. Infants $< 2,000$ grams administer 1 dose at chronological age 1 month or hospital discharge.

Mother is HBsAg-Positive:

- Give **HepB vaccine** and **0.5 mL of HBIG** (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
- 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:

- Give **HepB vaccine** within 12 hours of birth, regardless of birth weight.
- For infants $< 2,000$ grams, give **0.5 mL of HBIG** in addition to HepB vaccine within 12 hours of birth.
- Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, give **0.5 mL of HBIG** to infants $\geq 2,000$ grams as soon as possible, but no later than 7 days of age.

Routine Series:

- A complete series is 3 doses at 0, 1–2, and 6–18 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- Minimum age** for the final (3rd or 4th) dose: 24 weeks.
- Minimum intervals:** Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute “Dose 4” for “Dose 3” in these calculations.)

Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, and 6 months.
- Adolescents 11–15 years of age may use an alternative 2-dose schedule, with at least 4 months between doses (adult formulation **Recombivax HB** only).
- For other catch-up guidance, see Figure 2.

2. Rotavirus vaccines. (minimum age: 6 weeks)

Routine vaccination:

- Rotarix:** 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 Figure 2.

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

Routine vaccination:

- 5-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.

- Prospectively:** A 4th dose may be given as early as age 12 months if at least 6 months have elapsed since the 3rd dose.

- Retrospectively:** A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since the 3rd dose.

Catch-up vaccination:

- The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
- For other catch-up guidance, see Figure 2.

4. Haemophilus influenzae type b (Hib) vaccine. (minimum age: 6 weeks)

Routine vaccination:

- ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, and 12–15 months.
- PedvaxHIB:** 3-dose series at 2, 4, and 12–15 months.

Catch-up vaccination:

- 1st dose at 7–11 months:** Give 2nd dose at least 4 weeks later and 3rd (final) dose at 12–15 months or 8 weeks after 2nd dose (whichever is later).
- 1st dose at 12–14 months:** Give 2nd (final) dose at least 8 weeks after 1st dose.
- 1st dose before 12 months and 2nd dose before 15 months:** Give 3rd (final) dose 8 weeks after 2nd dose.

- 2 doses of PedvaxHIB before 12 months:** Give 3rd (final) dose at 12–59 months and at least 8 weeks after 2nd dose.

- Unvaccinated at 15–59 months:** 1 dose.
- For other catch-up guidance, see Figure 2.

Special Situations:

Chemotherapy or radiation treatment 12–59 months

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

Doses given 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 with doses 4 weeks apart starting 6 to 12 months after successful transplant (regardless of Hib vaccination history).

Anatomic or functional asplenia (including sickle cell disease) 12–59 months

- Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.

- 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

Unimmunized* persons 5 years or older

- Give 1 dose

Elective splenectomy

Unimmunized* persons 15 months or older

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

HIV infection 12–59 months

- Unvaccinated or only 1 dose before 12 months: Give 2 doses 8 weeks apart.

- 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

Unimmunized* persons 5–18 years

- Give 1 dose

Immunoglobulin deficiency, early component complement deficiency 12–59 months

- Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.

- 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

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

5. Pneumococcal vaccines. (minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13:

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

Catch-up vaccination with PCV13:

- 1 dose for healthy children aged 24–59 months with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

Special situations: High-risk conditions: Administer PCV13 doses before PPSV23 if possible.

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* schedules with:
 - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
 - < 3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Age 6–18 years:

- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Cerebrospinal fluid leak; cochlear implant:

Age 2–5 years:

- Any incomplete* schedules with:
 - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
 - < 3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Age 6–18 years:

- No history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.
- Any PCV13 but no PPSV23: 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose of 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* schedules with:
 - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
 - < 3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of 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 of PCV13, 2 doses of PPSV23 (1st dose of PPSV23 administered 8 weeks after PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).
- Any PCV13 but no PPSV23: 2 doses of PPSV23 (1st dose of PPSV23 to be given 8 weeks after the most recent dose of PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).
- PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 to be given 5 years after the 1st dose 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 of PPSV23 (at least 8 weeks after any prior PCV13 dose).

*Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the age at first vaccination. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/r5911.pdf) for complete schedule details.

6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)

Routine vaccination:

- 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination:

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- If 4 or more doses were given before the 4th birthday, give 1 more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV” see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Figure 2.

7. Influenza vaccines. (minimum age: 6 months)

Routine vaccination:

- Administer an age-appropriate formulation and dose of influenza vaccine annually.

- Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2017 should receive 2 doses separated by at least 4 weeks.

- Persons 9 years and older** 1 dose

- Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.

- For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (*MMWR* August 25, 2017;66(2):1–20: www.cdc.gov/mmwr/volumes/66/rr/pdf/rr6602.pdf).

