Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2017

This schedule includes recommendations in effect as of January 1, 2017. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (www.vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (www.cdc.gov/vaccines/hcp/admin/contraindications.html) or by telephone (800-CDC-INFO [800-232-4636]).

The Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger are approved by the

Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip)

American Academy of Pediatrics (www.aap.org)

American Academy of Family Physicians (www.aafp.org)

American College of Obstetricians and Gynecologists (www.acog.org)



Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017. (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 yr
Hepatitis B ¹ (HepB)	1 st dose	⋖ 2 nd (dose>		<		3 rd 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 (lose>			5 th dose					
Haemophilus influenzae type b⁴ (Hib)			1 st dose	2 nd dose	See footnote 4		✓3 rd or 4 See foo	th dose, otnote 4									
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose		∢ 4 th (l dose>									
Inactivated poliovirus ⁶ (IPV: <18 yrs)			1 st dose	2 nd dose	4		3 rd dose		·····>			4 th dose					
Influenza ⁷ (IIV)							An	nual vaccina	tion (IIV) 1 c	or 2 doses				An	nual vaccina 1 dose oi		
Measles, mumps, rubella ^g (MMR)					See foo	tnote 8	∢ 1 st c	lose				2 nd dose					
Varicella ⁹ (VAR)							⋖ 1 st c	lose>				2 nd dose					
Hepatitis A ¹⁰ (HepA)							←2- (dose series, S	ee footnote	10							
Meningococcal ¹¹ (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)						See foo	tnote 11							1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis¹² (Tdap: ≥7 yrs)														Tdap			
Human papillomavirus ¹³ (HPV)														See footnote 13			
Meningococcal B ¹¹															See footn	ote 11	
Pneumococcal polysaccharides (PPSV23)													S	ee footnote	5		
Range of recommended ages for all children		Range for cat	of recomme ch-up immu	ended ages unization		Rang for ce	e of recomn ertain high-r	nended age isk groups	s	grou	ge of recom ups that may vidual clinic	y receive va	ccine, subje	nigh-risk ect to		No recom	mendat