Recommended Child & Adolescent Immunization Schedule for 18 Years or Younger, United States, 2026

Washington State Department of HEALTH

Vaccines & Immunizations

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beyfortus and Enflonsia

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	1vCOV-mRNA 1vCOV-aPS	Comirnaty/Pfizer-BioNTech mNexspike & Spikevax/Moderna Nuvaxovid/Novavax
Diphtheria, tetanus, & acellular pertussis	DTaP	Daptacel, Infanrix
Haemophilus influenzae type b	Hib (PRP-T) Hib (PRP-OMP)	ActHib, Hiberix PedvaxHIB
Hepatitis A	HepA	Havrix, Vaqta
Hepatitis B	HepB	Engerix-B Recombivax HB
Human papillomavirus	HPV	Gardasil 9
Influenza (flu) (inactivated: egg-based)	IIV3	Multiple
Influenza (inactivated: cell-culture)	ccIIV3	Flucelvax
Influenza (live, attenuated)	LAIV3	FluMist
Influenza (recombinant)	RIV3	Flublok
Measles, mumps, & rubella	MMR	M-M-R II, Priorix
Meningococcal A, C, W, Y	MenACWY-CRM MenACWY-TT	Menveo MenQuadfi
Meningococcal B	MenB-4C MenB-FHbp	Bexsero Trumenba
Meningococcal A, B, C, W, Y	MenACWY-TT/MenB-FHbp, MenACWY-CRM/MenB-4C	Penbraya Penmenvy
Mpox	Mpox	Jynneos
Pneumococcal conjugate	PCV15 PCV20	Vaxneuvance Prevnar 20
Pneumococcal polysaccharide	PPSV23	Pneumovax 23
Poliovirus (inactivated)	IPV	Ipol
Respiratory syncytial virus	RSV	Abrysvo
Rotavirus	RV1, RV5	Rotarix, RotaTeq
Tetanus, diphtheria, & acellular pertussis	Tdap	Adacel, Boostrix
Tetanus & diphtheria	Td	Tenivac, Tdvax
Varicella (chickenpox)	VAR	Varivax

Vaccines & Immunizations Continued

Combination vaccines (use instead of separate injections when appropriate)	Abbreviation(s)	Trade name(s)
DTaP, hepatitis B, & inactivated poliovirus	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, & *Haemophilus influenzae* type b	DTaP-IPV/Hib	Pentacel
DTaP & inactivated poliovirus	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, & hepatitis B	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, & varicella	MMRV	ProQuad

This immunization schedule was adapted from the American Academy of Pediatric's (AAP) Childhood Immunization Schedule.

Give recommended vaccines if immunization history incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not given at recommended age, give at next visit. The use of trade names is for identification purposes only and does not imply endorsement by AAP or WA DOH.

Additional Information:

- For calculating intervals between doses, 4 wks = 28 days. Intervals of ≥4 mos are determined by calendar mos.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses given ≤4 days before the min age or interval are valid. Doses given ≥5 days earlier than the min age or min interval is not valid & should be repeated as age appropriate. **The repeat dose should be given after the invalid dose based on the recommended min interval.**
- Info on travel vaccination requirements & recommendations is available at www.cdc.gov/travel.
- For persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary & secondary immunodeficiencies, in General Best Practice Guidelines for Immunization.
- For info about vaccination during a vaccine-preventable disease outbreak, contact your local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child & adolescent vaccine schedule are covered by VICP except dengue, PPSV23, RSV, Mpox, & COVID-19 vaccines. Mpox & COVID-19 vaccines are covered by the Countermeasures Injury Compensation Program (CICP). For more info, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

Table 1 Recommended Child & Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

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These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination as soon as possible, shown by the blue bars. See the catch-up schedule (Table 2) for min intervals between doses.

- Range of recommended ages for all children.
- Range of recommended ages for catch-up vaccination.
- Range of recommended ages for certain high-risk groups or populations.
- Recommended vaccination can begin in this age group.
- Recommended vaccination based on shared clinical decision-making.
- No guidance/ Not applicable.

Vaccine/immunizing agents	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 yrs	17-18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose depending on maternal RSV vaccination status (See notes)					1 dose (8-19 months)											
Hepatitis B (HepB)	1st dose	2nd dose			3rd Dose												
Rotavirus (RV): Rotarix (2-dose series), RotaTeq (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, & acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		3rd or 4th dose, See Notes										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose		4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose							4th dose					
COVID-19					1 or more doses, See Notes												
Influenza					1 or 2 doses annually									1 dose annually			
FluMist											1 or 2 doses annually	OR		1 dose annually			
Measles, mumps, & rubella (MMR)							1st dose					2nd dose					
Varicella (VAR)							1st dose					2nd dose					
Hepatitis A (HepA)							2 dose series										
Tetanus, diphtheria, & acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														2 dose series			
Meningococcal (Menveo ≥2 mos, MenQuadfi ≥6 wks)														1st dose		2nd dose	
Meningococcal B (Bexsero, Trumenba)														See Notes			
RSV vaccine (Abrysvo)														Seasonal Administration during pregnancy			
Mpox																	

Table 2 Recommended Catch-up Immunization Schedule for Children & Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2026

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This table provides catch-up schedules & min intervals between doses for children with delayed vaccinations. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 & the Notes section.**

