

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

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

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine
		Spikevax/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHIB Hiberix
		PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	cclIV3	Flucelvax
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
		MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
		Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance
		Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1 RV5	Rotarix
		RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix
		Quadrapel
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

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

How to use the child and adolescent immunization schedule

<h3>1</h3> <p>Determine recommended vaccine by age (Table 1)</p>	<h3>2</h3> <p>Determine recommended interval for catch-up vaccination (Table 2)</p>	<h3>3</h3> <p>Assess need for additional recommended vaccines by medical condition or other indication (Table 3)</p>	<h3>4</h3> <p>Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)</p>	<h3>5</h3> <p>Review contraindications and precautions for vaccine types (Appendix)</p>	<h3>6</h3> <p>Review new or updated ACIP guidance (Addendum)</p>
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Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/acip/index.html) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

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

Questions or comments

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



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

Helpful information

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



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

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

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8 through 19 months), See Notes												
Hepatitis B (HepB)	1st dose	← 2nd dose →		← 3rd dose →														
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)	1st dose		2nd dose	See Notes														
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)	1st dose		2nd dose	3rd dose	← 4th dose →			5th dose										
Haemophilus influenzae type b (Hib)	1st dose		2nd dose	See Notes		← 3rd or 4th dose (See Notes) →												
Pneumococcal conjugate (PCV15, PCV20)	1st dose		2nd dose	3rd dose	← 4th dose →													
Inactivated poliovirus (IPV)	1st dose		2nd dose	← 3rd dose →					4th dose								See Notes	
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2024–2025 vaccine (See Notes)																	
Influenza (IIV3, cclIV3)	1 or 2 doses annually										1 dose annually							
Influenza (LAIV3)	1 or 2 doses annually										1 dose annually							
Measles, mumps, rubella (MMR)	See Notes				← 1st dose →			2nd dose										
Varicella (VAR)	← 1st dose →						2nd dose											
Hepatitis A (HepA)	See Notes				2-dose series (See Notes)													
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose					
Human papillomavirus (HPV)													See Notes					
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)													1st dose		2nd dose			
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes				
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy (See Notes)				
Dengue (DEN4CYD: 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)				
Mpox																		

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

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

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

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months A fifth dose is not necessary if the fourth dose was administered at age 4 years or older and at least 6 months after dose 3
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis or unknown 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1st birthday and second dose was administered at younger than 15 months; OR if both doses were Pedvax-HIB and were administered before the 1st birthday	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older 4 weeks if first dose was administered before the 1st birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after	No further doses needed for healthy children if previous dose was administered at age 24 months or older 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	8 weeks (as final dose) This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years 6 months (as final dose) if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	6 months if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years OR if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older			
Dengue	9 years	6 months	6 months		

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

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

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

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

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

Appendix B - Work Pays Income Limits

Work Pays Income Limits	Effective April 1, 2024	
	100%	150%
Household / Family Size		
1	\$ 1,255	\$ 1,883
2	\$ 1,703	\$ 2,555
3	\$ 2,152	\$ 3,228
4	\$ 2,600	\$ 3,900
5	\$ 3,048	\$ 4,573
6	\$ 3,497	\$ 5,245
7	\$ 3,945	\$ 5,918
8	\$ 4,393	\$ 6,590
9	\$ 4,841	\$ 7,263
For each additional member add:	\$ 448	\$ 673

Appendix C

Client Fee Chart at 85% State Median Income (Effective July 1, 2024)

Family Size	Monthly Income		
	No Copay	Copay	Not Eligible
1	\$2,813.75	\$3,188.91	\$3,188.92
2	\$3,679.52	\$4,170.12	\$4,170.13
3	\$4,545.29	\$5,151.32	\$5,151.33
4	\$5,411.06	\$6,132.53	\$6,132.54
5	\$6,276.83	\$7,113.73	\$7,113.74
6	\$7,142.60	\$8,094.94	\$8,094.95
7	\$7,304.93	\$8,278.92	\$8,278.93
8	\$7,467.27	\$8,462.89	\$8,462.90
9	\$7,629.60	\$8,646.87	\$8,646.88
10	\$7,791.93	\$8,830.84	\$8,830.85
11	\$7,954.26	\$9,014.82	\$9,014.83
12	\$8,116.59	\$9,198.80	\$9,198.81
13	\$8,278.93	\$9,382.77	\$9,382.78
14	\$8,441.26	\$9,566.75	\$9,566.76
15	\$8,603.59	\$9,750.72	\$9,750.73
	No Copay	Copay	Not Eligible

Use the following multipliers to convert various income to Monthly Income:

Weekly	4.334	Twice Monthly	2
Bi-Weekly	2.167	Monthly	1

Example: A two-parent household with three children has one parent working 40 hours per week at \$11.00 per hour. Another parent works 35 hours per week at \$11.00 per hour.

Parent #1: 40 hours x \$11.00/hr =	\$440.00 per week
Parent #2: 35 hours x \$11.00/hr =	\$385.00 per week
Total:	\$825.00 per week

Convert to Monthly amount	\$825.00 x 4.334 =	\$3,575.55
	Monthly Income	\$3,575.55

Under the fee chart for a family of 5, you will see that \$3,575.55 is eligible without a copay.

The amount of your copay is based on a few factors:

- Your Monthly income determines whether you have no copay, have a copay or are not eligible.
- Your copay percentage is based off of the Better Beginnings Star level of the facility your child attends.
- Copay will be capped at 4% of the family's monthly income.

