

**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2015.**

**(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					
Tetanus, diphtheria, & acellular pertussis <sup>4</sup> (Tdap: ≥7 yrs)														(Tdap)			
<i>Haemophilus influenzae</i> type b <sup>5</sup> (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 5		←----- 3 <sup>rd</sup> or 4 <sup>th</sup> dose -----> See footnote 5										
Pneumococcal conjugate <sup>6</sup> (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				←----- 4 <sup>th</sup> dose ----->								
Pneumococcal polysaccharide <sup>6</sup> (PPSV23)																	
Inactivated poliovirus <sup>7</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>8</sup> (IIV; LAIV) 2 doses for some: See footnote 8						Annual vaccination (IIV only) 1 or 2 doses					Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only				
Measles, mumps, rubella <sup>9</sup> (MMR)					See footnote 9		←----- 1 <sup>st</sup> dose ----->					2 <sup>nd</sup> dose					
Varicella <sup>10</sup> (VAR)							←----- 1 <sup>st</sup> dose ----->					2 <sup>nd</sup> dose					
Hepatitis A <sup>11</sup> (HepA)	←----- 2-dose series, See footnote 11 ----->																
Human papillomavirus <sup>12</sup> (HPV2: females only; HPV4: males and females)														(3-dose series)			
Meningococcal <sup>13</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)	See footnote 13													1 <sup>st</sup> dose			Booster

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 during which catch-up is encouraged and for certain high-risk groups
  Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2015. 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 vaccination 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.**