	Vaccine	Min Age for Dose 1	Min Interval Between Doses			
			Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 mos-6 yrs	Hepatitis B	Birth	4 wks	8 wks & ≥16 wks after dose 1; min age for final dose is 24 wks		
	Rotavirus	6 wks; max age for dose 1 is 14 wks, 6 days	4 wks	4 wks; max age for final dose is 8 mos, 0 days		
	DTaP	6 wks	4 wks	4 wks	6 mos	**6mos.** Dose 5 not needed if dose 4 at ≥4 yrs & ≥6 mos after dose 3.
	Hib	6 wks	**No more doses** if dose 1 given at ≥15 mos, **4 wks** if dose 1 given <12 mos, **8 wks (as final dose)** if dose 1 given at 12-14 mos	**No more doses** if prior dose at ≥15 mos; **4 wks** if <12 mos & dose 1 at <7 mos & ≥1 prior dose was ActHib, Pentacel, Hiberix, Vaxelis or unknown; **8 wks & age 12-59 mos (final dose)** if <12 mos & dose 1 at age 7-11 mos; **OR** if age 12-59 mos **and** dose 1 at <12 mos & dose 2 at <15 mos; **OR** both doses PedvaxHIB given <12 mos	**8 wks (as final dose)** Dose only needed if age 12-59 mos & 3 doses given at <12 mos	
	PCV	6 wks	**No more doses** for healthy children if dose 1 given at ≥24 mos, **4 wks** if dose 1 given <12 mos, **8 wks (final dose for healthy children)** if dose 1 given ≥12 mos	**No more doses** for healthy children if prior dose given ≥24 mos **4 wks** if current age <12 mos & prior dose given at <7 mos **8 wks (final dose for healthy children)** if prior dose given between 7–11 mos (wait until ≥12 mos old); **OR** current age ≥12 mos & ≥1 dose given <12 mos	**8 wks (final dose)** Dose only needed if 12-59 mos regardless of risk, or 60-71 mos with any risk, who got 3 doses <12 mos.	
	IPV	6 wks	4 wks	**4 wks** if <4 yrs; **6 mos (final dose)** if ≥4 yrs	**6 mos (min age 4 yrs for final dose)**	
	MMR	12 mos	4 wks			
	Varicella	12 mos	3 mos			
	Hepatitis A	12 mos	6 mos			
	MenACWY	2 mos Menveo 6 wks MenQuadfi	8 wks	See Notes	See Notes	
Children & adolescents age 7-18 yrs	MenACWY	N/A	8 wks			
	Td, Tdap	7 yrs	4 wks	**4 wks** if dose 1 DTaP at <12 mos; **6 mos (final dose)** if dose 1 at ≥12 mos	6 mos if dose 1 DTaP at <12 mos	
	HPV	9 yrs	Routine dosing intervals are recommended			
	Hepatitis A	N/A	6 mos			
	Hepatitis B	N/A	4 wks	8 wks & ≥16 wks after dose 1		
	IPV	N/A	4 wks	**6 mos**; Dose 4 not needed if dose 3 ≥4 yrs & ≥6 mos after prior dose	Dose 4 needed if all doses at <4 yrs **OR** if dose 3 <6 mos after dose 2	
	MMR	N/A	4 wks			
	Varicella	N/A	**3 mos** if <13 yrs; **4 wks** if ≥13 yrs			

Table 3 Recommended Child & Adolescent Immunization Schedule by Medical Indication, United States, 2026

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Always use this table with Table 1 & the Notes that follow. Medical conditions often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

- Recommended for age eligible children with no documentation of complete series.
- Not recommended for all children, but recommended for some children based on increased risk for or severe outcomes from disease.
- Recommended for age-eligible children, & more doses may be needed based on medical condition or other indications.
- Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction.
- Contraindicated or not recommended *Vaccinate after pregnancy, if indicated.
- No guidance/ Not applicable

Vaccine/immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)[a]	HIV infection CD4 % & count[a]		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes
			<15% or <200/mm^3	≥15% and ≥200/mm^3						
RSV Vaccine; Abrysvo	Seasonal administration									
RSV: Nirsevimab (Beyfortus), clesrovimab (Enflonsia)		1 dose clesrovimab or nirsevimab during 1st RSV season depending on maternal RSV vaccination status								
		1 dose nirsevimab 2nd RSV season					1 dose nirsevimab 2nd RSV season for CLD			
Hepatitis B										
Rotavirus		SCID[b]								
DTaP/Tdap	DTaP: N/A									
	Tdap: 1 dose each pregnancy									
Hib		HCT[c]: 3 doses								
Pneumococcal										
IPV										
COVID-19										
Influenza inactivated, recombinant		Solid organ transplant: 18 yrs								
FluMist							Asthma, wheezing: 2-4 yrs[d]			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3 doses								
MenACWY										
MenB										
Mpox										

a. For additional information regarding immunization in immunocompromised children, see https://publications.aap.org/redbook/book/755/chapter/14074446/Immunization-and-Other-Considerations-in

b. Severe combined immunodeficiency

c. Hematopoietic cell transplantation

d. LAIV3 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

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COVID-19 (min age: 6 mos [Moderna Spikevax], 5yrs [Pfizer], 12 yrs [Novavax & Moderna mNEXSPIKE])

Routine vaccination

Age 6–23 mos

Unvaccinated:
- 2 doses Moderna Spikevax 0, 4–8 wks

Incomplete series with:
- **1 dose Moderna:** 1 dose 4–8 wks after last dose
- **1 dose Pfizer:** 2 doses Moderna Spikevax ≥4 wks apart (give dose 1 3–8 wks after last dose)
- **2 doses Pfizer:** 1 dose Moderna Spikevax ≥8 wks after last dose

Completed initial series:
- 1 dose Moderna Spikevax ≥8 wks after the last dose

Special situations

Age 2–18 yrs in risk groups: at high risk of severe COVID-19, residents of long-term care facilities or other congregate settings, have never been vaccinated against COVID-19, persons whose household contacts are at high risk for severe COVID.
- Age 2–4 yrs: 1 dose Moderna Spikevax ≥8 wks after last dose
- Age 5-11 yrs: 1 dose Moderna Spikevax or Pfizer ≥8 wks after last dose
- Age 12–18 yrs: 1 dose Moderna Spikevax, Pfizer, or Novavax ≥8 wks after last dose OR 1 dose Moderna mNEXSPIKE ≥12 wks after last dose

Age 2-18 yrs not in risk groups who desire vaccination can get 1 dose COVID-19 vaccine.
Use any updated COVID-19 vaccine appropriate by age and health status approved by FDA through biologics license application.

Persons moderately or severely immunocompromised.

Give more COVID-19 doses based on shared clinical decision ≥2 mos after last dose.

