



Schedule Changes & Guidance



Health Care Providers NOV. 16, 2023



⚠ COVID-19 VACCINE RECOMMENDATIONS

COVID-19 vaccine recommendations have recently been updated for some populations. This page will be updated to align with the updated immunization schedule.

PURPOSE

Review the CDC's 2025 child and adolescent immunization schedules and changes.

Child and Adolescent Immunization Schedule Changes for 2025

∨ Expand All

General Schedule

- Influenza vaccines were changed from the quadrivalent to trivalent formulation to be consistent with the vaccine products approved by the Food and Drug Administration for the 2024-2025 influenza season.
- Cell culture—based inactivated influenza vaccine (cclIV3) was added to the table listing abbreviations and trade names of vaccines and other immunizing agents.
- The definition of the purple legend in Table 1 which outlines recommended vaccination by age, was revised to include population at high risk for disease.
- The definition of the gray legend in Table 3 which outlines recommended vaccination by medical indication, was changed to no guidance/not applicable.

COVID-19 vaccination

The COVID-19 note was revised to provide guidance for use of 2024-2025 COVID-19 vaccines.

Dengue vaccination

Dengue row in Table 1 which outlines recommended vaccination by age, was revised to clarify that vaccination is recommended only for some children (i.e., ages 9–16 years living in endemic dengue area and have laboratory confirmation of previous dengue infection.)

DTaP vaccination

The special situations section in the notes was revised to include guidance for use of Td in children younger than age 7 years who have a contraindication specific to the pertussis component of DTaP.

Hib vaccination

The routine vaccination section in the notes was revised to include preferential use of Vaxelis or PedvaxHIB for primary doses in American Indian and Alaska Native infants. In the special situations section, early component complement inhibitor use was added as a risk factor for vaccination if age appropriate.

Hepatitis B vaccination

Information for use of hepatitis B vaccines during pregnancy was revised to include Heplisav-B to the list of vaccine products that can be administered during pregnancy.

Influenza vaccination

The influenza note was updated to reflect the recommendations for use of 2024-2025 influenza vaccine including new guidance for optional use of trivalent high-dose inactivated influenza vaccine (HD-IIV3) or trivalent adjuvanted inactivated influenza vaccine (aIIV3) in persons aged 18 years who are solid organ transplant recipients receiving immunosuppressive medications. HD-IIV3 and aIIV3 can be used without preference over other age-appropriate trivalent inactivated or recombinant influenza vaccines.

MenB vaccination

The routine vaccination and special situations sections were revised to include the new Bexsero vaccination schedule. For healthy persons aged 16–23 years, a series of 2 doses separated by 6 months is recommended, based on shared clinical decision-making. A 3-dose series (0, 1-2, 6 months) can be used to optimize rapid protection. Children and adolescents aged 10 years and older at increased risk of serogroup B meningococcal disease are recommended to receive a 3-dose series at 0, 1–2, 6 months.

MMR vaccination

The special situations section was updated to clarify the recommendation for international travel. The guidance is now outlined by age group and previous vaccination history.

Poliovirus vaccination

The inactivated poliovirus vaccine row in Table 1 which outlines recommended vaccination by age, was revised to clarify catch-up vaccination is recommended for persons aged 18 years.

Respiratory syncytial virus (RSV) immunization

The RSV immunization note was revised to include the optimal time for administering nirsevimab to infants born October through March (i.e., within 1 week of birth—ideally during the birth hospitalization). For infants born April through September, the optimal time of the year for administering nirsevimab is October through November. Information was added to clarify nirsevimab should be administered to infants born to mothers who received RSV vaccination in a previous pregnancy.

Respiratory syncytial virus vaccination

The routine vaccination section was revised to clarify that additional doses are not recommended in subsequent pregnancies.

Appendix

- Hepatitis B row: deleted language stating Heplisav-B is not recommended during pregnancy. The corresponding footnote with hyperlink to Heplisav-B pregnancy registry was also deleted.
- MMR/MMRV row: added HIV infection of any severity as a contraindication for use of MMRV.
- Varicella row: added HIV infection of any severity as a contraindication for use of MMRV.

Shared Clinical Decision-Making

- HPV Vaccination for Adults Aged 27-45 Years [1 page]
- Meningococcal B Vaccination [1 page] PDF

Vaccine Catch-Up Guidance

CDC has developed catch-up guidance job aids to assist healthcare providers in interpreting Table 2 in the child and adolescent immunization schedule.

