



Recommended Childhood and Adolescent Immunization Schedule: United States, 2020

COMMITTEE ON INFECTIOUS DISEASES

The 2020 recommended childhood and adolescent immunization schedules have been approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. The schedules are revised annually to reflect current recommendations for the use of vaccines licensed by the US Food and Drug Administration.

The 2020 childhood and adolescent immunization schedule has been updated to ensure consistency between the format of the childhood and adolescent and adult immunization schedules. Similar to last year, the cover page includes a table with an alphabetical list of vaccines, approved abbreviations for each vaccine, and vaccine trade names. The American College of Nurse-Midwives has been added to the list of approving organizations.

Table 1 contains the recommended immunization schedule from birth to 18 years of age. The row for hepatitis A vaccine has been changed to a solid green bar from age 2 to 18 years to reflect routine catch-up vaccination for all children through 18 years of age. The row for meningococcal serogroups A, C, W, Y vaccine (MenACWY) was moved down in the table to appear just above the row for meningococcal serogroup B vaccine. For the label legend, the blue box legend definition, which formerly said, “Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making” was changed to “Recommended based on shared clinical decision-making,” with an asterisk for human papillomavirus vaccine at ages 9 and 10 years (“*can be used in this age group”). The gray box label for “no recommendation” was updated to include “not applicable.”

Table 2 is the catch-up immunization schedule for persons 4 months to 18 years of age who start late or who are more than 1 month behind the recommended age for vaccine administration. The only change to table 2

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was that “ACWY” was added to “Meningococcal” in relevant rows to clarify that these recommendations apply to MenACWY only and not meningococcal serogroup B vaccine.

Table 3 lists the vaccines that may be indicated for children and adolescents 18 years of age or younger on the basis of medical conditions. All boxes in the hepatitis A vaccine row were changed to yellow to denote that it is a routine vaccination for all children, including those with medical indications. The pregnancy box in the MenACWY row has been changed to yellow because pregnancy is not considered an indication to withhold routine adolescent vaccination. The red box in the label legend has been updated to “Not recommended/Contraindicated—vaccine should not be administered” (from “Contraindicated or use not recommended—vaccine should not be administered because of risk for serious adverse reaction”). The gray box label for “no recommendation” was updated to include “not applicable.”

Similar to the 2019 schedule, the notes are presented in alphabetical order. The following changes to individual footnotes have been made to the 2020 schedule:

- Diphtheria-tetanus-acellular pertussis (DTaP) vaccine
 - A clarification was added to the catch-up recommendation that dose 5 is not necessary if dose 4 was administered at age 4 years or older and was administered at least 6 months after dose 3.
- *Haemophilus influenzae* type b vaccine
 - A bullet was added to clarify that catch-up vaccination is not recommended for children 5 years and older who are not at high risk.
- Hepatitis A vaccine
 - A note was added to reflect the recommendation for routine catch-up vaccination through 18 years of age.
- Hepatitis B vaccine
 - A “Special Situations” section was added containing recommendations for revaccination and a link to the Advisory Committee on Immunization Practices hepatitis B recommendations. The new language states “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 [hepatitis B surface antigen–positive] mothers, hemodialysis patients, or other immunocompromised persons.”
- Influenza vaccines
 - The routine recommendations section was reformatted to more clearly outline circumstances under which 1 or 2 doses of influenza vaccine are recommended.
 - The situations under which live attenuated influenza vaccine (LAIV) should not be used was reformatted to a bulleted list instead of a paragraph.
- Poliovirus vaccine
 - The note was moved to the appropriate place alphabetically (from “I” to “P”).
 - The title was changed from “Inactivated poliovirus vaccination” to “Poliovirus vaccination,” and information was added regarding which doses of trivalent oral poliovirus vaccine (OPV) may be counted as valid, now reading, “Only trivalent OPV (tOPV) counts toward the US 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.”
- MenACWY
 - Guidance was added regarding adolescent revaccination for children who received the vaccine before age 10 years. Adolescent vaccination of children who received MenACWY before age 10 years:
 - “Children in whom boosters are not recommended due to an ongoing increased risk of meningococcal disease (eg, a healthy child who traveled 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.”
 - “Children in whom boosters are recommended due to an ongoing increased risk of meningococcal disease (eg, those with complement deficiency, HIV, or asplenia): follow the booster schedule for persons at increased risk.”
- Meningococcal serogroup B vaccines
 - The heading that formerly read, “Clinical Discretion” was changed to “Shared Clinical Decision-Making.”
 - A reference link was provided to booster dose guidance to mirror similar language in the MenACWY note.
- Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis, adsorbed (Tdap) vaccine
 - Tdap was added as an option for booster doses and remaining doses of the catch-up series.

○ Guidance also was added for DTaP and Tdap doses received at 7 to 10 years of age.

- “Tdap administered at 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 to receive the routine Tdap dose at age 11–12 years.
- DTaP inadvertently administered after the seventh birthday:
 - ◆ 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.”

The 2020 version of tables 1 through 3 and the notes are available on the American Academy of Pediatrics Web site (https://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx) and the CDC Web site (www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html). A parent-friendly vaccine schedule for children and adolescents is available at www.cdc.gov/vaccines/schedules/index.html. An adult immunization schedule is published in February of each year and is available at www.cdc.gov/vaccines/schedules/hcp/adult.html.

Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System. Guidance about how to obtain and complete

a Vaccine Adverse Event Reporting System form can be obtained at www.vaers.hhs.gov or by calling 800-822-7967. Additional information can be found in the *Red Book* and at *Red Book Online* (<http://aapredbook.aappublications.org/>). Statements from the ACIP and the CDC that contain detailed recommendations for individual vaccines, including recommendations for children with high-risk conditions, are available at www.cdc.gov/vaccines/hcp/acip-recs/index.html. Information on new vaccine releases, vaccine supplies, and interim recommendations resulting from vaccine shortages and statements on specific vaccines can be found at www.aapredbook.org/news/vaccstatus.shtml.

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ABBREVIATIONS

CDC: Centers for Disease Control and Prevention
DTaP: diphtheria-tetanus-acellular pertussis
MenACWY: meningococcal serogroups A, C, W, Y vaccine
OPV: oral poliovirus vaccine
Tdap: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis, adsorbed

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