Age 6 mos–4 yrs

Unvaccinated: 3 doses Moderna Spikevax at 0, 4 wks, and ≥4 wks after dose 2, then 1 dose Moderna Spikevax 6 mos later (min interval 2 mos).

Incomplete series with:
- **1 dose Moderna:** 2 doses Moderna Spikevax ≥4 wks apart (give dose 1 ≥4 wks after last dose), then 1 dose Moderna Spikevax 6 mos later (min interval 2 mos).
- **2 doses Moderna:** 1 dose Moderna Spikevax ≥4 wks after last dose, then 1 dose Moderna Spikevax 6 mos later (min interval 2 mos).
- **1 dose Pfizer:** 2 doses Moderna Spikevax ≥4 wks apart (give dose 1 ≥3 wks after last dose), then 1 dose 6 mos later (min interval 2 mos).
- **2 doses Pfizer:** 1 dose Moderna Spikevax ≥8 wks after last dose, then 1 dose Moderna Spikevax 6 mos later (min interval 2 mos).

Previously completed initial 3 doses with:
- **≥3 doses Moderna or Pfizer:** 2 doses Moderna Spikevax 6 mos apart (min interval 2 mos). Give dose 1 ≥8 wks after last dose.

Age 5–11 yrs

Use vaccine from the same manufacturer for all doses in initial series.

Unvaccinated:
- 3 doses **Moderna Spikevax** at 0, 4 wks, and ≥4 wks after dose 2, then 1 dose **Moderna Spikevax or Pfizer** 6 mos later (min interval 2 mos).
- 4 doses **Pfizer** at 0, 3 wks, and ≥4 wks after dose 2, then 1 dose **Moderna Spikevax or Pfizer** 6 mos later (min interval 2 mos).

Incomplete series with:
- **1 dose Moderna Spikevax:** 2 doses Moderna Spikevax ≥4 wks apart (give dose 1 ≥4 wks after last dose), then 1 dose Moderna Spikevax or Pfizer 6 mos later (min interval 2 mos).
- **2 doses Moderna Spikevax:** 1 dose Moderna Spikevax ≥4 wks after last dose, then 1 dose Moderna Spikevax or Pfizer 6 mos later (min interval 2 mos).
- **1 dose Pfizer:** 2 doses Pfizer ≥4 wks apart (give dose 1 Pfizer 3 wks after last dose), then 1 dose Moderna Spikevax or Pfizer 6 mos later (min interval 2 mos).
- **2 doses Pfizer:** 1 dose Pfizer ≥4 wks after last dose, then 1 dose Moderna Spikevax or Pfizer 6 mos later (min interval 2 mos).

Completed 3 dose series with:
- **≥3 doses Moderna or Pfizer:** 2 doses Moderna or Pfizer 6 mos apart (min interval 2 mos). Give dose 1 ≥8 wks after last dose.

Age 12–18 yrs

Use vaccine from same manufacturer for all doses in initial series. Either Spikevax or mNEXSPIKE can be used.

Unvaccinated:
- 3 doses Moderna at 0, 4 wks, and ≥4 wks after dose 2, then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos). OR
- 3 doses Pfizer at 0, 3 wks, and ≥4 wks after dose 2, then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos). OR
- 2 doses Novavax at 0, 3 wks, then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos).

Incomplete series with:
- **1 dose Moderna:** 2 doses Moderna ≥4 wks apart (give dose 1 ≥4 wks after last dose), then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos).

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- **2 doses Moderna:** 1 dose Moderna ≥4 wks after last dose, then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos).
- **1 dose Pfizer:** 2 doses Pfizer ≥4 wks apart (give dose 1 ≥3 wks after last dose), then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos).
- **2 doses Pfizer:** 1 dose Pfizer ≥4 wks after last dose, then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos).
- **1 dose Novavax:** 1 dose Novavax ≥3 wks after last dose, then 1 dose Moderna, Novavax or Pfizer 6 mos later (min interval 2 mos).

Completed initial 3 dose series with:

- **≥3 doses Moderna or Pfizer or ≥2 doses Novavax:** 2 doses Moderna, Novavax or Pfizer 6 mos apart (min interval 2 mos). Give dose 1 ≥8 wks after last dose.

Diphtheria, Tetanus, & Pertussis (DTaP) (min age: 6 wks [4 yrs for Kinrix or Quadracel])

Routine vaccination

- 5 doses at age 2, 4, 6, 15–18 mos, & 4–6 yrs.
- Dose 4 can be given as early as age 12 mos if ≥6 mos after dose 3, but ≥4 mos after dose 3 can be counted as valid.

Catch-up vaccination

- Dose 5 not needed if dose 4 given at ≥4 yrs & ≥6 mos after dose 3.

Special situations

- <7 yrs with contraindication to pertussis: give Td for all doses instead of DTaP. Encephalopathy within 7 days of vaccination not due to another cause is only contraindication for pertussis component of DTaP.
- Wound management <7 yrs of age with ≥3 doses of tetanus-containing vaccine: For all wounds except clean & minor wounds, give DTaP if ≥5 yrs since last dose.

Haemophilus influenzae type b (min age: 6 wks)

Routine vaccination

- **ActHIB, Hiberix, Pentacel, or Vaxelis:** 4 doses at 2, 4, 6, & 12–15 mos.

Vaxelis not recommended for 12-15 mos dose. A different Hib vaccine should be used.

- **PedvaxHIB:** 3 doses at age 2, 4, & 12–15 mos.
- **American Indian & Alaska Native infants: Vaxelis & PedvaxHIB preferred for primary series.**

Catch-up vaccination

- **Dose 1 at age 7–11 mos:** Dose 2 ≥4 wks later & dose 3 (final dose) at age 12–15 mos or 8 wks after dose 2 (whichever is later).
- **Dose 1 at age 12–14 mos:** Dose 2 (final dose) ≥8 wks after dose 1.
- **Dose 1 <12 mos & dose 2 <15 mos:** Dose 3 (final dose) ≥8 wks after dose 2.
- **2 doses of PedvaxHIB <12 mos:** Dose 3 (final dose) at age 12–59 mos & ≥8 wks after dose 2.
- **1 dose ≥15 mos:** No more doses needed.
- **Unvaccinated 15–59 mos:** 1 dose.
- **Unvaccinated ≥60 mos & not at high risk:** vaccination not needed.

