



Immunization schedule updated for 2023; COVID vaccine added

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The [2023 Recommended Child and Adolescent Immunization Schedule](#) released today reflects current guidance for vaccines and has been approved by the Academy, the Centers for Disease Control and Prevention (CDC) and five other medical associations.

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. Additions to the table include the COVID-19 vaccines, measles, mumps and rubella vaccine (Priorix, GlaxoSmithKline Biologicals SA) and pneumococcal conjugate vaccine (PCV15, Vaxneuvance, Merck & Co. Inc).

The following changes have been made to the immunization schedule.

Table 1 (Recommended Child and Adolescent Immunization Schedule for ages 18 and younger)

- **Pneumococcal conjugate vaccine** row: PCV15 has been added.
- A row has been added for **COVID-19 vaccines**.
- **Inactivated polio vaccine (IPV)** row: “See Notes” has been added to the column for age 18 years.
- **Dengue** row: Overlying text has been changed from “Seropositive in endemic areas only” to “Seropositive in endemic dengue areas.”

Table 2 (Recommended catch-up schedule for children 4 months through 18 years)

Pneumococcal conjugate, dose 3 to dose 4 interval: The text has been revised to be consistent with the CDC’s Advisory Committee on Immunization Practices’ recommendation for dose 4. “This dose is only

necessary for children aged 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.”

Table 3 (Recommended schedule by medical indication)

A row has been added for **COVID-19 vaccines**.

Notes

- **COVID-19:** A section has been added with information regarding the use of COVID-19 vaccines for routine vaccination and special situations.
- **Dengue:** The text has been updated to clarify that dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.
- **Hepatitis B:** This section has been rearranged to clarify recommendations for infants born to mothers with HBsAg-positive and unknown status.
- **Influenza:**
 - Recommendations for 2022-'23 influenza vaccination have been added.
 - The text has been updated to clarify that live-attenuated influenza vaccine quadrivalent (LAIV4) should not be administered to close contacts of immunocompromised people who require a protected environment.
- **Measles, mumps and rubella (MMR):** Language for additional MMR doses in mumps outbreak settings has been added.
- **Meningococcal serogroup A,C,W,Y (MenACWY):** Language for use of the new Menveo liquid formulation has been added.
- **Meningococcal serogroup B (MenB):** In special situations for Trumenba, recommendations have been added for when dose 2 or dose 3 is administered earlier or later than the recommended intervals.
- **Pneumococcal:**
 - PCV15 has been added.
 - For general discussions of pneumococcal conjugate vaccines, PCV13 has been changed to PCV.
 - A note has been added, “PCV13 and PCV15 can be used interchangeably for children who are healthy or have underlying conditions. PCV15 is not indicated for children who have received 4 doses of PCV13 or another age appropriate complete PCV13 series.
 - “Chronic liver disease, alcoholism” has been deleted from special situations.
- **Poliovirus:** A new special situations section for people age 18 years at increased risk of exposure to polioviruses has been created.

Appendix

- The title of the middle column has been changed from “Contraindicated” to “Contraindicated or Not Recommended.”
- **Influenza, egg-based, inactivated injectable (IIV4) and Influenza, live attenuated (LAIV4, Flumist Quadrivalent):** The bullet for “persons with egg allergy with symptoms other than hives” has been removed from the precautions column and added to influenza vaccination notes. For people with “egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using egg-based IIV4 or LAIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions.”
- **Dengue:** Language on lack of laboratory confirmation of a previous dengue virus infection has been added to the contraindicated or not recommended column.
- **Hepatitis B:** Language has been added stating Hepsiv-B and PreHevrio are not recommended during pregnancy due to lack of safety data. Other hepatitis B vaccines may be used if indicated. In addition, the following was added to the footnotes: “For information on the pregnancy exposure registries for persons who were inadvertently vaccinated with Hepsiv-B or PreHevrio while pregnant, please visit www.hepsivbpregnancyregistry.com/ or www.prehevrio.com/#safety.”

- **Human papillomavirus vaccine (HPV):** “*Pregnancy: HPV vaccination not recommended*” has been added.
- **MMR:** MMRV has been added to vaccine column. In the precautions column, family or personal history of seizure has been added for MMRV.
- **Varicella:** In the precautions column, language has been added to refer to the MMR/MMRV row if MMRV is used.

Dr. Pannaraj is a member of the AAP Committee on Infectious Diseases.

Resources

- [AAP policy *Recommended Childhood and Adolescent Immunization Schedule: United States, 2023*](#)
- [2023 Child and Adolescent Immunization Schedule](#)

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