(For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

8. Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months for routine vaccination)

Routine vaccination:

- 2-dose series at 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 4 weeks after the 1st dose.

Catch-up vaccination:

- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.

International travel:

- Infants 6–11 months:** 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose as early as 4 weeks later.

- Unvaccinated children 12 months and older:** 2 doses at least 4 weeks apart before departure.

Mumps outbreak:

- Persons ≥ 12 months who previously received ≤ 2 doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.

9. Varicella (VAR) vaccine. (minimum age: 12 months)

Routine vaccination:

- 2-dose series: 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 3 months after the 1st dose (a dose given after a 4-week interval may be counted).

Catch-up vaccination:

- Ensure persons 7–18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4], at www.cdc.gov/mmwr/pdf/rr/r5604.pdf) have 2 doses of varicella vaccine:
 - Ages 7–12:** routine interval 3 months (minimum interval: 4 weeks).
 - Ages 13 and older:** minimum interval 4 weeks.

10. Hepatitis A (HepA) vaccine. (minimum age: 12 months)

Routine vaccination:

- 2 doses, separated by 6–18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)

Catch-up vaccination:

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

Special populations:

- Previously unvaccinated persons who should be vaccinated:
 - Persons traveling to or working in countries with high or intermediate endemicity
 - Men who have sex with men
 - Users of injection and non-injection drugs
 - Persons who work with hepatitis A virus in a research laboratory or with non-human primates
 - Persons with clotting-factor disorders
 - Persons with chronic liver disease
 - Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the 1st dose as soon as the adoption is planned—ideally at least 2 weeks before the adoptee's arrival).

11. Serogroup A, C, W, Y meningococcal vaccines. (Minimum age: 2 months [Menveo], 9 months [Menactra]).

Routine:

- 2-dose series: 11–12 years and 16 years.

Catch-Up:

- 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 populations and situations: Anatomic or functional asplenia, sickle cell disease, HIV infection, persistent complement component deficiency (including eculizumab use):

Menveo

- 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.

- 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).

- 1st dose at 24 months or older: 2 doses at least 8 weeks apart.

Menactra

- Persistent complement component deficiency:
 - 9–23 months: 2 doses at least 12 weeks apart
 - 24 months or older: 2 doses at least 8 weeks apart

- Anatomic or functional asplenia, sickle cell disease, or HIV infection:
 - 24 months or older: 2 doses at least 8 weeks apart

- Menactra** must be administered at least 4 weeks after completion of PCV13 series.

Children who travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj, or exposure to an outbreak attributable to a vaccine serogroup:

- Children < 24 months of age:
 - Menveo (2–23 months):**
 - 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
 - 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).

- Menactra (9–23 months):**
 - 2 doses (2nd dose at least 12 weeks after the 1st dose. 2nd dose may be administered as early as 8 weeks after the 1st dose in travelers).

- Children 2 years or older: 1 dose of **Menveo** or **Menactra**.

Note: Menactra should be given either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under “Special populations and situations” above, and additional meningococcal vaccination information, see meningococcal *MMWR* publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

12. Serogroup B meningococcal vaccines (minimum age: 10 years [Bexsero, Trumenba]).

Clinical discretion: Adolescents not at increased risk for meningococcal B infection who want MenB vaccine.

MenB vaccines may be given at clinical discretion to adolescents 16–23 years (preferred age 16–18 years) who are not at increased risk.

- Bexsero:** 2 doses at least 1 month apart.
- Trumenba:** 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.

Special populations and situations: Anatomic or functional asplenia, sickle cell disease, persistent complement component deficiency (including eculizumab use), serogroup B meningococcal disease outbreak

- Bexsero:** 2-dose series at least 1 month apart.
- Trumenba:** 3-dose series at 0, 1–2, and 6 months.

Note: Bexsero and **Trumenba** are not interchangeable.

For additional meningococcal vaccination information, see meningococcal *MMWR* publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

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

Routine vaccination:

- Adolescents 11–12 years of age:** 1 dose.
- Pregnant adolescents:** 1 dose during each pregnancy (preferably during the 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 13–18 who have not received Tdap:** 1 dose, followed by a Td booster every 10 years.
- Persons aged 7–18 years not fully immunized with DTaP:** 1 dose of Tdap as part of the catch-up series (preferably the first dose). If additional doses are needed, use Td.

- Children 7–10 years** who receive Tdap inadvertently or as part of the catch-up series may receive the routine Tdap dose at 11–12 years.

- DTaP inadvertently given after the 7th birthday:**
 - Child 7–10:** DTaP may count as part of catch-up series. Routine Tdap dose at 11–12 may be given.
 - Adolescent 11–18:** Count dose of DTaP as the adolescent Tdap booster.



U.S.