

Summary of Recommendations for Child/Teen Immunization (Ages birth through 18 years) (Page 1 of 4)

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Hepatitis B (HepB) <i>Give IM</i>	<ul style="list-style-type: none"> Vaccinate all children age 0 through 18yrs. Vaccinate all newborns with monovalent vaccine prior to hospital discharge. Give dose #2 at age 1–2m and the final dose at age 6–18m (the last dose in the infant series should not be given earlier than age 24wks). After the birth dose, the series may be completed using 2 doses of single-antigen vaccine or up to 3 doses of Comvax (ages 2m, 4m, 12–15m) or Pediarix (ages 2m, 4m, 6m), which may result in giving a total of 4 doses of hepatitis B vaccine. If mother is HBsAg-positive: give the newborn HBIG + dose #1 within 12hrs of birth; complete series at age 6m or, if using Comvax, at age 12–15m. If mother’s HBsAg status is unknown: give the newborn dose #1 within 12hrs of birth. If low birth weight (less than 2000 grams), also give HBIG within 12hrs. If the mother is subsequently found to be HBsAg positive, give the infant HBIG ASAP and within 7d of birth and follow HepB immunization schedule for infants born to HBsAg-positive mothers. 	<ul style="list-style-type: none"> Do not restart series, no matter how long since previous dose. 3-dose series can be started at any age. Minimum intervals between doses: 4wks between #1 and #2, 8wks between #2 and #3, and at least 16wks between #1 and #3 (e.g., 0-, 2-, 4m; 0-, 1-, 4m). <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>Special Notes on Hepatitis B Vaccine (HepB) Dosing of HepB: Monovalent vaccine brands are interchangeable. For people age 0 through 19yrs, give 0.5 mL of either Engerix-B or Recombivax HB. Alternative dosing schedule for unvaccinated adolescents age 11 through 15yrs: Give 2 doses Recombivax HB 1.0 mL (adult formulation) spaced 4–6m apart. (Engerix-B is not licensed for a 2-dose schedule.) For preterm infants: Consult ACIP hepatitis B recommendations (<i>MMWR</i> 2005; 54 [RR-16]).*</p> </div>	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>
DTaP, DT (Diphtheria, tetanus, acellular pertussis) <i>Give IM</i>	<ul style="list-style-type: none"> Give to children at ages 2m, 4m, 6m, 15–18m, 4–6yrs. May give dose #1 as early as age 6wks. May give #4 as early as age 12m if 6m have elapsed since #3. Do not give DTaP/DT to children age 7yrs and older. If possible, use the same DTaP product for all doses. 	<ul style="list-style-type: none"> #2 and #3 may be given 4wks after previous dose. #4 may be given 6m after #3. If #4 is given before 4th birthday, wait at least 6m for #5 (age 4–6yrs). If #4 is given after 4th birthday, #5 is not needed. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylaxis to this vaccine or to any of its components. For DTaP/Tdap only: encephalopathy not attributable to an identifiable cause, within 7d after DTP/DTaP. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. History of arthus reaction following a prior dose of tetanus-toxoid-containing vaccine.
Td, Tdap (Tetanus, diphtheria, acellular pertussis) <i>Give IM</i>	<ul style="list-style-type: none"> Give Tdap to all children and teens age 11–18yrs (starting at age 11–12yrs) who have not received previous Tdap; then boost every 10yrs with Td. Tdap should be given regardless of interval since previous Td. Make special efforts to give Tdap to children and teens who are 1) in contact with infants younger than age 12m and 2) healthcare workers with direct patient contact. In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period (if not previously vaccinated). 	<ul style="list-style-type: none"> Children as young as age 7yrs and teens who are unvaccinated or behind schedule should complete a primary Td series (spaced at 0, 1–2m, and 6–12m intervals); substitute a 1-time Tdap for any dose in the series, preferably as dose #1. 	<ul style="list-style-type: none"> Guillain-Barré syndrome (GBS) within 6wks after previous dose of tetanus-toxoid-containing vaccine. For DTaP only: Any of these events following a previous dose of DTP/DTaP: 1) temperature of 105°F (40.5°C) or higher within 48hrs; 2) continuous crying for 3hrs or more within 48hrs; 3) collapse or shock-like state within 48hrs; 4) seizure within 3d. For DTaP/Tdap only: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy. <p>Note: Tdap may be given to pregnant women at the provider’s discretion.</p>
Polio (IPV) <i>Give SC or IM</i>	<ul style="list-style-type: none"> Give to children at ages 2m, 4m, 6–18m, 4–6yrs. May give dose #1 as early as age 6wks. Not routinely recommended for U.S. residents age 18yrs and older (except certain travelers). 	<ul style="list-style-type: none"> The final dose should be given on or after the 4th birthday and at least 6m from the previous dose. If dose #3 is given after 4th birthday, dose #4 is not needed if dose #3 is given at least 6m after dose #2. 	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Pregnancy.

