



**SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:**

**IMMUNIZATION SCHEDULES (ADULT/  
ADOLESCENT/CHILD)**

**\*\*Please check with your individual Health Plans. All Health Plans may not fully cover the costs for all members.\*\***

Guideline History

Date Approved	Adult:01/97; Adolescent: 01/97 Pediatric: 08/94
Date Revised	8/94,4/96,1/97,1/98,2/99,10/99,5/99,5/00, 1/01,5/01,5/02,5/03,6/03,1/07,1/08,1/09,1/10, 2/11,2/12,2/13,2/14,2/15,2/16,2/17, 12/18,2/19,3/20,3/22,3/24,3/25
Date Reviewed	05/26
Next Review Date	05/27

These Guidelines are promulgated by Sentara Health as recommendations for the clinical Management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The Sentara Health Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

# **Immunization Clinical Practice Guideline — Children and Adolescents (Ages 0–18 Years)**

## **Section 1: Policy Statement**

This organization adopts the American Academy of Pediatrics (AAP) recommended immunization schedule for children and adolescents aged 18 years or younger as the primary clinical standard for all covered members. This includes:

- The routine immunization schedule by age
- The catch-up immunization schedule
- All AAP-issued interim guidance, updates, and independent vaccine recommendations

This policy reflects alignment with the Virginia Department of Medical Assistance Services (DMAS), which follows the AAP immunization schedule for EPSDT-eligible members.

## **Section 2: Relationship to ACIP/CDC Schedule**

Historically, the AAP and the Advisory Committee on Immunization Practices (ACIP) published a harmonized immunization schedule. Beginning in late 2025, ACIP made changes to the routine immunization schedule that the AAP rejected, including the removal or downgrading of several vaccines (hepatitis B birth dose, hepatitis A, meningococcal ACWY and B, and RSV). The AAP now publishes its own independent immunization guidance.

Where the AAP and ACIP schedules diverge, this organization follows the AAP recommendation. ***Vaccines recommended by the AAP but not by ACIP remain covered and recommended under this CPG.***

## **Section 3: Provider Guidance**

Providers should consult the current AAP immunization schedule as the primary reference for all pediatric and adolescent immunization decisions. Providers should not rely on static copies of any immunization schedule; the current AAP schedule should be accessed directly from AAP.org.

The CDC immunization schedule may be consulted as a secondary reference but should not supersede AAP recommendations where the two diverge.

## **Section 4: EPSDT Compliance**

Under federal EPSDT requirements, all immunizations identified as medically necessary through screening must be provided. Virginia DMAS follows the AAP schedule for EPSDT periodicity. This CPG is consistent with that standard. Any vaccine recommended by the AAP for a Medicaid-enrolled child or adolescent is considered a covered EPSDT benefit.

### **Section 5: References**

- American Academy of Pediatrics. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger. Available from AAP.org.
- American Academy of Pediatrics. Catch-Up Immunization Schedule for Children and Adolescents. Available from AAP.org.
- Issa AN, Wodi AP, Moser CA, Cineas S. Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2025. *MMWR Morb Mortal Wkly Rep.* 2025;74(2):26–29.
- CDC. Child and Adolescent Immunization Schedule by Age. Available from CDC.gov/vaccines.
- Virginia Department of Medical Assistance Services (DMAS). EPSDT Screening and Immunization Requirements. Available from dmas.virginia.gov.
- Navin MC, Ross LF. The US Advisory Committee on Immunization Practices Dismantled. *JAMA Pediatrics.* 2026. doi:10.1001/jamapediatrics.2026.0415.
- Hudak ML, Perrin JM, Kusma JD, Raphael JL. Medicaid and the Children's Health Insurance Program: Technical Report. *Pediatrics.* 2026;157(3):e2025075749.