



Recommended Childhood and Adolescent Immunization Schedule: United States, 2026: Policy Statement

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The 2026 recommended childhood and adolescent immunization schedule has been published by the American Academy of Pediatrics (AAP). The schedule is revised annually to reflect current recommendations for the use of vaccines licensed by the US Food and Drug Administration. At this time, the AAP no longer endorses the recommended childhood and adolescent immunization schedule from the Centers for Disease Control and Prevention.

Members of the AAP Committee on Infectious Diseases participated in the immunization work groups of the Advisory Committee on Immunization Practices through May of 2025. The Evidence to Recommendations framework was used by the work groups and informed the 2026 pediatric recommendations.¹

The **cover page** includes a table with an alphabetical listing of vaccines and other immunizing agents, approved abbreviations for each agent, and trade names.

Table 1 contains the recommended immunization schedule from birth to 18 years of age.

Table 2 is the catch-up immunization schedule for persons 4 months to 18 years of age who start late or who are more than 1 month behind the recommended age for vaccine administration.

Table 3 lists the immunizations that may be indicated for children and adolescents 18 years of age or younger on the basis of medical conditions.

The **Notes** provide additional information and are presented in alphabetical order of the vaccine or other immunizing agent.

The **Appendix** provides conditions when vaccines and other immunizing agents are contraindicated or not recommended or when precautions should be considered.

The **Addendum** summarizes new and updated AAP recommendations that occur after the 2026 immunization schedule is published.

The **Endorsements** list the logos of the medical and health organizations endorsing the AAP schedule.

All authors contributed substantially to the conception and design; review and interpretation of relevant literature; drafting and revisions; and final approval of the published version.

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The following changes have been made since the publication of the original 2025 schedule in November 2024:

OVERALL SCHEDULE

- Where relevant, webpage resources were changed from federal websites to trusted webpage resources from AAP and partners. Where federal webpage resources are listed, “Accessed on” dates were added.

COVER PAGE

- In the table listing immunization names and abbreviations, Enflonsia, Penmeny and Flublok were added.
- Other information was updated on the page, including:
 - Added information on 12 medical and health organizations endorsing the AAP schedule.
 - Added information on how to report clinically significant adverse events for RSV-mAb products to MedWatch, a reporting system that supports the Food and Drug Administration (FDA)’s postmarketing safety surveillance for drugs and therapeutic biologics.
 - Changed Questions or comments contact to an AAP submission form.
 - Updated link for the current Vaccine Information Statements.
 - Updated QR code and immunization schedule landing page.

TABLE 1

Recommended Child and Adolescent Immunization Schedule by Age

- **Legend** colors and text were updated as follows:
 - Blue: Range of recommended ages for all children.
 - Purple: Range of recommended ages for catch-up vaccination.
 - Orange: Range of recommended ages for certain high-risk groups or populations.
 - Blue with dots: A new legend was added for recommended vaccination for those who desire protection.
 - Blue with diagonal lines: Recommended vaccination based on shared clinical decision-making.
 - Legends for recommended vaccination can begin in this age group and no guidance/not applicable were removed.
- **Respiratory syncytial virus (RSV) monoclonal antibody (mAb):** Added clesrovimab² to RSV immunizations. To provide additional clarity, the overlying text for birth through 7 months for all children was changed to “1 dose during RSV season depending on maternal RSV vaccination status (See Notes)” and for 8 months through 19

months for high risk groups was changed to “1 dose nirsevimab during RSV season (See Notes).”

- **Influenza:** Combined rows for IIV3, cIIIV3 and LAIV3 into one row for simplicity.
- **Human papillomavirus (HPV):** Changed HPV age range for recommendation to 9–12 years, to align with AAP policy.³
- **COVID-19:** Updated COVID recommendations to align with updated AAP policy.⁴
 - Universal recommendation for all children 6–23 months of age.
 - Risk-based recommendation for children 2–17 years of age.
 - Recommendation for those 2–17 years of age who desire protection.
 - See notes for full details.
- **RSV vaccine:** Added “if not previously vaccinated” to overlying text for clarity.

TABLE 2

Recommended Catch-up Immunization Schedule for Persons 4 Months to 18 Years of Age

- No updates were made to Table 2.

TABLE 3

Recommended Schedule by Medical Indication

- **Legend** colors and text were updated as follows:
 - Blue: Recommended for all age-eligible children who lack documentation of a complete immunization series.
 - Orange: Not recommended for all children, but recommended for some children based on increased risk for severe outcomes from disease.
 - Purple: Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications.
 - Pink with diagonal red lines: Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction.
 - Gray legend for No Guidance/Not Applicable was removed, and table is blank where no guidance is provided.
- **RSV-mAb:** Added clesrovimab to immunizing agents. For clarification, added a blue legend with overlying text “1 dose clesrovimab or nirsevimab during 1st RSV season depending on maternal RSV vaccination status (See Notes).” Added “nirsevimab” in purple legend to clarify only nirsevimab is recommended for 2nd RSV season for high risk individuals.

- **COVID-19:** Added an asterisk for pregnancy with a link to the American College of Obstetricians & Gynecologists (ACOG) practice advisory that states: *For more information, refer to <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care>.