*This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of the recommendations, call the CDC-INFO Contact Center at (800) 232-4636; visit CDC’s website at www.cdc.gov/vaccines/pubs/ACIP-list.htm; or visit the

Immunization Action Coalition (IAC) website at www.immunize.org/acip. This table is revised periodically. Visit IAC’s website at www.immunize.org/childrules to make sure you have the most current version.

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<p>Influenza Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i> Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i></p>	<ul style="list-style-type: none"> • Vaccinate all children and teens age 6m through 18yrs. • LAIV may be given to healthy, non-pregnant people age 2–49yrs. • Give 2 doses to first-time vaccinees age 6m through 8yrs, spaced 4wks apart. • For TIV, give 0.25 mL dose to children age 6–35m and 0.5 mL dose if age 3yrs and older. • If LAIV and either MMR, Var, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. 		<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine, to any of its components, or to eggs. • For LAIV only: age younger than 2yrs; pregnancy; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV); for children and teens ages 6m through 18yrs, current long-term aspirin therapy; for children age 2 through 4yrs, wheezing or asthma within the past 12m, per healthcare provider statement. <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • History of Guillain-Barré syndrome (GBS) within 6wks of a previous influenza vaccination. • For LAIV only: Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48hrs before vaccination. Avoid use of these antiviral drugs for 14d after vaccination.
<p>Varicella (Var) (Chickenpox) <i>Give SC</i></p>	<ul style="list-style-type: none"> • Give dose #1 at age 12–15m. • Give dose #2 at age 4–6yrs. Dose #2 of Var or MMRV may be given earlier if at least 3m since dose #1. • Give a 2nd dose to all older children and adolescents with history of only 1 dose. • MMRV may be used in children age 12m through 12yrs (see note below). <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>Note: For the first dose of MMR and varicella given at age 12–47mos, either MMR and Var or MMRV may be used. Unless the parent or caregiver expresses a preference for MMRV, CDC recommends that MMR and Var should be given for the first dose in this age group.</p> </div>	<ul style="list-style-type: none"> • If younger than age 13yrs, space dose #1 and #2 at least 3m apart. If age 13yrs or older, space at least 4wks apart. • May use as postexposure prophylaxis if given within 5d. • If Var and either MMR, LAIV, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Children on high-dose immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired cellular immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte percentages are either 15% or greater in children ages 1 through 8yrs or 200 cells/μL or greater in children age 9yrs and older). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination. • For MMRV only, personal or family (i.e., sibling or parent) history of seizures. <p>Note: For patients with humoral immunodeficiency or leukemia, see ACIP recommendations*.</p>
<p>MMR (Measles, mumps, rubella) <i>Give SC</i></p>	<ul style="list-style-type: none"> • Give dose #1 at age 12–15m. • Give dose #2 at age 4–6yrs. Dose #2 may be given earlier if at least 4wks since dose #1. For MMRV: dose #2 may be given earlier if at least 3m since dose #1. • Give a 2nd dose to all older children and teens with history of only 1 dose. • MMRV may be used in children age 12m through 12yrs (see note above). 	<ul style="list-style-type: none"> • If MMR and either Var, LAIV, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. • When using MMR for both doses, minimum interval is 4wks. • When using MMRV for both doses, minimum interval is 3m. • Within 72hrs of measles exposure, give 1 dose of MMR as postexposure prophylaxis to susceptible healthy children age 12m and older. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV). Note: HIV infection is NOT a contraindication to MMR for children who are not severely immunocompromised (consult ACIP MMR recommendations [<i>MMWR</i> 1998;47 [RR-8] for details*). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, or immune globulin given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. • History of thrombocytopenia or thrombocytopenic purpura. • For MMRV only, personal or family (i.e., sibling or parent) history of seizures. • Need for tuberculin skin testing (TST). If TST needed, give TST before or on same day as MMR, or give TST 4wks following MMR.

