



Recommended Childhood and Adolescent Immunization Schedule: United States, 2024

COMMITTEE ON INFECTIOUS DISEASES

The 2024 recommended childhood and adolescent immunization schedules have been approved by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Academy of Physician Associates, and National Association of Pediatric Nurse Practitioners. The schedules are revised annually to reflect current recommendations for the use of vaccines licensed by the US Food and Drug Administration.

The **cover page** includes a table with an alphabetical listing of vaccines and other immunizing agents, approved abbreviations for each agent, and trade names.

Table 1 contains the recommended immunization schedule from birth to 18 years of age.

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.

Table 3 lists the vaccines and other immunizing agents that may be indicated for children and adolescents 18 years of age or younger on the basis of medical conditions.

The **Notes** provide additional information and are presented in alphabetical order of the vaccine or other immunizing agent.

The **Appendix** provides conditions when vaccines and other immunizing agents are contraindicated or not recommended or when precautions should be considered.

The **Addendum** is new to the immunization schedule for 2024. The Addendum has been added to summarize new and updated Advisory Committee on Immunization Practices (ACIP) recommendations that will occur after the 2024 immunization schedules are published.

The following additional changes have been made to the 2024 schedule:



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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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ALL SECTIONS

- The headers have been changed from “Vaccine” to “**Vaccines and Other Immunizing Agents**” to include monoclonal antibodies in addition to vaccines.
- New entries, indications, notes, and contraindications and precautions, if indicated, have been created for **RSV-mAb** (nirsevimab), **RSV** for maternal vaccination (Abrysvo), and **Mpox** vaccine (Jynneos).
- **MenACWY**: Menactra has been deleted because its distribution was discontinued in the United States.

COVER PAGE

- A sixth step to “Review new or updated ACIP guidance” in the Addendum has been added to “How to Use the Child and Adolescent Immunization Schedule.”
- The header has been changed from “Vaccine” to “Vaccines and Other Immunizing Agents” to include monoclonal antibodies in addition to vaccines.
- The table listing abbreviations and trade names includes the following **additions**:
 - 20-valent pneumococcal conjugate vaccine (PCV20)
 - Pentavalent meningococcal vaccine (MenACWY-TT/MenBFHbp [Penbraya])
- The table listing includes the following **deletions** because the vaccines are no longer distributed or recommended for use in the United States:
 - Bivalent mRNA COVID-19 vaccines
 - PCV13
 - DT

Table 1. Recommended Child and Adolescent Immunization Schedule by Age

- **COVID-19**: The text has been changed to “1 or more doses of updated (2023–2024 formula) vaccine.”
- **Pneumococcal conjugate**: PCV20 has been added, and PCV13 has been deleted.
- **Pneumococcal polysaccharide vaccine (PPSV23)**: The PPSV23 row has been deleted because PPSV23 is no longer routinely recommended for children and adolescents aged ≥ 2 years and at increased risk for invasive pneumococcal disease.

Table 2. Recommended Catch-up Immunization Schedule for Persons 4 Months to 18 Years of Age

- **DTaP** row: Language has been added for the minimum interval between doses 4 and 5 to clarify when a fifth dose is indicated.

Table 3. Recommended Schedule by Medical Indication

- The **header** sentences have been revised to state that medical conditions are often not mutually exclusive and to advise users to review all relevant columns in the Table if multiple conditions are present.
- The definitions of the yellow, purple, and gray color boxes in the **legend** have been revised; colors for many

of the roles were changed based on the revised definitions. In addition, the previously checked yellow color has been changed to brown for easier reading.

