

Immunization schedule for 2021 released

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The 2021 child and adolescent immunization schedule released today includes changes to recommendations for influenza, meningococcal serogroup ACWY (MenACWY), meningococcal B (MenB) and tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccines. Information regarding COVID-19 vaccines also was added to the notes section.

The schedule for the use of routinely recommended vaccines is updated annually to reflect the most current guidance.

The 2021 schedule has been approved by the Academy, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Nurse-Midwives, the American Academy of Physician Assistants (AAPA) and the National Association of Pediatric Nurse Practitioners (NAPNAP). It is available at <https://www.cdc.gov/vaccines/schedules/index.html>.

Similar to recent years, the cover page includes a table with an alphabetical listing of vaccines, approved abbreviations for each vaccine and vaccine trade names. The AAPA and NAPNAP have been added to the list of approving organizations.

Other changes to the cover page include the addition of MenACWY-TT (MenQuadfi) to the list of MenACWY vaccines and DTaP-IPV-Hib-hepB (Vaxelis) to the list of combination vaccines.

Following is a summary of changes to vaccine recommendations.

Influenza vaccines

Language was updated regarding the use of influenza vaccines in people with egg allergy who have symptoms other than hives. It states that if using an influenza vaccine other than Flublok or Flucelvax, it should be administered in a medical setting under supervision of a health care provider who can recognize and manage severe allergic reactions.

In addition, information was added regarding the use of antiviral medications and administering live attenuated nasal spray influenza vaccine (LAIV4). It states that LAIV4 should not be used if a patient received the influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous five days or baloxavir within the previous 17 days. "Children younger than 2 years" also was added to the situations where LAIV4 should not be used.

MenACWY vaccines

MenACWY-TT was added as an option. Language also was added for catch-up vaccination for infants who received one dose of MenACWY-CRM at age 3-6 months.

MenB vaccines

Language was added regarding booster doses and outbreak settings.

Regarding booster doses, people ages 10 years and older with complement deficiency, complement inhibitor use, asplenia or who are microbiologists should receive a MenB booster dose one year after completion of a MenB primary series followed by MenB booster doses every two to three years thereafter, for as long as increased risk remains.

In outbreak settings, people 10 years of age and older whom public health officials have determined to be at increased risk during an outbreak should receive a one-time booster dose if it has been one year or more since completion of a MenB primary series.

Tdap vaccine

The schedule has been updated to allow either tetanus and diphtheria toxoids (Td) vaccine or Tdap to be used for the decennial Td booster, tetanus prophylaxis for wound management and for additional required doses in the catch-up immunization schedule if a person has received at least one Tdap dose.

The following changes were made to the 2021 immunization schedule primarily for clarity and readability.

Table 1

Table 1 contains the recommended immunization schedule from birth through 18 years of age. Arrows have been added to the hepatitis B row at the second dose to reflect that it may be given between 1 and 2 months of age.

Table 2

Table 2 is the catch-up immunization schedule for people 4 months through 18 years of age who start late or who are more than one month behind the recommended age for vaccine administration. The only change to Table 2 was that MenACWY-TT was added to the meningococcal ACWY row.

Table 3

Table 3 lists the vaccines that may be indicated for children and adolescents 18 years of age or younger on the basis of medical conditions. The primary changes to Table 3 are related to pregnancy to reflect that measles-mumps-rubella, varicella and human papillomavirus (HPV) vaccines should be administered after delivery.

Notes section

Edits were made in the notes section to improve readability and the utility of the schedule for DTaP, *haemophilus influenzae* type b, hepatitis A, hepatitis B, HPV, pneumococcal 13-valent conjugate and Tdap vaccines.

In addition, a box was added to the beginning of the notes section regarding COVID-19 vaccination, which states: “ACIP recommends use of COVID-19 vaccines within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. Interim ACIP recommendations for use of COVID-19 vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs.”

Dr. O’Leary is vice chair of the AAP Committee on Infectious Diseases.