



Recommended Childhood and Adolescent Immunization Schedule—United States, 2015

COMMITTEE ON INFECTIOUS DISEASES

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The 2015 recommended childhood and adolescent immunization schedule has been approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. The 2015 format is similar to last year and includes a single schedule for people birth through 18 years of age. The yellow bars indicate the recommended age range for all children and contain a notation indicating the recommended dose number by age. The green bars indicate the recommended catch-up age. The purple bars designate the range for immunization for certain groups at high risk. The combined green and purple bar indicates the recommended age when hepatitis A vaccine catch-up is recommended. The white boxes show the ages when a vaccine is not recommended routinely. The catch-up schedule offers recommendations for children and adolescents 4 months through 18 years of age who start late or are >1 month behind.

Unlike previous years, the immunization schedules will not be published in *Pediatrics*. Readers are referred to the American Academy of Pediatrics Web site (http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx) or the Centers for Disease Control and Prevention Web site (<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>) for the most recent edition of the immunization schedule, the full set of footnotes, and the catch-up schedule. This will ensure providers have the most current recommendations. The online schedule will be updated when new vaccines are licensed and recommendations for use are established and when a change is made to a recommendation for use of an existing vaccine. In addition, the Web site includes tables (job-aids) to assist in clarification of recommended use of *Haemophilus influenzae* type b, pneumococcal, and pertussis-containing vaccines as a function of age, the number of doses previously administered, and the time interval since the last dose.

Footnotes contain recommendations for routine vaccination, for catch-up vaccination, and for vaccination of children and adolescents with high-risk

conditions or in special circumstances. A parent-friendly vaccine schedule for children and adolescents is available at <http://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.

These schedules are revised annually to reflect current recommendations for the use of vaccines licensed by the US Food and Drug Administration and include the following specific changes from last year:

- A column has been added to the immunization schedule at 2 through 8 years to emphasize the availability of inactivated influenza vaccine and live-attenuated influenza vaccine starting at 2 years of age, as well as the need for 2 doses for some children in this age group. A second column has been added at 9 through 10 years to indicate when 2 doses are no longer needed. In addition, a purple bar has been added for young children 6 months to less than 12 months traveling outside the United States and who will need measles mumps rubella vaccine.
- Minor, clarifying word changes were made to the catch-up schedule with regard to *Haemophilus influenzae* type b; pneumococcal conjugate; tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis, adsorbed; hepatitis A; hepatitis B; polio; meningococcal; measles mumps rubella; and varicella vaccines.
- Minor, simplifying word changes were made to the footnotes relating

to diphtheria-tetanus-acellular pertussis and pneumococcal conjugate vaccines. The influenza vaccine footnote was updated to reflect revised contraindications and precautions for the live-attenuated influenza vaccine. The meningococcal footnote underwent extensive revision to clarify appropriate dosing schedules for high-risk infants and children for the 3 different vaccines.

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://redbook.solutions.aap.org/redbook.aspx>). Statements from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that contain details of recommendations for individual vaccines, including recommendations for children with high-risk conditions, are available at www.cdc.gov/vaccines/pubs/ACIP-list.htm. Information on new vaccine releases, vaccine supplies, and interim recommendations resulting from vaccine shortages and statements on specific vaccines can be found at <http://redbook.solutions.aap.org/vaccine-status.aspx?gbosid=167073> and www.cdc.gov/vaccines/pubs/ACIP-list.htm.

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The online version of this article, along with updated information and services, is located on the World Wide Web at:

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