Copay Percentage

- 2%
- 2%
- 2%
- 2%
- 4%

Better Beginnings
Star Level



SMI Source: <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2024-02-federal-poverty-guidelines-and-state-median-income-estimates>

as advised by the National Center on Subsidy Innovation and Accountability (NCSIA)

Voter Registration Appendix

The National Voter Registration Act of 1993 (P. L. 103-31) requires each state's public assistance agency to provide the customer the opportunity to complete a Voter Registration Application at any time a request for assistance is made. This requirement became effective January 1, 1996.

Voter registration is not a part of program eligibility requirements. Therefore, an application for assistance will not be denied nor will a case be closed due to failure to complete any forms in relation to voter registration. No forms or other documents related to voter registration except for the DHS-131 and Voter Registration Change of Status will be filed in the customer's case record.

DCO Employees will not:

1. Seek to influence a customer's political preference or party registration;
2. Display any such political preference or party allegiance;
3. Make any statement to a customer or take any action, the purpose or effect of which is to discourage the customer from registering to vote; or
4. Make any statement to a customer or take any action, the purpose or effect of which is, to lead the customer to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

Explanation & Offer

Each customer must be offered an opportunity to apply to register to vote when visiting the county office for purposes of applying for assistance, recertification/reevaluation, or for reporting changes of name or address. If a customer is applying for more than one service and is interviewed by two or more Program Eligibility Specialists on the same day, the offer has to be made at least once. The County Office will put into place a procedure that will ensure that the offer has been made.

Subsequent visits to the County Office for the purpose of completing the application/recertification process (e.g., customer returns the next day to furnish check stubs) will be considered part of the same application. Therefore, it is not necessary to make another offer for voter registration.

Who Can Make The Offer

The offer can be made by any employee or volunteer. If the offer is made by someone other than the Program Eligibility Specialist, a procedure must be in place to notify the worker that the offer was made to avoid duplication of effort during the program eligibility interview.

A Voter Registration Application form must be provided to anyone who requests one. If someone is not applying for DHS services but requests a Voter Registration Application form, the

worker will give him/her the form with instructions to mail it directly to the Secretary of State's office. A declaration form will not be given in this instance, nor will it count on the daily recap report.

Customer Acceptance

If a customer states she/he wishes to register to vote, she/he will be given a Voter Registration Application to complete. The voter registration application can be completed at the county office and given back to the receptionist or the customer can take it with him or her and mail directly to the designated address. Assistance in completing the form will be provided if requested. It is a local decision as to whether the Agency-Based Declaration Statement will be completed. If it is completed, a copy may be given to the customer if requested. It is a local decision as to whether the "yes" declarations will be kept in the county office. Do not mail the declaration forms to the Secretary of State's Office. The customer will be advised that a decision on his/her Voter Registration Application will be provided by the County Clerk's Office. If there are other adult household members a Voter Registration Application may be given to the customer for the other adult(s) to complete. However, if the other adult(s) chooses not to register, a declination form is not needed.

The worker will put the agency code on the voter registration application that applies at the time it is being completed. For example, if the customer is applying for Supplemental Nutrition Assistance Program benefits at the time a voter registration application is being completed, the worker would use the SNAP code. If the customer is applying for several programs, just use one code (worker choice).

Telephone Interviews and Authorized Representatives

Applicants who are interviewed by phone and indicate a desire to register to vote should be mailed a Voter Registration Application no later than the date that a determination (approval or denial) is made on the case. This applies to both initial applications and reevaluation/recertifications.

The Voter Registration Application form will be mailed to the applicant/recipient any time an authorized representative is interviewed on the customer's behalf.

If a customer makes a telephone request for a Voter registration Application form, one will be mailed to his/her mailing address.

Access Arkansas

Applicants who apply through Access Arkansas may apply directly online by following a link to the Secretary of State's website to register to vote.

SNAP/MSP Annual Review

Mail in applicants should be mailed an Arkansas Voter Registration Application no later than the date that a determination (approval or denial) is made on the case. This applies to both reevaluation/recertifications.

Customer Declination

If the customer declines to register to vote, then she/he will be asked to make the declination by checking "no" on the Agency-Based Declaration Statement. She/he should also sign and date the statement. If the customer refuses to complete the form, the DCO employee will print the customer's name on the statement, date, and make a note of "refused to sign" in the comment section. A copy of the Agency-Based Declaration Statement may be provided to the customer if requested. A daily count of the declinations must be provided to the Secretary of State's office when completing the Agency Daily Recap Reporting Form. The Agency Based Declaration Statement will be kept for 2 years in the County Office in a chronological file by month and year.

Change of Address or Name Change

If a customer reports a change of address or name change, a DCO-131, Voter Registration change of Status form and a Voter Registration Application will be sent to the customer advising that the change can be reported to the County Clerk's office for voter registration purposes or that she/he can register to vote. A declaration statement will not be completed in this instance.

Submitting Applications

Completed Voter Registration Applications must be submitted within a specific timeframe. Applicants must ensure that this timeframe is met. The customer may mail his/her application; the address is on the back of the application. An envelope is not needed. An Agency Daily Recap Reporting Form will be completed and sent with the voter registration application. This form advises the Secretary of State's Office of the number of declination and number of completed voter registration applications being submitted. A single report including all programs will be submitted. The County Office will retain a copy of the Daily Recap Reporting form for 24 months in a chronological file by month and year.

The County office must maintain a record of the number of Voter Registration applications mailed to the Secretary of State's Office each day. No later than the 10th calendar day of each month, the

county will report to the DCO Field Operations, via the DHS-132, Voter Registration Application Monthly Report, the number of voter registration applications and declinations submitted to the Secretary of State's office in the prior month.