



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



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Governor

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TO: California Vaccines for Children (VFC) Providers
FROM: Robert Schechter, M.D., Chief, Immunization Branch *Not sent*
Division of Communicable Disease Control
Center for Infectious Diseases

SUBJECT: 2024 ACIP Child and Adolescent Immunization Schedule

Dear VFC provider:

The **2024 Advisory Committee on Immunization Practices (ACIP) [Child and Adolescent Immunization Schedule](#)** has been released, with full recommendations at [ACIP Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — US, 2024](#).

Key Updates

- **Pneumococcal vaccines:** Recommendations for 15- and 20-valent pneumococcal conjugate vaccines (PCV15 and PCV20) and pneumococcal polysaccharide vaccine (PPSV23) are updated. PCV13 is no longer on the vaccine schedule.
 - Chronic kidney disease, chronic liver disease, and persistent asthma that is moderate or severe have been added to the list of medical conditions that increase the risk for invasive pneumococcal disease.
 - [Pneumococcal ACIP Vaccine Recommendations](#)
- **Respiratory Syncytial Virus (RSV) prevention:**
 - **RSV-mAb** (nirsevimab, Beyfortus, Sanofi/AstraZeneca): routine immunization for all infants born October-March younger than 8 months, and infants 8-19 months in certain situations.
 - **RSV-preF vaccine** (Abrysvo, Pfizer): seasonal prenatal immunization at 32-36 weeks gestation to prevent RSV lower respiratory tract infection in infants.
 - [RSV ACIP Vaccine Recommendations | CDC](#)
- **COVID-19:** 1 or more doses of updated (2023-2024 Formula) vaccine.
 - [ACIP COVID-19 Vaccine Recommendations | CDC](#)
- **Inactivated poliovirus vaccine:** Single lifetime booster to adolescents 18 years of age who have completed the primary series and are at increased risk for exposure to poliovirus.
- **Mpox vaccine:** Recommended for adolescents 18 years at risk for Mpox infection.
 - [ACIP Smallpox and Mpox Vaccine Recommendations | CDC](#)

Immunization Branch / Division of Communicable Disease Control
850 Marina Bay Parkway, Bldg. P, 2nd Floor, Richmond, CA 94804
(510) 620-3737 ♦ FAX (510) 620-3774 ♦ Internet Address:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx>



- Mpox vaccine will eventually become available on the commercial market and VFC program; updates to follow.
- **New meningococcal pentavalent vaccine:** Children at least 10 years may receive a single dose of MenABCWY (Penbraya) when both MenACWY and MenB vaccines would be given on the same clinic day.
 - [Meningococcal Vaccine Recommendations | CDC](#)
 - MenABCWY is expected to become available via VFC later in 2024.

Clarifications

- Diphtheria, tetanus, and acellular pertussis-containing (DTaP and Tdap):
 - A fifth dose is not necessary if the fourth dose was administered at age ≥ 4 years and ≥ 6 months after dose 3.
 - The Tdap dose recommended at 11-12 years is the adolescent booster dose.
- *Haemophilus influenzae* type b (Hib)
 - History of severe allergic reaction to dry natural latex was removed as a contraindication, because most vials of Hib vaccines no longer contain latex.
- Human papillomavirus (HPV)
 - No additional dose is recommended when any HPV vaccine series of any valency has been completed using the recommended dosing intervals.
- Measles, mumps and rubella (MMR)
 - When MMRV is used, the minimum interval between MMRV doses is 3 months.

Vaccines added to and removed from to the 2024 immunization schedule:

Added	Removed
20-valent pneumococcal conjugate vaccine (PCV20, Prevnar 20)	13-valent pneumococcal conjugate vaccine (PCV13)
pentavalent meningococcal vaccine (MenACWY-TT/MenB-FHbp, Penbraya)	MenACWY-D (Menactra)
RSV-mAb (nirsevimab)	bivalent mRNA COVID vaccines
RSV-preF for maternal vaccination (Abrysvo)	diphtheria and tetanus toxoid adsorbed vaccine (DT)
Mpox (Jynneos)	

REPORTING SUSPECTED VACCINE ADVERSE EVENTS OR ERRORS

Providers should report suspected adverse events to any vaccine to the Vaccine Adverse Events Reporting System (VAERS) at 800-822-7967 (toll-free) or <http://vaers.hhs.gov>.

Providers should report any vaccine administration error and associated contributing factors to the National Vaccine Errors Reporting Program (VERP) at <https://www.ismp.org/form/verp-form>. As a part of the report, providers can make recommendations to prevent errors. This surveillance program aims to prevent errors by identifying trends, creating targeted education, and changing product labeling and design.



Health Professionals, consumers, and patients can voluntarily report observed or suspected adverse events for human medical products, such as nirsevimab/Beyfortus™, to FDA through the [MedWatch](#) system.

VFC PROGRAM REQUIREMENTS REMINDER

Per the [VFC Provider Agreement Addendum](#), all active VFC Providers agree to “order all ACIP-recommended vaccines (including flu and special-order vaccines) to meet the needs of the total VFC-eligible patient populations reported for the VFC PIN.” Ensure that your practice is ordering and administering vaccines according to ACIP recommendations to protect your patients from vaccine-preventable diseases.

ADDITIONAL RESOURCES

- [Influenza vaccine resources from CDC and CDPH](#)
- [COVID-19 vaccine resources from CDC and CDPH](#)
- [Shared Clinical Decision-Making: Meningococcal B Vaccination \(cdc.gov\)](#)
- [Resources – California Vaccines for Children \(VFC\) \(eziz.org\)](#)
- [CDPH RSV immunization fact sheet \(nirsevimab\)](#)
- [CDPH RSV vaccine fact sheet \(Abrysvo, Arexvy\)](#)