Vaxelis can be used for catch-up vaccination <5 yrs. Follow catch-up schedule even if Vaxelis used for ≥1 dose.

Special situations

Chemotherapy or radiation treatment:

Age 12–59 mos

- ≤1 dose at <12 mos: 2 doses, 8 wks apart.
- ≥2 doses at <12 mos: 1 dose ≥8 wks after last dose.

Doses given within 14 days of starting therapy or during therapy should be repeated ≥3 mos after therapy ends.

Hematopoietic stem cell transplant:

- 3 doses 4 wks apart starting 6 to 12 mos after successful transplant, regardless of prior Hib doses.

Anatomic or functional asplenia (including sickle cell disease):

Age 12–59 mos

- ≤1 doses at <12 mos: 2 doses, 8 wks apart.
- ≥2 doses at <12 mos: 1 dose ≥8 wks after last dose.

Unvaccinated* ≥5 yrs: 1 dose.

Elective splenectomy:

Unvaccinated* ≥15 mos

- 1 dose (preferably ≥14 days before procedure).

HIV infection:

Age 12–59 mos

- ≤1 dose at <12 mos: 2 doses, 8 wks apart.
- ≥2 doses at <12 mos: 1 dose ≥8 wks after last dose.

Unvaccinated* age 5–18 yrs: 1 dose.

Immunoglobulin deficiency, early component complement deficiency, early component complement inhibitor use:

Age 12–59 mos

- ≤1 dose at <12 mos: 2 doses, 8 wks apart.
- ≥2 doses at <12 mos: 1 dose ≥8 wks after last dose.

**Unvaccinated = Less than routine series (thru age 14 mos) or no doses (≥15 mos).*

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Hepatitis A (min age: 12 mos for routine vaccination)

Routine vaccination

- 2 doses (min interval: 6 mos) at 12–23 mos.

Catch-up vaccination

- No doses ≤18 yrs: 2 doses (min interval: 6 mos).
- 1 dose at ≥12 mos: dose 2 ≥6 mos after dose 1.
- ≥18 yrs: may get Twinrix at 0, 1, & 6 mos or 0, 7, & 21–30 days, then 1 dose at 12 mos.

International travel

Travel to or work in countries with high rates (www.cdc.gov/travel/):

- **6–11 mos:** 1 dose before travel; then 2 doses between age 12–23 mos (separated by ≥6 mos).
- **No doses ≥12 mos:** 1 dose when travel considered.

Hepatitis B (HepB) (min age: birth)

Routine vaccination

Mother HBsAg neg

- 3 doses at 0, 1–2, 6–18 mos **(use monovalent HepB vaccine for doses <6 wks).**
  - Birth weight ≥2,000 grams: 1 dose within 24 hours of birth if medically stable.
  - Birth weight <2,000 grams: 1 dose at chronological age 1 mo or hospital discharge (whichever is earlier & even if weight <2,000 grams).
- No birth dose: start series.
- 4 doses allowed when combination vaccine containing HepB used after birth dose.
- **Min intervals:** when 4 doses given, substitute "dose 4" for "dose 3" in calculations.
- **Final (3rd or 4th) dose:** age 6–18 mos **(min age 24 wks).**

Mother HBsAg+

- **Birth dose (monovalent HepB vaccine only):** give **HepB vaccine & hepatitis B immune globulin (HBIG)** in separate limbs within 12 hours of birth, regardless of birth weight.
- **Birth weight <2000 grams:** 3 more doses starting at age 1 mo (total of 4 doses).
- **Final (3rd or 4th) dose:** give at 6 mos (min age 24 wks).
- Test for HBsAg & anti-HBs at age 9–12 mos. If series delayed, test 1–2 mos after final dose. Do not test before 9 mos.

Mother HBsAg-unknown

If evidence of maternal hep B infection (e.g., presence of HBV DNA, HBeAg-positive, or chronic hep B infection), manage infant as if mother HBsAg+.

- **Birth dose (monovalent HepB vaccine only):**
  - Birth weight ≥2,000 grams: 1 dose within 12 hours of birth. Determine HBsAg status as soon as possible. If **mother HBsAg+, give HBIG** as soon as possible (in separate limb), but no later than 7 days of age.
  - Birth weight <2,000 grams: **HepB vaccine & HBIG** (in separate limbs) within 12 hours of birth. Give 3 more doses at age 1 mo (total of 4 doses).
- **Final (3rd or 4th) dose:** give at age 6 mos (min age 24 wks).
- If mother is HBsAg+ or status unknown, test for HBsAg & anti-HBs at age 9–12 mos. If HepB series delayed, test 1–2 mo after final dose. Do not test <9 mos

Catch-up vaccination

Unvaccinated: 3 doses at 0, 1–2, 6 mos.

Age 11–15 yrs: may use 2-dose schedule with ≥4 mos between doses **(adult formulation Recombivax HB only).**

Age ≥18 yrs may get:

- **Heplisav-B:** 2 doses ≥4 wks apart.
- **HepA-HepB (Twinrix):** 3 doses at 0, 1, & 6 mos or 4 doses at 0, 7, 21-30 days, & 12 mos.

Special situations

Revaccination not recommended if previously vaccinated.

Post-vaccination serology & revaccination (anti-HBs <10mIU/mL) recommended for:

- Infants born to HBsAg+ mothers.
- Patients on predialysis or maintenance dialysis
- Other immunocompromised persons.

