Childhood & Adolescent Immunization Schedule 2026

Schedule structure and what changed for 2026 — RSV, COVID-19, meningococcal, HPV, influenza, MMR/varicella, dengue, and hepatitis B updates.

2026 AAP Policy Statement
Recommended Childhood and Adolescent Immunization Schedule
O'Leary & AAP Committee on Infectious Diseases · Pediatrics
2026;157(3)

NOTE

This policy statement documents changes since the 2025 schedule. Full Tables 1–3 (age-based grid, catch-up schedule, medical-indication schedule) are published separately at aap.org/ImmunizationSchedule. AAP no longer endorses the CDC's childhood/adolescent schedule.

1 Schedule Structure

COMPONENT	CONTENT
Cover page	Alphabetical vaccine/agent list with approved abbreviations and trade names
Table 1	Recommended immunization schedule by age, birth through 18 years
Table 2	Catch-up schedule for ages 4 months–18 years who start late or fall >1 month behind
Table 3	Schedule by medical indication for children/adolescents ≤18 years
Notes	Additional detail per vaccine, alphabetical order
Appendix	Contraindications and precautions by vaccine/agent
Addendum	New/updated AAP recommendations issued after the 2026 schedule publishes

2 Table 1/3 Legend Colors (2026 Update)

COLOR	MEANING
Blue	Table 1: range of recommended ages for all children. Table 3: recommended for all age-eligible children lacking a complete series
Purple	Table 1: catch-up vaccination age range. Table 3: recommended for all age-eligible children; additional doses possible per medical condition
Orange	Table 1: high-risk group/population age range. Table 3: not for all children, but recommended for some based on increased risk of severe disease
Blue with dots	New for 2026 — recommended for those who desire protection
Blue, diagonal lines	Shared clinical decision-making
Pink, diagonal red lines	Table 3 only — precaution: may be indicated if benefit outweighs risk of adverse reaction
Gray (removed)	"No Guidance/Not Applicable" legend removed for 2026 — table left blank where no guidance provided

3 RSV — Key 2026 Changes

ITEM	UPDATE
New agent	Clesrovimab added to RSV-mAb immunizing agents (alongside nirsevimab)
Birth–7 mo	"1 dose during RSV season depending on maternal RSV vaccination status" (see Notes)
8–19 mo, high-risk	"1 dose nirsevimab or clesrovimab during RSV season" (see Notes)
Vaccination	Either maternal RSV vaccination (Abrysvo) or infant immunization with nirsevimab/clesrovimab prevents severe RSV disease
Subsequent pregnancies	Infants born to mothers vaccinated in a prior pregnancy should receive nirsevimab or clesrovimab
Removed	Palivizumab guidance removed from Notes
Adverse events	Report clinically significant RSV-mAb adverse events to MedWatch (FDA), not just VAERS — unless co-administered with other products (then VAERS)

4 COVID-19 — Key 2026 Changes

AGE GROUP	RECOMMENDATION TIER
6–23 months	Universal recommendation for all children
2–17 years	Risk-based recommendation
2–17 years	Also: recommendation for those who desire protection
Product updates	Pfizer-BioNTech Comirnaty FDA approval range changed from ≥6 months to ≥5 years; Moderna mNEXSPIKE added for age ≥12 years
Dosing guide	AAP COVID-19 Vaccine Dosing Guide added; updated for 6–23 mo and 6 mo–4 yr immunocompromised patients with 1 prior dose of earlier formulation
Post-HCT/CAR-T	New references added for revaccination guidance after hematopoietic cell transplant or CAR T-cell therapy for hematologic malignancy
Pregnancy	Asterisk added linking to ACOG practice advisory on COVID-19 vaccination in obstetric/gynecologic care

5 Meningococcal — Key 2026 Changes

ITEM	UPDATE
New note section	MenACWY-TT/MenB-FHbp and MenACWY-CRM/MenB-4C recommendations moved to a new "Meningococcal serogroup A, B, C, W, Y" notes section
Residential groups	Clarified language for military recruits and first-year college students in residential housing (MenACWY/serogroup A,C,W,Y)
Combination product	Penmenvy added alongside Penbraya as an alternative to separate MenACWY + MenB administration on the same clinic day
Functional asplenia	Chronic GVHD added as an additional example of functional asplenia (risk indication)
MenB-ABCWY (Appendix)	Penmenvy product added; contraindications added for MenACWY-CRM/MenB-4C and MenACWY-TT/MenB-FHbp

6 Other Vaccine Updates & Reporting

ITEM	UPDATE
HPV	Recommended age range changed to 9–12 years to align with AAP policy
Influenza	IIV3, ccIIV3, and LAIV3 rows combined into one row for simplicity; dates updated for 2025–2026 season
MMR / Varicella	AAP expresses no preference between MMR + monovalent varicella vs. MMRV combination for a toddler's first dose of this kind
Dengue	US distribution discontinued September 2025 (shelf life to September 2026)
Hepatitis B	PreHevbrio recommendations removed — product discontinued
New products (cover)	Enflonsia, Penmenvy, and Flublok added to the vaccine/abbreviation table
Adverse events	Report to VAERS (vaers.hhs.gov or 800-822-7967); RSV-mAb products report to MedWatch specifically unless co-administered
Full detail	See Red Book / Red Book Online (publications.aap.org/redbook) for vaccine specifics, supply updates, and interim shortage guidance

O'Leary ST; American Academy of Pediatrics, Committee on Infectious Diseases. Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement. *Pediatrics*. 2026;157(3):e2025075754.