- Pneumococcal Conjugate Vaccine (PCV) Catch-Up Guidance for Children 4 Months through 4 Years of Age [3 pages] PDF
- Haemophilus influenzae type b-Containing Vaccines Catch-Up Guidance for Children 4 Months through 4 Years of Age
 - Hib vaccine products: ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown [3 pages] PDF
 - Hib vaccine products: PedvaxHIB only [2 pages] PDF
- Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines Catch— Up Guidance for Children 4 Months through 6 Years of Age [2 pages]

- Inactivated Polio Vaccine (IPV) [2 pages] PDF
- Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 7 through 9 Years of Age [2 pages]
- Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch— Up Guidance for Children 10 through 18 Years of Age [2 pages]

Adult Immunization Schedule Changes for 2025

Expand All

General Schedule

- Influenza vaccines were changed from the quadrivalent to trivalent formulation to be consistent with the vaccine products approved by the Food and Drug Administration for the 2024-2025 influenza season.
- Trivalent adjuvanted inactivated influenza vaccine (aIIV3), trivalent cell culture—based inactivated influenza vaccine (ccIIV3), trivalent
 high-dose inactivated influenza vaccine (HD-IIV3), newly licensed 21-valent pneumococcal conjugate vaccine (PCV21), and the newly
 licensed mRNA respiratory syncytial virus vaccine were added to the table listing abbreviations and trade names of vaccines.
- The definition of the gray legend in Table 1 which outlines recommended vaccination by age was changed to no guidance/not applicable.

COVID-19 vaccination

The COVID-19 note was revised to provide guidance for use of 2024-2025 COVID-19 vaccines.

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Hepatitis B vaccination

The Special situations section was updated to clarify the recommendations for immunocompromised persons aged \geq 20 years. Information for use of hepatitis B vaccines during pregnancy was revised to include Heplisav-B to the list of vaccine products that can be administered during pregnancy.

Influenza vaccination

The influenza note was updated to reflect the recommendations for use of 2024-2025 influenza vaccine including new guidance for optional use of trivalent high-dose inactivated influenza vaccine (HD-IIV3) or trivalent adjuvanted inactivated influenza vaccine (alIV3) in persons aged 19–64 years who are solid organ transplant recipients receiving immunosuppressive medications. HD-IIV3 and alIV3 can be used without preference over other age-appropriate trivalent inactivated or recombinant influenza vaccines.

Poliovirus vaccination

Inactivated poliovirus vaccine was added to Table 1 which outlines recommended vaccination by age, and Table 2 which outlines recommended vaccination by medical indication.

Meningococcal vaccination

The routine vaccination and special situations sections were revised to include the new Bexsero vaccination schedule. For healthy persons aged 16–23 years, a series of 2 doses separated by 6 months is recommended based on shared clinical decision-making. A 3-dose series (0, 1-2, 6 months) can be used to optimize rapid protection. Adults at increased risk of serogroup B meningococcal disease are recommended to receive a 3-dose series at 0, 1–2, 6 months. The information for use of MenB during pregnancy was revised to clarify that the recommendation to delay vaccination until after pregnancy is due to lack of safety data.

Mpox vaccination

The Mpox note was revised to clarify that for health care personnel, vaccination to protect against occupational risk in health care settings is not routinely recommended.

Pneumococcal vaccination

The pneumococcal note was revised to include the new recommendation for adults. The routine vaccination section outlines the universal recommendation for adults aged ≥ 50 years, and the special situations section outlines the risk-based recommendation for adults aged 19–49 years. In addition, information was added for use of pneumococcal vaccines during pregnancy, and recommendations for situations when PPSV23 is unavailable.

Respiratory syncytial virus vaccination

The RSV vaccination note was revised to include the new recommendation for adults aged \geq 60 years. The routine vaccination section outlines the universal recommendations for adults aged \geq 75 years, and the special situations section outlines the risk-based recommendation for adults aged 60–74 years including the list of conditions that increase the risk for severe RSV disease.

Tdap vaccination

The routine vaccination section was revised to outline the recommendations by previous vaccination history.

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Appendix

- Hepatitis B row: deleted language stating Heplisav-B is not recommended during pregnancy. The corresponding footnote with hyperlink to Heplisav-B pregnancy registry was also deleted.
- Pneumococcal row: PCV21 was added.

SOURCES

CONTENT SOURCE:

National Center for Immunization and Respiratory Diseases