

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Coronavirus	COVID-19 mRNA	COVID-19	Comirnaty 2024 - 2025	≥ 12 years old	none
	COVID-19 mRNA	COVID-19	Pfizer COVID 2024 - 2025	5 years	11 years
	COVID-19 mRNA	COVID-19	Pfizer COVID 2023 - 2024	6 months	4 years
	COVID-19 mRNA	COVID-19	Spikevax 2024 - 2025	≥ 12 years old	none
	COVID-19 mRNA	COVID-19	Moderna 2024 - 2025	6 months	11 years
	COVID-19 Vaccine, Adjuvanted	COVID-19	Novavax COVID 2024 - 2025	≥ 12 years old	none
Diphtheria, Tetanus and Pertussis	Diphtheria and Tetanus Toxoids Adsorbed	DT	Diphtheria and Tetanus Toxoids Adsorbed	≥ 1 month* (6 weeks)	<7 years
	Diphtheria and tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed	DTaP	Daptacel, Infanrix	≥ 1 month* (6 weeks)	<7 years
	Tetanus and Diphtheria Toxoids Adsorbed (A)	Td	Tenivac	≥ 7 years	none
	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed	Tdap	Adacel, Boostrix	≥ 7 years	none
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B and Inactivated Poliovirus Vaccine	DTaP-HepB- IPV	Pediarix	≥ 1 month* (6 weeks)	<7 years

^{*}This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years
	Diphtheria and Tetanus Toxoids and Acellular pertussis adsorbed, inactivated poliovirus and Haemophilus influenzae Type B Conjugate Vaccine	DTaP-IPV/Hib	Pentacel, Vaxelis	≥ 1 month* (6 weeks)	<5 years
Haemophilus influenzae Type B	Haemophilus influenzae Type B Conjugate Vaccine	Hib	PedvaxHIB; ActHIB Hiberix	≥ 1 month* (6 weeks)	none
	H. influenzae Type B, Diphtheria, Tetanus, Pertussis and Polio vaccine	DTaP-IPV/Hib	Pentacel, Vaxelis	≥ 1 month* (6 weeks)	<5 years
Hepatitis	Hepatitis A Vaccine	НерА	Havrix Vaqta	≥ 6 months	none
	Hepatitis B Vaccine	НерВ	Engerix-B Recombivax HB	none	none
	Hepatitis B-TLR	HepB-CpG	Heplisav-B	≥ 18 years	none
	Hepatitis A Inactivated and Hepatitis B Vaccine	НерА-НерВ	Twinrix	≥ 18 year	none

^{*}This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B and Inactivated Poliovirus Vaccine	DTaP-HepB- IPV	Pediarix	≥ 1 month* (6 weeks)	<7 years
Herpes Zoster (Shingles)	Zoster Vaccine Live	ZVL	Zostavax	≥ 60 years	none
	Zoster Vaccine Recombinant, Adjuvanted	RZV	Shingrix	≥ 19 years	none
Human Papillomavirus	Human Papillomavirus Vaccine (9-valent) – Types 6,11,16,18,31, 33,45,52 and 58	9vHPV	Gardasil-9	≥9 years	<46 years
Influenza	Live Attenuated Influenza Vaccine, Trivalent	LAIV3	Flumist	≥ 2 years	<50 years
	Adjuvanted Inactivated Influenza Vaccine, Trivalent	AIIV3	Fluad Trivalent	≥ 18 years	None
	Recombinant Influenza Vaccine, Trivalent	RIV3	Flublok Trivalent	≥ 18 years	None
	Inactivated Influenza Vaccine, Trivalent	IIV3	Afluria Trivalent	≥ 6 months	None
			Fluarix Trivalent	≥ 6 months	None
			FluLaval Trivalent	≥ 6 months	None
			Fluzone Trivalent	≥ 6 months	None

^{*}This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
	Cell Culture Inactivated Influenza Vaccine, Trivalent	ccIIV3	Flucelvax Trivalent	≥ 6 months	None
	High Dose Inactivated Influenza Vaccine, Trivalent	HD-IIV3	Fluzone High Dose Trivalent	≥ 18 years	None
Measles, Mumps, Rubella and Varicella	Measles, Mumps, and Rubella Vaccine	MMR	M-M-R II Priorix	≥ 6 months	None
	Measles, Mumps, Rubella and Varicella Vaccine	MMRV	ProQuad	≥1 year	None
Meningococcal	Quadrivalent	MenACWY- CRM	Menveo	≥2 months	None
	Quadrivalent Tetanus Toxoid Conjugate Vaccine	MenACWY-TT	MenQuadfi	≥2 years	None
	Serogroup B Meningococcal Vaccine	MenB-FHbp MenB-4C	Trumenba Bexsero	≥10 years	none
	Pentavalent	MenACWY- TT/MenB-FHbp	Penbraya	≥10 years	none
Мрох	Replication-Deficient Live Vaccinia Virus Vaccine	Мрох	Jynneos	≥ 18 years	None
Pneumococcal	Pneumococcal Polysaccharide Vaccine (23-valent)	PPSV23	Pneumovax	≥ 2 years	none
	Pneumococcal Conjugate Vaccine (15-valent)	PCV15	Vaxneuvance	≥ 1 month* (6 weeks)	none
	Pneumococcal Conjugate Vaccine (20-valent)	PCV20	Prevnar 20	≥ 2 months	none

^{*}This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
	Inactivated Poliovirus Vaccine	IPV	lpol	≥ 1 month* (6 weeks)	none
Poliovirus	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus influenzae Type B Conjugate Vaccine	DTaP-IPV/Hib	Pentacel, Vaxelis	≥ 1 month* (6 weeks)	<5 years
	Rotavirus Vaccine (Monovalent)	RV1	Rotarix	≥ 1 month* (6 weeks)	<9 months
Rotavirus	Rotavirus Vaccine (Pentavalent)	RV5	RotaTeq	≥ 1 month* (6 weeks)	<9 months
Respiratory Syncytial Virus	Adjuvanted Recombinant Stabilized Prefusion F Protein Vaccine	RSVPreF3	Arexvy	≥ 60 years	none
	Recombinant Stabilized Prefusion F Protein Vaccine	RSVpreF	Abrysvo	≥ 15 years	none
	mRNA encoding the prefusion RSV F protein Vaccine	TBD	mResvia	≥ 60 years	none
Tick-Borne Encephalitis	Tick-Borne Encephalitis Vaccine	TBE	Ticovac	≥ 1 years	none
Varicella	Varicella Vaccine	VAR	Varivax	≥ 1 years	none

^{*}This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.