



**Changes listed here are outlined in MMWR with figures, etc.**

- The pneumococcal conjugate vaccine (PCV) footnote reflects updated recommendations for incompletely vaccinated children aged 24–59 months, including those with underlying medical conditions.
- Recommendations for use of the live attenuated influenza vaccine (LAIV) now include healthy children as young as 2 years. LAIV should not be administered to children younger than 5 years with recurrent wheezing. Children aged under 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received 1 dose, should have 2 doses of vaccine, at least 4 weeks apart. Other updates are included.
- For meningococcal vaccines, changes affect certain children aged 2–10 years. Vaccinating with meningococcal conjugate vaccine (MCV4) is preferred to meningococcal polysaccharide vaccine (MPSV4) for children at increased risk for meningococcal disease, including children who are traveling to or residents of countries in which the disease is hyperendemic or epidemic, children who have terminal complement component deficiencies, and children who have anatomic or functional asplenia. The catch-up schedule for youths aged 13–18 years has been updated. MPSV4 is an acceptable alternative for short-term (i.e., 3–5 years) protection against meningococcal disease for persons aged 2–18 years.
- The tetanus and diphtheria toxoids/tetanus and diphtheria toxoids and acellular pertussis vaccine (Td/Tdap) catch-up schedule for persons aged 7–18 years who received their first dose before age 12 months now indicates that these youths should receive 4 doses, with at least 4 weeks (not 8 weeks) between doses 2 and 3.
- The catch-up bars for hepatitis B and *Haemophilus influenzae* type b conjugate vaccine have been deleted on the routine schedule for persons aged 0–6 years. The figure title refers users to the catch-up schedule (Table) for patients who fall behind or start late with vaccinations.