NOTES

- **COVID-19:**
 - This section has been updated with new recommendations per AAP policy⁴ and to reflect the change in FDA approval of Pfizer-BioNTech Comirnaty from children 6 months of age and older to children 5 years of age and older and addition of Moderna mNEXSPIKE for age 12 + years.
 - The AAP's COVID-19 Vaccine Dosing Guide was added for reference. Dosing guidance was updated for 6–23-month old who has previously received 1 dose prior formulation of Pfizer-BioNTech vaccine and for age 6 months–4 years moderately or severely immunocompromised who has previously received 1 dose prior formulation of Pfizer-BioNTech vaccine.
 - New references were added for revaccination guidance for children with hematologic malignancy post-hematopoietic cell transplant or CAR T-cell therapy.
- **Dengue:** Added a note that dengue vaccine distribution in the US was discontinued September 2025 (with a shelf life up to September 2026).⁵
- **Hepatitis B:** Removed recommendations for PreHevbrio since it was discontinued.⁶
- **HPV:** Updated language to align with AAP policy.³
- **Influenza:** Updated dates to reflect 2025–2026 season and added a link to AAP influenza vaccine recommendations.⁷
- **Measles, mumps, and rubella (MMR):** Updated note to align with AAP policy³ that the AAP expresses no preference between MMR plus monovalent varicella vaccine or MMRV for toddlers receiving their first immunization of this kind.
- **Meningococcal serogroup A, C, W, Y Vaccination:**
 - Moved recommendations on MenACWY-TT/MenB-FHb and MenACWY-CRM/MenB-4C to new notes section on Meningococcal serogroup A, B, C, W, Y.
 - Clarified language for military recruits and first-year college students who live in residential housing.
 - Added product Penmenvy to note about Penbraya as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day.
 - Added chronic GVHD as an additional example of functional asplenia.

- **Meningococcal serogroup B:** Moved recommendations on MenACWY-TT/MenB-FHb and MenACWY-CRM/MenB-4C to new notes section on Meningococcal serogroup A, B, C, W, Y and added chronic GVHD as an additional example of functional asplenia.
- **Meningococcal serogroup A, B, C, W, Y:** Added a new notes section with recommendations on the use of MenACWY-TT/MenB-FHb and MenACWY-CRM/MenB-4C.
- **RSV Immunization:** Added clesrovimab as an available product for infants <8 months² and updated notes to align with AAP policy,⁹ including the removal of guidance on palivizumab.
- **RSV Vaccination:** Added clesrovimab under Routine vaccination to “Either maternal RSV vaccination with Abrysvo or infant immunization with nirsevimab or clesrovimab is recommended to prevent severe RSV disease in infants,” and under Subsequent pregnancies, “Infants born to pregnant women who received RSV vaccine during a previous pregnancy should receive nirsevimab or clesrovimab.”
- **Varicella:** Updated note to align with AAP policy⁷ that the AAP expresses no preference between MMR plus monovalent varicella vaccine or MMRV combination vaccine for toddlers receiving their first immunization of this kind.

APPENDIX (CONTRAINDICATIONS AND PRECAUTIONS)

- **Meningococcal ABCWY:** Added Penmenvy product and added contraindications for MenACWY-CRM/MenB-4C and MenACWY-TT/MenB-FHbp.

The AAP's 2026 version of Tables 1 through 3, notes, appendix, and addendum are available on the American Academy of Pediatrics website (<https://aap.org/ImmunizationSchedule>). A parent-friendly vaccine schedule for children and adolescents is available at <http://www.healthychildren.org/immunizationschedules>. Clinically significant adverse events that follow vaccines should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a Vaccine Adverse Event Reporting System form can be obtained at <http://www.vaers.hhs.gov> or by calling 800-822-7967. For RSV-mAb products, clinically significant adverse events should be reported to MedWatch Adverse Event Reporting program at www.accessdata.fda.gov/scripts/medwatch/index.cfm. If RSV-mAb is co-administered with other products, then report to VAERS.

Additional information can be found in the *Red Book* and at *Red Book Online* (<https://publications.aap.org/redbook>). Information on new vaccine releases, vaccine supplies, and interim recommendations resulting from vaccine shortages and statements on specific vaccines can be found at <https://publications.aap.org/redbook>.

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ABBREVIATIONS

AAP: American Academy of Pediatrics
ACIP: Advisory Committee on Immunization Practices
aIIV3: adjuvanted inactivated influenza vaccine, trivalent
ccIIV3: cell-culture inactivated influenza vaccine, trivalent
CDC: Centers for Disease Control and Prevention
DTaP: diphtheria and tetanus toxoids and acellular pertussis vaccine
HD-IIV3: high-dose inactivated influenza vaccine, trivalent
Hib: *Haemophilus influenzae* type b vaccine
IPV: inactivated poliovirus vaccine
MenB: meningococcal serogroup B vaccine
MMR: measles, mumps, and rubella vaccine
MMRV: measles, mumps, rubella, and varicella vaccine
PCV: pneumococcal conjugate vaccine
PPSV23: pneumococcal polysaccharide vaccine, 23-valent
RSV: respiratory syncytial virus
RSV-mAb: respiratory syncytial virus monoclonal antibody
Td: tetanus toxoid, reduced diphtheria toxoid

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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