Human papillomavirus (min age: 9 yrs)

Routine & catch-up vaccination

- Recommended at **9-12 yrs**. Catch-up through 18 yrs if incomplete series.
- **Dose 1 given 9–14 yrs:** 2 doses at 0, 6–12 mos (min interval: 5 mos; repeat dose if too soon).
- **Dose 1 given ≥15 yrs:** 3 doses at 0, 1–2 mos, 6 mos (min intervals: dose 1 to dose 2 = 4 wks; dose 2 to dose 3 = 12 wks; dose 1 to dose 3 = 5 mos; repeat dose if too soon).
- No more doses when any HPV vaccines of any valency has been completed.

Special situations

- **Immunocompromising conditions, including HIV:** 3 doses, even if started vaccination at 9 thru 14 yrs.
- **History of sexual abuse or assault:** Start at 9 yrs.
- **Pregnancy:** Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant.

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Influenza vaccination (min age: 6 mos [inactivated], 2 yrs [FluMist], 9 yrs [recombinant influenza vaccine])

Routine vaccination

Use any flu vaccine appropriate for age & health status each year.

- **Age 6 mos–8 yrs, <2 doses before July 1, or unknown history:** 2 doses ≥4 wks apart. Give dose 2 even if turns 9 yrs between doses.
- **Age 6 mos–8 yrs, ≥2 doses before July 1:** 1 dose
- **Age ≥9 yrs:** 1 dose
- **Age 18 yrs solid organ transplant recipients on immunosuppressive medications:** may use high-dose inactivated & adjuvanted inactivated.

Special situations

- **Close contacts (e.g., household contacts) of severely immunosuppressed persons who need protected environment should not get FluMist.** If FluMist given, avoid contact with or care for immunosuppressed persons for 7 days after vaccination.

Note: Persons with egg allergy can get any flu vaccine.

Measles, mumps, & rubella (min age 12 mos for routine vaccination)

Routine vaccination

- 2 doses at 12–15 mos, 4–6 yrs.
- MMR or MMRV* may be given.

Note: MMR and varicella vaccine or MMRV can be given for dose 1. Parents should be counseled about rare possibility of febrile seizure after MMRV.

Catch-up vaccination

- **Unvaccinated:** 2 doses ≥4 wks apart
- Max age for MMRV = 12 yrs

Special situations

International travel

- **Age 6–11 mos:** 1 dose 2 weeks before departure; give 2 more doses at 12–15 mos (12 mos for children in high-risk areas) & dose 2 ≥4 wks later*.
- **Age ≥12 mos:**
  - Unvaccinated: 2 doses separated by ≥4 wks* before travel. Dose 2 should be given ≥2wks before departure.
  - 1 dose: dose 2 ≥4 wks after dose 1*.

***Note:** ≥3 mos min interval between MMRV doses.

Meningococcal A,C,W,Y (min age: 6 weeks [MenQuadfi], 2 months [Menveo])

Routine vaccination

- 2 doses at 11–12 yrs; 16 yrs.

Catch-up vaccination

- 1 dose at 13–15 yrs, then 1 dose at 16–18 yrs (min interval: 8 wks).
- 16–18 yrs: 1 dose.

Special situations

Anatomic or functional asplenia (including sickle cell disease, chronic GVHD, etc), HIV, persistent complement component deficiency, complement inhibitor use (e.g., eculizumab, ravulizumab):

MenQuadfi or Menveo*

- Dose 1 at 2 mos: 3 doses at 4, 6, & 12 mos old. The first dose of MenQuadfi may be given ≥6 wks.
- Dose 1 at 3–6 mos: 3 or 4 doses (dose 2 [& dose 3 if needed] ≥8 wks after last dose until dose is given at ≥7 mos old, then 1 dose ≥12 wks later & ≥12 mos old).
- Dose 1 at 7–23 mos: 2 doses (dose 2 ≥12 wks after dose 1 & ≥12 mos old).
- Dose 1 at ≥24 mos: 2 doses ≥8wks apart.

Travel to countries with high rates, e.g., African meningitis belt or during the Hajj (www.cdc.gov/travel/):

<24 mos: MenQuadfi or Menveo*

Follow same schedule under Special Situations.

>24mos: 1 dose Menveo or MenQuadfi

Military recruits: 1 dose Menveo or MenQuadfi every 5 yrs based on US Dept of Defense

First-year college students in residential housing:
1 dose Menveo* or MenQuadfi ≤5yrs before college (≥16yrs old)

- No previous dose >16 yrs: 1 dose Menveo* or MenQuadfi
- Vaccinated >16 yrs: 1 dose Menveo* or MenQuadfi if >5 yrs since last dose

Received MenACWY <10 yrs:

- Increased risk (e.g., complement component deficiency, HIV, or asplenia): Follow schedule for persons at increased risk.
- Boosters not recommended (e.g., healthy child who got 1 dose for travel to country where meningococcal disease is endemic): MenACWY dose 1 at 11–12 yrs & dose 2 at 16 yrs.

Menveo has two formulations: lyophilized & liquid. Liquid formulation should not be used before age 10 yrs.

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Meningococcal serogroup B (min age: 10 yrs [Bexsero; Trumenba])

Shared clinical decision-making

16-23 yrs not at increased risk (preferred age 16-18 yrs)*

- Bexsero or Trumenba (use same brand for all doses): 2 doses ≥6 mos apart (if dose 2 given <6 mos, give dose 3 ≥4 mos after dose 2).

*For rapid protection (e.g., for students starting college <6 mos): 3 doses (0, 1–2, 6 mos).

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- Bexsero or Trumenba (use same brand for all doses): 3 doses at 0, 1–2, 6 mos (if dose 2 given ≥6 mos after dose 1, dose 3 not needed; if dose 3 given <4 mos after dose 2, dose 4 should be given ≥4 mos after dose 3).

Note: MenB may be given at same time as MenACWY, but at different site if possible.

≥10 yrs may get 1 dose of Penbraya or Penmenvy instead of separate MenACWY & MenB when both vaccines indicated.

Meningococcal serogroup A, B, C, W, Y (min age 10yrs [Penbraya, Penmenvy])

Shared clinical decision-making

Age 16-23 not at increased risk may receive 1 dose Penbraya or Penmenvy as alternative to separate MenACWY and MenB when both are indicated

- Received Penbraya for dose 1: give Trumenba for dose 2 MenB.
- Received Penmenvy for dose 1: give Bexsero for dose 2 MenB.

