

**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2016.**

**(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.

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	16–18 yrs
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose					3 <sup>rd</sup> dose									
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP; <7 yrs)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose				5 <sup>th</sup> dose					
<i>Haemophilus influenzae</i> type b <sup>4</sup> (Hib)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	See footnote 4		3 <sup>rd</sup> or 4 <sup>th</sup> dose, See footnote 4									
Pneumococcal conjugate <sup>5</sup> (PCV13)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose									
Inactivated poliovirus <sup>6</sup> (IPV; <18 yrs)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose									
Influenza <sup>7</sup> (IV; LAV)					Annual vaccination (IV only) 1 or 2 doses						Annual vaccination (LAV or IV) 1 or 2 doses			Annual vaccination (LAV or IV) 1 dose only		
Measles, mumps, rubella <sup>8</sup> (MMR)					See footnote 8		1 <sup>st</sup> dose				2 <sup>nd</sup> dose					
Varicella <sup>9</sup> (VAR)							1 <sup>st</sup> dose				2 <sup>nd</sup> dose					
Hepatitis A <sup>10</sup> (HepA)								2-dose series, See footnote 10								
Meningococcal <sup>11</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)														1 <sup>st</sup> dose		Booster
Tetanus, diphtheria, & acellular pertussis <sup>12</sup> (Tdap; ≥ 7 yrs)														(Tdap)		
Human papillomavirus <sup>13</sup> (2VHPV; females only; 4VHPV, 9VHPV; males and females)														(3-dose series)		
Meningococcal B <sup>14</sup>															See footnote 11	
Pneumococcal polysaccharide <sup>15</sup> (PPSV23)																See footnote 5

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

This schedule includes recommendations in effect as of January 1, 2016. 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 <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow on immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://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 (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

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