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<p>Hib (<i>Haemophilus influenzae</i> type b) Give IM</p>	<ul style="list-style-type: none"> ActHib (PRP-T): give at age 2m, 4m, 6m, 12–15m (booster dose). PedvaxHIB or Comvax (containing PRP-OMP): give at age 2m, 4m, 12–15m (booster dose). Dose #1 of Hib vaccine should not be given earlier than age 6wks. The last dose (booster dose) is given no earlier than age 12m and a minimum of 8wks after the previous dose. Hib vaccines are interchangeable; however, if different brands of Hib vaccines are administered for dose #1 and dose #2, a total of 3 doses are necessary to complete the primary series in infants. Any Hib vaccine may be used for the booster dose. Hib is not routinely given to children age 5yrs and older. Hiberix is approved ONLY for the booster dose at age 15m through 4yrs. 	<p>All Hib vaccines:</p> <ul style="list-style-type: none"> If #1 was given at 12–14m, give booster in 8wks. Give only 1 dose to unvaccinated children ages 15 through 59m. <p>ActHib:</p> <ul style="list-style-type: none"> #2 and #3 may be given 4wks after previous dose. If #1 was given at age 7–11m, only 3 doses are needed; #2 is given 4–8wks after #1, then boost at age 12–15m (wait at least 8wks after dose #2). <p>PedvaxHIB and Comvax:</p> <ul style="list-style-type: none"> #2 may be given 4wks after dose #1. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylaxis to this vaccine or to any of its components. Age younger than 6wks. <p>Precaution</p> <p>Moderate or severe acute illness.</p>
<p>Pneumococcal conjugate (PCV13) Give IM</p>	<p>As soon as feasible, replace existing stock of PCV7 with PCV13.</p> <ul style="list-style-type: none"> Give at ages 2m, 4m, 6m, 12–15m. Dose #1 may be given as early as age 6wks. When children are behind on PCV schedule, minimum interval for doses given to children younger than age 12m is 4wks; for doses given at 12m and older, it is 8wks. Give 1 dose to unvaccinated healthy children age 24–59m. For high-risk** children ages 24–71m: Give 2 doses at least 8wks apart if they previously received fewer than 3 doses; give 1 dose at least 8wks after the most recent dose if they previously received 3 doses. PCV13 is not routinely given to healthy children age 5yrs and older. <div style="border: 1px solid black; border-radius: 15px; padding: 5px; margin-top: 10px;"> <p>**High-risk: Those with sickle cell disease; anatomic or functional asplenia; chronic cardiac, pulmonary, or renal disease; diabetes; cerebrospinal fluid leaks; HIV infection; immunosuppression; diseases associated with immunosuppressive and/or radiation therapy; or who have or will have a cochlear implant.</p> </div>	<ul style="list-style-type: none"> For minimum intervals, see 3rd bullet at left. For age 7–11m: If history of 0 doses, give 2 doses of PCV13, 8wks apart, with a 3rd dose at age 12–15m; if history of 1 or 2 doses, give 1 dose of PCV13 with a 2nd dose at age 12–15m, at least 8wks later. For age 12–23m: If unvaccinated or history of 1 dose before age 12m, give 2 doses of PCV13 8wks apart; if history of 1 dose at or after age 12m or 2 or 3 doses before age 12m, give 1 dose of PCV13 at least 8wks after most recent dose; if history of 4 doses of PCV7 or other age-appropriate complete PCV7 schedule, give 1 supplemental dose of PCV13 at least 8wks after the most recent dose. For age 24–59m and healthy: If unvaccinated or any incomplete schedule or if 4 doses of PCV7 or any other age-appropriate complete PCV7 schedule, give 1 supplemental dose of PCV13 at least 8wks after the most recent dose. For age 24–71m and at high risk**: If unvaccinated or any incomplete schedule of 1 or 2 doses, give 2 doses of PCV13, 1 at least 8wks after the most recent dose and another dose at least 8wks later; if any incomplete series of 3 doses, or if 4 doses of PCV7 or any other age-appropriate complete PCV7 schedule, give 1 supplemental dose of PCV13 at least 8wks after the most recent PCV7 dose. For children ages 6 through 18yrs with functional or anatomic asplenia (including sickle cell disease), HIV infection or other immunocompromising condition, cochlear implant, or CSF leak, consider giving 1 dose of PCV13 regardless of previous history of PCV7 or PPSV. 	<p>Contraindication</p> <p>Previous anaphylaxis to a PCV vaccine, to any of its components, or to any diphtheria toxoid-containing vaccine.</p> <p>Precaution</p> <p>Moderate or severe acute illness.</p>
<p>Pneumococcal polysaccharide (PPSV) Give IM or SC</p>	<ul style="list-style-type: none"> Give 1 dose at least 8wks after final dose of PCV to high-risk children age 2yrs and older. For children who have an immunocompromising condition or have sickle cell disease or functional or anatomic asplenia, give a 2nd dose of PPSV 5yrs after previous PPSV (consult ACIP PPSV recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm). 		<p>Contraindication</p> <p>Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution</p> <p>Moderate or severe acute illness.</p>