Special situations

Age ≥10 yrs at increased risk, Penbraya or Penmenvy can be used for booster doses ≥6 mos from last dose

Penbraya and Penmenvy are not interchangeable. Use same type of MenB vaccine for all doses including booster doses.

- Previously received Trumenba or Penbraya: use Trumenba or Penbraya for more doses.
- Previously received Bexsero or Penmenvy: use Bexsero or Penmenvy for more doses.

Mpox (min age: 18 yrs [Jynneos])

Special situations

Age ≥18 yrs at risk: 2 doses, 28 days apart

Risk factors for mpox:

- Gay, bisexual, or other MSM, or person who has sex with gay, bisexual or transgender, or nonbinary people who had in past 6 mos:
  - New diagnosis of ≥1 sexually transmitted disease.
  - ≥1 sex partner.
  - Sex at a commercial sex venue.
  - Sex in a large public event in area where mpox transmission is occurring.
- Persons who are sexual partners of the persons described above.
- Persons who may experience any of the situations described above.

Pregnancy: No recommendation for Jynneos in pregnancy due to lack of safety data. Pregnant persons with any risk factors may get Jynneos.

Pneumococcal (min age: 6 wks [PCV15], [PCV 20]; 2 yrs [PPSV23])

Routine vaccination

- 4 doses at 2, 4, 6, 12–15 mos.

Catch-up vaccination

- Healthy children 2–4 yrs with any incomplete* PCV series: 1 dose PCV.

Note: If no risk conditions, PCV20 not needed if received 4 doses of PCV13 or PCV15 or other complete PCV series.

Special situations

Cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis & nephrotic syndrome); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; or diabetes mellitus:

Age 2–5 yrs

Incomplete* PCV series with:

- 3 PCV doses: 1 dose PCV (≥8 wks after last dose).
- <3 PCV doses: 2 doses PCV (≥8 wks after last dose; ≥8 wks apart).

Completed series but no PPSV23

- ≥1 dose PCV20: no further PCV or PPSV23 needed.
- No PCV20: 1 dose PCV20 or 1 dose PPSV23; ≥8 wks after last dose.

Age 6–18 yrs

- No PCV13, PCV15, or PCV20: 1 dose of PCV15 or PCV20. If PCV15 used & no PPSV23: 1 dose of PPSV23 ≥8 wks after PCV15.**

PCV <6 yrs but no PPSV23

- ≥1 dose of PCV20: no more PCV or PPSV23 needed

- No PCV20: 1 dose PCV20 or 1 dose PPSV23; ≥8 wks after last dose.

- **PCV13 only ≥6 yrs:** 1 dose PCV20 or 1 dose PPSV23 ≥8 wks after last dose.
- **1 dose PCV13 & 1 dose PPSV23 ≥6 yrs:** no more PCV or PPSV23 needed.

Patients on dialysis, immunocompromising conditions such as nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; treated with immunosuppressive drugs or radiation, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, & solid organ transplant; HIV; sickle cell disease or other hemoglobinopathies:

Age 2–5 yrs

Incomplete* PCV series:

- 3 PCV doses: 1 dose PCV; ≥8 wks after last dose.
- <3 PCV doses: 2 doses PCV (≥8 wks after last dose; ≥8 wks apart).

Complete series but no PPSV23

- ≥1 PCV20: no more PCV or PPSV23 needed.
- No PCV20: 1 dose PCV20 or 1 dose PPSV23 ≥8 wks after last dose. If PPSV23 used: 1 dose of PCV20 or dose 2 PPSV23 ≥5 yrs after dose 1 PPSV23.

Age 6–18 yrs

- **No PCV13, PCV15, PCV20: 1 dose of PCV15 or PCV20. If PCV15 used & no PPSV23:** 1 dose PPSV23 ≥8 wks later.**
- **PCV <6 yrs but no PPSV23**
  - ≥1 dose of PCV20: no more PCV or PPSV23.
  - No PCV20: 1 dose PCV20 or 1 dose PPSV23 ≥8 wks after last dose. If PPSV23 used: PCV20 or dose 2 PPSV23 ≥5 yrs after dose 1 PPSV23.
- **PCV13 only ≥6 yrs:** 1 dose PCV20 or PPSV23 ≥8 wks after last PCV13. If PPSV23 used: 1 dose PCV20 or dose 2 PPSV23 ≥5 yrs after dose 1 PPSV23.
- **1 dose PCV13 & 1 dose PPSV23 ≥6 yrs:** 1 dose PCV20 or PPSV23 ≥8 wks after last PCV13 & ≥5yrs after dose 1 PPSV23.

Pregnancy: no recommendation for PCV or PPSV23 due to limited data.

*Incomplete series = Not getting all doses in series.

**When PCV15 & PPSV23 needed, give PCV15 1st. PCV15 & PPSV23 should not be given during same visit.

Poliovirus (min age: 6 wks)

Routine vaccination

- 4 doses at 2, 4, 6–18 mos, 4–6 yrs; give final dose ≥4 yrs & ≥6 mos after last dose.
- ≥4 doses can be given age <4 yrs when combination vaccine containing IPV used. However, dose still recommended ≥4 yrs & ≥6 mos after last dose.

Catch-up vaccination

- <6 mos of age, use min ages & intervals only for travel to polio-endemic region or during an outbreak.
- **Age ≥18 yrs known or suspected to be unvaccinated or incompletely vaccinated:** 1, 2, or 3 IPV doses to complete 3 doses. Most persons ≥18 yrs born & raised in the US can assume they were vaccinated as children unless they know they didn't receive any vaccinations.

Series containing mixed OPV-IPV or OPV-only:

- Total doses needed to complete series same as US IPV schedule.
- Only trivalent OPV (tOPV) counts toward U.S. requirements.
  - OPV given before 4/1/16 should be counted (unless noted as given during campaign).
  - OPV given on or after 4/1/16 should not be counted towards series completion.

