

Changes in the Adult Immunization Schedule Effective February 1, 2016

Changes in the 2016 Adult Immunization Schedule reflect ACIP recommendations summarized in [Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2016](#).

Primary changes to the schedule include:

- Interval change for 13-valent pneumococcal conjugate vaccine (PCV13) followed by 23-valent pneumococcal polysaccharide vaccine (PPSV23) from "6 to 12 months" to "at least 1 year" for immunocompetent adults aged ≥ 65 year who do not have immunocompromising conditions, anatomical or functional asplenia, cerebrospinal fluid leak, or cochlear implants ([MMWR 2015;64\[34\]:944–947](#)). The interval for adults aged ≥ 19 years with any of these conditions is at least 8 weeks.
- Serogroup B meningococcal (MenB) vaccine series should be administered to persons aged ≥ 10 years who are at increased risk for serogroup B meningococcal disease ([MMWR 2015;64\[22\]:608–612](#)).
- Men B vaccine series may be administered to adolescents and young adults aged 16 through 23 years (preferred age is 16 through 18 years) to provide short-term protection against most strains of serogroup B meningococcal disease ([MMWR 2015;64\[41\]:1171–1176](#)).
- Nine-valent human papillomavirus (HPV) vaccine (9vHPV) has been added to the schedule and can be used for routine vaccination of females and males against HPV ([MMWR 2015;64\[11\]:300–304](#)).

Changes in the Birth-18 Years and “Catch-up” Schedule – Effective February 1, 2016

Changes to the 2016 schedule from the previous schedules[†]:

- In figure 1, "Recommended Immunization Schedule for Persons Aged 0 through 18 Years", the order of the vaccines was changed to group vaccines by the recommended age of administration. The order was also changed within the footnotes.
- A purple bar was added for *Haemophilus influenzae* type b (Hib) vaccine for children aged 5–18 years, denoting the recommendation to vaccinate certain high-risk children in this age group who were are unimmunized.

- A purple bar was added for human papillomavirus (HPV) vaccine for children aged 9–10 years, denoting the recommendation to vaccinate high-risk children in this age group, including children with a history of sexual abuse.
- A new row has been added for Meningococcal B vaccine. This row contains a purple bar denoting the recommendation to vaccinate certain high-risk persons aged 10 years and older. This row also contains a blue bar denoting the recommendation for administration to non-high-risk groups subject to individual clinical decision making, for persons aged 16 through 23 years (the preferred age range is 16–18 years).
- In figure 2, "Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind", Tdap/Td was added to the list of possible previous vaccines in the Tdap line for children aged 7 years and older, dose 2 to dose 3 column.

Changes to the 2016 footnotes from the previous schedules:

- The Hepatitis B (HepB) vaccine footnote was revised to more clearly present the timing for post vaccination serologic testing for infants born to hepatitis B surface antigen (HBsAg)-positive mothers. The footnote was also revised to present the new CDC recommended interval for post vaccination serologic testing in this population.
- The diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine footnote was revised to more clearly present recommendations following an inadvertently early administered 4th dose of DTaP vaccine.
- The inactivated polio vaccine (IPV) footnote was updated to provide guidance for vaccination of persons who received only OPV and received all doses before age 4 years.
- The meningococcal vaccines footnote has been updated to include recommendations for the administration of the meningococcal B vaccine. A "clinical discretion" category has been added for the recommendation for vaccination of non-high-risk persons aged 16 through 23 years, subject to individual clinical decision making. Meningococcal B vaccines have been added to the section recommending vaccination of persons with high-risk conditions and other persons at increased risk of disease. A definition of persistent complement deficiency has been added.
- The human papillomavirus (HPV) vaccine footnote has been updated to reflect the new HPV vaccine nomenclature. Guidance has been added for vaccination beginning at age 9 years for children with a history of sexual abuse.