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Rotavirus (RV) <i>Give orally</i>	<ul style="list-style-type: none"> • Rotarix (RV1): give at age 2m, 4m. • RotaTeq (RV5): give at age 2m, 4m, 6m. • May give dose #1 as early as age 6wks. • Give final dose no later than age 8m 0 days. 	<ul style="list-style-type: none"> • Do not begin series in infants older than age 14wks 6 days. • Intervals between doses may be as short as 4wks. • If prior vaccination included use of different or unknown brand(s), a total of 3 doses should be given. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine or to any of its components. If allergy to latex, use RV5. • Diagnosis of severe combined immunodeficiency (SCID). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Altered immunocompetence other than SCID. • Chronic gastrointestinal disease. • History of intussusception. • Spina bifida or bladder exstrophy.
Hepatitis A (HepA) <i>Give IM</i>	<ul style="list-style-type: none"> • Give 2 doses spaced 6m apart to all children at age 1yr (12–23m). • Vaccinate all previously unvaccinated children and adolescents age 2yrs and older who <ul style="list-style-type: none"> - Want to be protected from HAV infection. - Live in areas where vaccination programs target older children. - Travel anywhere except U.S., W. Europe, N. Zealand, Australia, Canada, or Japan. - Have chronic liver disease, clotting factor disorder, or are adolescent males who have sex with other males. - Are users of illicit drugs (injectable or non-injectable). - Anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following the adoptee’s arrival in the U.S. 	<ul style="list-style-type: none"> • Minimum interval between doses is 6m. • Children who are not fully vaccinated by age 2yrs can be vaccinated at subsequent visits. • Consider routine vaccination of children age 2yrs and older in areas with no existing program. • Give 1 dose as postexposure prophylaxis to incompletely vaccinated children age 12m and older who have recently (during the past 2wks) been exposed to hepatitis A virus. 	<p>Contraindication</p> <p>Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Pregnancy.
Meningococcal conjugate, quadrivalent (MCV4) <i>Give IM</i> <hr/> Meningococcal polysaccharide (MPSV4) <i>Give SC</i>	<ul style="list-style-type: none"> • Give MCV4 #1 routinely at age 11 through 12yrs and a booster dose at age 16yrs. • Give MCV4 to all unvaccinated teens ages 13 through 18yrs; if vaccinated at age 13–15yrs, give booster dose at age 16–18yrs. • Give 1 initial dose to unvaccinated <i>incoming</i> college students ages 19–21yrs; give booster dose to incoming students who received the most recent dose when younger than age 16yrs. Consider same vaccination strategy for <i>existing</i> college students ages 19–21yrs. • Vaccinate all children age 2yrs and older who have any of the following risk factors: <ul style="list-style-type: none"> - Anatomic or functional asplenia, or persistent complement component deficiency; give 2 doses, separated by 8wks. - Travel to or reside in countries in which meningococcal disease is hyper-endemic or epidemic (e.g., the “meningitis belt” of Sub-Saharan Africa). <p>Note: Use MPSV4 ONLY if there is a permanent contraindication or precaution to MCV4.</p>	<ul style="list-style-type: none"> • If previously vaccinated with MPSV4 or MCV4 and risk of meningococcal disease persists, revaccinate with MCV4 in 3yrs (if first dose given at age 2 through 6yrs) or in 5yrs (if previous dose given at age 7yrs or older). Then, give additional booster doses every 5yrs if risk continues. • When administering MCV4 to children with HIV infection, give 2 initial doses, separated by 8wks. 	<p>Contraindication</p> <p>Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness.
Human papillomavirus (HPV) (HPV2, Cervarix) (HPV4, Gardasil) <i>Give IM</i>	<ul style="list-style-type: none"> • Give 3-dose series to girls at age 11–12yrs on a 0, 1–2, 6m schedule. (May be given as early as age 9yrs.) • Give a 3-dose series to all older girls and women (through age 26yrs) who were not previously vaccinated. • Consider giving HPV4 to males age 9 through 26yrs to reduce their likelihood of acquiring genital warts. 	<p>Minimum intervals between doses: 4wks between #1 and #2; 12 wks between #2 and #3. Overall, there must be at least 24wks between doses #1 and #3. If possible, use the same vaccine product for all doses.</p>	<p>Contraindication</p> <p>Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Pregnancy.