≥18 yrs at increased risk, completed series: 1 lifetime IPV booster.

Complete series: any combination of ≥3 doses of IPV or tOPV.

Respiratory syncytial virus (min age: birth [Nirsevimab, Beyfortus; clesrovimab, Eflonsia])

Routine immunization

Infants <8 mos born during or entering 1st RSV season*, give 1 dose of nirsevimab or clesrovimab within 1 wk of birth if:

- Mother not vaccinated during this pregnancy or unknown vaccination status
- Mother got RSV vaccine <14 days before delivery

*Born outside of RSV season: give 1 dose nirsevimab or clesrovimab shortly before or during RSV season.

If mother got RSV vaccine ≥14 days before delivery: nirsevimab/clesrovimab not needed but based on discretion of provider.

Infants with prolonged hospitalization (e.g., for prematurity) discharged Oct-March should be immunized before or after discharge.

Special situations

Age 8–19 mos at high risk of severe RSV disease and entering 2nd RSV season, regardless of vaccination status of mother or child's prior vaccination: give 1 dose of **nirsevimab** shortly before start of 2nd RSV season. High risk criteria include:

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- Chronic lung disease or prematurity requiring medical support (chronic steroids, diuretics, or supplemental oxygen) at any time during 6 mo period prior to second RSV season.
- Severe immunocompromise; cystic fibrosis with severe lung disease, or weight for length <10th percentile.
- Children born preterm at <32 weeks gestation regardless of the need for medication or other support.
- Children with hemodynamically significant congenital heart disease.
- Children with anatomic pulmonary abnormalities or neuromuscular disorders.
- Children with Down syndrome or other chromosomal differences placing them at higher risk.
- **American Indian or Alaska Native children.**

Age-eligible and cardiac surgery with cardiopulmonary bypass: 1 more dose nirsevimab or clesrovimab after surgery.

*Give RSV immunization Oct-March in most of continental US. Providers may adjust timing of administration based on guidance from public health authorities.

RSV Vaccine [Abrysvo]

Routine vaccination

Pregnant at 32 wks 0 days thru 36 wks & 6 days gestation Sept thru March 1 in most of the continental US*:
1 dose Abrysvo, even with previous RSV infection.

- **Not pregnant during this timeframe:** RSV vaccine not recommended.
- **No more doses recommended for additional pregnancies.**
- Infants born to pregnant persons who got RSV vaccine during previous pregnancy should get nirsevimab or clesrovimab.

*Providers in jurisdictions with RSV seasonality that differs from most of the continental US (e.g., Alaska, jurisdictions with tropical climate), follow guidance from public health authorities (e.g. health departments) or regional medical centers on timing of administration based on local RSV seasonality.

Rotavirus (min age: 6 wks)

Routine vaccination

- **Rotarix:** 2-doses at 2 & 4 mos.
- **RotaTeq:** 3 doses at 2, 4, & 6 mos.
- If any dose is RotaTeq or unknown, give 3 doses.

Catch-up vaccination

- Do not start series if age ≥15 wks, 0 days.
- Max age for final dose is 8 mos, 0 days.

Tetanus, diphtheria, & pertussis (Tdap) (min age: 11 yrs for routine vaccination, 7 yrs for catch-up)

Routine vaccination

- **Age 11–12 yrs:** 1 dose Tdap.
- **Pregnancy:** 1 dose Tdap during each pregnancy at 27–36 wks gestation.
- Tdap can be given at any interval after last tetanus-containing vaccine.

Catch-up vaccination

- **Age 13–18 yrs, no Tdap:** 1 dose Tdap.
- **Age 7–18 yrs not fully vaccinated* with DTaP:** 1 dose Tdap. Use Td or Tdap if more doses needed.

Tdap at 7–10 yrs:
- Age 7–9 yrs with Tdap: Tdap dose at 11–12 yrs.
- Age 10 yrs with Tdap: Tdap not needed at 11–12 yrs.

DTaP given in error ≥7 yrs:
- Age 7–9 yrs: count as part of catch-up. Need Tdap at 11–12 yrs.
- Age 10–18 yrs: count as Tdap dose.

Special situations

Wound management: ≥7 yrs with ≥3 doses of tetanus-containing vaccine:
- For clean & minor wounds, Tdap or Td if >10 yrs since last tetanus-containing vaccine; for all other wounds, give Tdap or Td if >5 yrs since last tetanus-containing vaccine.
- Age ≥11 yrs without Tdap or unknown history: give Tdap.
- Use Tdap for pregnant adolescent if tetanus-containing vaccine needed.

*Fully vaccinated = 5 doses DTaP or 4 doses DTaP if dose 4 given ≥4 yrs.

Varicella (min age: 12 mos)

Routine vaccination

- 2 doses: 12–15 mos, 4–6 yrs with either VAR or MMRV.
- Dose 2 can be given ≥3 mos after dose 1, but ≥4 wks between doses also valid.
- Separate MMR & varicella vaccines can be given for dose 1 at 12–47 mos; MMRV may be used if requested.

Catch-up vaccination

Age ≥7 yrs without evidence of immunity: 2 doses.
- **Age 7–12 yrs:** 3 mos (≥4 week interval also valid).
- **Age ≥13 yrs:** 4–8 wks (min interval: 4 wks).
- Max age for MMRV: 12 yrs.

For questions, please email oi@doh.wa.gov or call 360-236-3595 or 1-866-397-0337 (toll free).