NOTES

- **Additional information**: The text for vaccine injury compensation has been revised to add Mpox and RSV to the list of vaccines not covered by the National Vaccine Injury Compensation Program. Mpox is covered by the Countermeasures Injury Compensation Program (CICP).
- **COVID-19**: The routine vaccination and “Special situations” sections have been revised to reflect the current COVID-19 vaccination recommendations for children and adolescents.¹
- **DTaP**: Language in the routine vaccination has been revised to clarify primary and booster doses.
- **HPV**:
 - The recommendation for interrupted schedules has been deleted because that information is presented on the Cover Page and applicable to all vaccines.
 - “Of any valency” has been added to the bullet, “No additional dose recommended when any HPV vaccine series *of any valency* has been completed using the recommended dosing intervals.”
- **Influenza**:
 - A hyperlink to the 2023–2024 influenza recommendations and a bullet for the 2024–2025 influenza recommendations have been added.
 - A note has been added to state that persons with a history of egg allergy of any severity can be vaccinated with any influenza vaccine indicated for the recipient’s age and health status with no additional safety considerations.²
- **MMR**: The bullet “If MMRV is used, the minimum interval between MMRV doses is 3 months” has been moved, and the routine vaccination, catch-up vaccination, and “Special situations” sections have been revised to clarify this minimal interval is applicable to all sections.
- **MenACWY**: Information has been added about the use of the newly licensed Penbraya.
- **MenB**:
 - Information has been added about the use of the newly licensed Penbraya.
 - A resource to assist health care providers with shared clinical decision-making recommendations for MenB vaccination has been added.
- **Mpox**: Information for use of Jynneos in adolescents aged 18 years, including sexual risk factors and vaccination during pregnancy, has been added.
- **Pneumococcal**:
 - Recommendations have been added for use of PCV15, PCV20, and PPSV23 for routine vaccination, catch-up vaccination, and “Special situations.”³
 - Chronic kidney disease, chronic liver disease, and moderate persistent or severe persistent asthma have been added to the list of medical conditions that increase the risk for invasive pneumococcal disease.

- **Poliovirus:** “Catch-up” vaccination has been revised to include updated recommendations for adolescents age 18 years, and the “Special situations” section has been revised to describe administering a one-time lifetime IPV booster to adolescents age 18 years who have completed the primary series and are at increased risk for exposure to poliovirus.
- **RSV-mAb:** A new section has been added to provide details on the use of nirsevimab in infants and young children,⁴ including information describing timing of immunization and guidance for jurisdictions with RSV seasonality that differs from most of the continental United States.
- **RSV:** A new section has been added to provide details on the recommendations for maternal RSV vaccination with Abrysvo using seasonal administration,⁵ including information describing timing of vaccination and guidance for jurisdictions with RSV seasonality that differs from most of the continental United States.
- **Tdap:** The notes were revised to clarify that the Tdap dose at recommended age 11 through 12 years is the adolescent Tdap booster dose.

APPENDIX (CONTRAINDICATIONS AND PRECAUTIONS)

- The **Header** sentence has been revised to include all the sources used to create the Appendix.
- **COVID-19 row:** Separate rows have been added for the contraindications and precautions to different types of COVID-19 vaccination.
- **Hib row:** History of severe allergic reaction to dry natural latex has been deleted from the “Contraindicated or Not Recommended” column.
- **Meningococcal ABCWY row:** This row has been added to outline the contraindications and precautions to vaccination with Penbraya.

The 2024 version of Tables 1 through 3, notes, appendix, and addendum are available on the American Academy of Pediatrics Web site (<https://publications.aap.org/redbook/pages/Immunization-Schedules>) 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 at the same time as the childhood and adolescent schedule and is available at www.cdc.gov/vaccines/schedules/hcp/adult.html. The Addendum is available at <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-indications.html#addendum-child>.

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* (<https://publications.aap.org/redbook>). 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 <https://publications.aap.org/redbook/resources/15449/>.

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ABBREVIATIONS

ACIP: Advisory Committee on Immunization Practices
CDC: Centers for Disease Control and Prevention
DT: diphtheria and tetanus toxoid vaccine
DTaP: diphtheria and tetanus toxoids and acellular pertussis vaccine
Hib: *Haemophilus influenzae* type b vaccine
HPV: human papillomavirus vaccine
IPV: inactivated poliovirus vaccine
MenACWY: meningococcal serogroups A, C, W, and Y vaccine
MenB: meningococcal serogroup B vaccine
MMR: measles, mumps, and rubella vaccine
MMRV: measles, mumps, rubella, and varicella vaccine
PCV: pneumococcal conjugate vaccine
PPSV: pneumococcal polysaccharide vaccine
RSV: respiratory syncytial virus
RSV-mAb: respiratory syncytial virus monoclonal antibody
Tdap: tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine

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