

Routine Immunization Timing 2025

Suggested schedule to meet recommendations on time. [Refer to web version.](#)

Birth
HepB ¹
RSV ² (age: 0-8 months)

6 months – 18+ years	
COVID-19 vaccine(s) ⁷	Flu vaccine, every fall ⁸

Age 2 months	Interval from previous dose
DTaP (Diphtheria, Tetanus, Pertussis)	
Polio (IPV)	
HepB³ (age: 1-2 months)	1-2 months after birth dose
Hib⁴ (Hib meningitis)	
PCV (Pneumo)	
RV⁵ (Rotavirus)	

Age 4 months	Interval from previous dose
DTaP	1-2 months
Polio (IPV)	1-2 months
HepB³ if 1st dose given at 2 months	1-2 months
Hib	1-2 months
PCV	1-2 months
RV⁵	4-10 weeks

Age 6 months	Interval from previous dose
DTaP	1-2 months
Polio (age: 6-18 months)	1-14 months
HepB³ (age: 6-18 months)	2-12 months and ≥4 months after 1st dose
Hib⁶	1-2 months
PCV	1-2 months
RV⁵ if RotaTeq used for doses 1 or 2	4-10 weeks

Age 12 months	Interval from previous dose
HepA⁹ (age: 12-23 months)	
MMR^{9,10,11} (ages 12-15 months)	
Var¹¹ (age: 12-15 months)	
Hib (age: 12-15 months)	2-8 months
PCV¹² (age: 12-15 months)	8 weeks

Age 15 months	Interval from previous dose
DTaP¹³ (age: 15-18 months)	6-12 months

Age 18 months	Interval from previous dose
HepA	6-18 months

Age 4-6 years	DTaP Polio (IPV) MMR^{10, 11} Varicella¹¹
Age 11-12 years	HPV¹⁴ (2 doses, <u>can</u> <u>start at age 9</u>) MenACWY (MCV4) Tdap
Age 16 years	MenACWY (MCV4) MenB¹⁵



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This is a suggested schedule. For details, including additional recommendations for high-risk children, consult the Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2025.

1. Monovalent HepB vaccine is recommended within 24 hours of birth for stable infants weighing ≥ 2 kg. For others, see schedule.
2. If prenatal RSV vaccination status is any of: < 14 days before birth, unvaccinated, or unknown, then infants born during RSV season should receive nirsevimab as soon as possible after birth, ideally during the birth hospitalization. Infants younger than 8 months born before RSV season should receive nirsevimab before the season begins. High-risk children ages 8-19 months should receive nirsevimab before their second season. More details at: bit.ly/RSVrecs.
3. A dose of HepB vaccine is not necessary at 4 months if doses are given at birth and 2 months but may be included as part of a combination vaccine. The final dose (3RD/4TH) should be given after age 24 wks. and at least 16 wks. after 1st dose.
4. Vaxelis[®], along with PedvaxHIB[®], is preferentially recommended for American Indian & Alaska Native infants for Hib vaccination.
5. Administer first dose at age 6 wks-14 wks. (Max. age: 14 wks., 6 days). Max. age for final dose in the series: 8 months, 0 days. If any dose of RotaTeq[®] (RV5) is given or product is unknown, a total of three RV doses are needed.
6. This 6 month Hib dose is not indicated if PedvaxHIB[®] is used exclusively for the 2 and 4 month infant doses.
7. See CDC guidelines for doses and intervals for healthy or immunocompromised children.
8. Two doses given at least 4 weeks apart are recommended for ages 6 months–8 years who are getting flu vaccine for the first time.
9. Refer to CDC guidelines for vaccinating children 6-11 months prior to international travel.
10. Minimum interval between 1ST and 2ND dose is 4 wks. Two MMR doses should still be given on or after 12 months of age.
11. Varicella vaccine minimum intervals: Ages 1-12 year: 3 months. Ages 13 years and older: 4 weeks. MMRV may be used when both MMR and Varicella vaccines are indicated. For the 1st dose at 12-47 months, MMR and varicella vaccines should typically be given separately unless the parent or caregiver prefers MMRV.
12. Final dose of PCV series should be given at ≥ 12 months of age or after.
13. The 4th dose of DTaP may be administered as early as 12 months, provided at least 6 months have elapsed since the 3RD DTaP dose.
14. HPV vaccine should be given on a 0, 6-12 month schedule for 9-14 year olds (min. interval is 5 months). If patient immunocompromised or initiates series at 15 years or older, use a 3 dose schedule (0, 1-2, 6 months).
15. Shared clinical decision-making is recommended regarding MenB vaccination for healthy people 16–23 years of age. More details at: bit.ly/iznotes. Pentavalent MenACWY vaccine may be used when both MenACWY and MenB are indicated at the same visit.