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Guide to Contraindications and Precautions to Commonly Used Vaccines

Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
COVID-19 mRNA vaccines [Pfizer-BioNTech, Moderna]	Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine[3]	• Diagnosed nonsevere allergy (eg, urticaria beyond the injection site) to a component of an mRNA COVID-19 vaccine[3]; or nonsevere, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of an mRNA COVID-19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine • Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) • Moderate or severe acute illness, with or without fever
COVID-19 protein subunit vaccine [Novavax]	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3]	• Diagnosed nonsevere allergy (eg, urticaria beyond the injection site) to a component of Novavax COVID-19 vaccine[3] ; or nonsevere, immediate (onset less than 4 hours) allergic reaction after administration of a previous dose of a Novavax COVID-19 vaccine • Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine • Multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) • Moderate or severe acute illness, with or without fever
Influenza, egg-based, inactivated injectable (IIV3)	• Severe allergic reaction (eg, anaphylaxis) after previous dose of any influenza vaccine (ie, any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (eg, anaphylaxis) to any vaccine component[4] (excluding egg)	• Guillain-Barré syndrome within 6 weeks after a previous dose of any type of influenza vaccine • Moderate or severe acute illness with or without fever
Influenza, cell culture-based inactivated injectable (ccIIV3) [Flucelvax]	Severe allergic reaction (eg, anaphylaxis) to any ccIIV of any valency, or to any component[4] of ccIIV3	• Guillain-Barré syndrome within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (eg, anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should **NOT** be administered.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.
3. See package inserts for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG) www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states (Accessed December 2, 2025).
4. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for US-licensed vaccines (Accessed December 2, 2025).

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Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
Influenza, live attenuated (LAIV3) [FluMist]	• Severe allergic reaction (eg, anaphylaxis) after previous dose of any influenza vaccine (ie, any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (eg, anaphylaxis) to any vaccine component[4] (excluding egg) • Children age 2–4 years with a history of asthma or wheezing • Anatomic or functional asplenia • Immunocompromised from any cause including, but not limited to, medications and HIV infection • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Cochlear implant • Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak • Children and adolescents receiving aspirin or salicylate-containing medications • Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days	• Guillain-Barré syndrome within 6 weeks after a previous dose of any type of influenza vaccine • Asthma in persons age 5 years old or older • Persons with underlying medical conditions other than those listed under contraindications that might predispose to complications after wild-type influenza virus infection, eg, chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus) • Moderate or severe acute illness with or without fever
Diphtheria, tetanus, pertussis (DTaP)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • Encephalopathy (eg, coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP	• Guillain-Barré syndrome within 6 weeks after previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria toxoid-containing or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • For DTaP only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should **NOT** be administered.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.
3. See package inserts for a full list of vaccine ingredients. mRNA COVID-19 vaccines contain polyethylene glycol (PEG) www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states (Accessed December 2, 2025).
4. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for US-licensed vaccines (Accessed December 2, 2025).

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Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
Haemophilus influenzae type b (Hib)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • Younger than age 6 weeks	• Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] including yeast	• Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Hepatitis A-Hepatitis B vaccine (HepA-HepB) [Twinrix]	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] including neomycin and yeast	• Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • Pregnancy: HPV vaccination not recommended.	• Moderate or severe acute illness with or without fever
Measles, mumps, and rubella (MMR) Measles, mumps, rubella, and varicella (MMRV)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (eg, hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent • For MMRV only: HIV infection of any severity	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing • Moderate or severe acute illness with or without fever • For MMRV only: Personal or family (ie, sibling or parent) history of seizures of any etiology • If using MMRV, see Varicella/MMRV for additional precautions

1. When a contraindication is present, a vaccine should **NOT** be administered.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for US-licensed vaccines (Accessed December 2, 2025).

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Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
Meningococcal ACWY (MenACWY) MenACWY-CRM [Menveo] MenACWY-TT [MenQuadfi]	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • For Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid– or CRM197–containing vaccine • For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine	• For MenACWY-CRM only: Preterm birth if younger than age 9 months • Moderate or severe acute illness with or without fever
Meningococcal B (MenB) MenB-4C [Bexsero] MenB-FHbp [Trumenba]	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • For MenB-4C only: Latex sensitivity • Moderate or severe acute illness with or without fever
Meningococcal ABCWY (MenACWY-TT/MenB-FHbp) [Penbraya] (MenACWY-CRM/MenB-4C) [Penmenvy]	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • For MenACWY-TT/MenB-FHbp only: severe allergic reaction to a tetanus toxoid-containing vaccine • For MenACWY-CRM/MenB-4C only: severe allergic reaction to any diphtheria toxoid–or CRM197–containing vaccine	• Moderate or severe acute illness with or without fever
Mpox [Jynneos]	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Pneumococcal conjugate (PCV)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • Severe allergic reaction (eg, anaphylaxis) to any diphtheria toxoid-containing vaccine or its component[3]	• Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Poliovirus vaccine, inactivated (IPV)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should **NOT** be administered.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for US-licensed vaccines (Accessed December 2, 2025).

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Vaccines and other Immunizing Agents	Contraindicated or Not Recommended[1]	Precautions[2]
RSV monoclonal antibody (RSV-mAb)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[4]	• Moderate or severe acute illness with or without fever
Respiratory syncytial virus vaccine (RSV)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Rotavirus (RV) RV1 [Rotarix] RV5 [RotaTeq]	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • Severe combined immunodeficiency (SCID) • History of intussusception	• Altered immunocompetence other than SCID • Chronic gastrointestinal disease • RV1 only: Spina bifida or bladder exstrophy • Moderate or severe acute illness with or without fever
Tetanus, diphtheria, and acellular pertussis (Tdap) Tetanus, diphtheria (Td)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • For Tdap only: Encephalopathy (eg, coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap	• Guillain-Barré syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria toxoid-containing or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • For Tdap only: Progressive or unstable neurological disz
Varicella (VAR) Measles, mumps, rubella, and varicella (MMRV)	• Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (eg, hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent • For MMRV only: HIV infection of any severity	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination) • Use of aspirin or aspirin-containing products • Moderate or severe acute illness with or without fever • If using MMRV, see MMR/MMRV for additional precautions

1. When a contraindication is present, a vaccine should **NOT** be administered.
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. See Package inserts for US-licensed vaccines (Accessed December 2, 2025).
4. Full prescribing information for BEYFORTUS (nirsevimab-alip) www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.pdf (Accessed December 2, 2025) and EFLONSIA (clesrovimab-cfor) www.accessdata.fda.gov/drugsatfda_docs/label/2025/761432s000lbl.pdf (Accessed December 2, 2025).

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