

Recommended Immunization Schedule for Persons Age 0-6 Years – UNITED STATES, 2011



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association

VACCINE	AGE										
	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
Hepatitis B ¹	HepB	HepB			HepB						
Rotavirus ²			RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote 3	DTaP				DTaP
Haemophilus influenzae type b ⁴			Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵			PCV	PCV	PCV	PCV					PPSV
Inactivated Poliovirus ⁶			IPV	IPV	IPV						IPV
Influenza ⁷					Influenza (Yearly)						
Measles, Mumps, Rubella ⁸						MMR		see footnote 8			MMR
Varicella ⁹						Varicella		see footnote 9			Varicella
Hepatitis A ¹⁰						HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV4

Range of recommended ages Certain high-risk groups Range of recommended ages

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 15, 2010, for children age 0–6 years. Additional information is available at Cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations including for high-risk conditions: Cdc.gov/vaccines/pubs/ACIP-list.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at Vaers.hhs.gov or by telephone, (800) 822-7967.

- HEPATITIS B VACCINE (HepB).** (*Minimum age: birth*)
 - AT BIRTH:**
 - Administer monovalent HepB to all newborns prior to hospital discharge.
 - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
 - DOSES FOLLOWING THE BIRTH DOSE:**
 - The second dose should be administered at age 1–2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
 - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series at age 9–18 months (generally at the next well-child visit).
 - Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.
 - Infants who did not receive a birth dose should receive 3 doses of Hep B on a schedule of 0, 1, and 6 months.
 - The final dose (third or fourth) should be administered no earlier than age 24 weeks.
- ROTAVIRUS VACCINE (RV).** (*Minimum age: 6 weeks*)
 - Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants age 15 weeks or older (i.e., 15 weeks 0 days or older).
 - Administer the final dose in the series by age 8 months 0 days.
 - If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- DIPHTHERIA AND TETANUS TOXOIDS AND ACCELLULAR PERTUSSIS VACCINE (DTaP).** (*Minimum age: 6 weeks*)
 - The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- HAEMOPHILUS INFLUENZAE TYPE B CONJUGATE VACCINE (HIB).** (*Minimum age: 6 weeks*)
 - If PRP-OMP (PedvaxHIB[®] or ComVax[®] [HepB-HiB]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
 - Hiberix should not be used for doses at age 2, 4, or 6 months for the primary series but can be used as the final dose in children age 12 months through 4 years.
- PNEUMOCOCCAL VACCINE.** (*Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV]*)
 - PCV is recommended for all children younger than 5 years old. Administer 1 dose of PCV to all healthy children age 24 through 59 months who are not completely vaccinated for their age.
 - A PCV series begun with 7-valent PCV (PCV 7) should be completed with 13-valent PCV (PCV 13).
 - A single supplemental dose of PCV 13 is recommended for all children age 14 through 59 months who have received an age-appropriate series of PCV7.
 - A single supplemental dose of PCV 13 is recommended for all children age 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
 - The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See MMWR 2010:59(No.RR-01).
- ADMINISTER PPSV AT LEAST 8 WEEKS AFTER THE LAST DOSE OF PCV TO CHILDREN AGE 2 YEARS AND OLDER WITH UNDERLYING MEDICAL CONDITIONS, INCLUDING COCHLEAR IMPLANTS.**
- INACTIVATED POLIOVIRUS VACCINE (IPV).** (*Minimum age: 6 weeks*)
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
 - If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- INFLUENZA VACCINE SEASONAL.** (*Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV]*)
 - For healthy children aged 2 and older (those who do not have underlying medical conditions that predispose them to influenza complications) either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
 - Administer two doses (separated by 4 weeks or longer) to children aged 6 months through 8 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season, but only received one dose.
 - Children aged 6 months through 8 years who received no doses of monovalent 2009 H₁N₁ vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See MMWR 2010:59(No.RR-8):33-34.
- MEASLES, MUMPS, AND RUBELLA VACCINE (MMR).** (*Minimum age: 12 months*)
 - The second dose of MMR may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- VARICELLA VACCINE.** (*Minimum age: 12 months*)
 - The second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
 - For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- HEPATITIS A VACCINE (HepA).** (*Minimum age: 12 months*)
 - Administer 2 doses at least 6 months apart.
 - Hep A is recommended for children older than 23 months who live in areas where vaccination programs target older children, who are at increased risk of infection, or for whom immunity against Hepatitis A is desired.
- MENINGOCOCCAL CONJUGATE, QUADRIVALENT (MCV4).** (*Minimum age: 2 years*)
 - Administer 2 doses of MCV4 at least 8 weeks apart to children age 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
 - Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
 - Administer 1 dose of MCV4 to children age 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
 - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years if the first dose was administered at age 2 through 6 years.

The Recommended Immunization Schedules for Persons Age 0–18 Years are approved by the Advisory Committee on Immunization Practices (Cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (Aap.org), and the American Academy of Family Physicians (Aafp.org).

Recommended Immunization Schedule for Persons Age 7-18 Years – UNITED STATES, 2011



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association

VACCINE	AGE		
	7-10 YEARS	11-12 YEARS	13-18 YEARS
Tetanus, Diphtheria, Pertussis ¹		Tdap	Tdap
Human Papillomavirus ²	see footnote 2	HPV (3 doses) (females)	HPV Series
Meningococcal ³	MCV4	MCV4	MCV4
Influenza ⁴	Influenza (Yearly)		
Pneumococcal ⁵	Pneumococcal		
Hepatitis A ⁶	HepA Series		
Hepatitis B ⁷	HepB Series		
Inactivated Poliovirus ⁸	IPV Series		
Measles, Mumps, Rubella ⁹	MMR Series		
Varicella ¹⁰	Varicella Series		

Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 21, 2010, for children age 7–18 years. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: Cdc.gov/vaccines/pubs/ACIP-list.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at Vaers.hhs.gov, or by telephone (800) 822-7967. Additional information is available at Cdc.gov/vaccines/recs/schedules.

1. TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS

VACCINE (Tdap). (Minimum age: 10 years for BOOSTRIX[®] and 11 years for ADACEL[®])

- Persons age 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap.
- Persons age 11 through 18 years who have not received Tdap should receive a dose, followed by Td booster doses every 10 years thereafter.
- Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

2. HUMAN PAPILLOMAVIRUS VACCINE (HPV). (Minimum age: 9 years)

- Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers in females.
- HPV4 is recommended for the prevention of cervical precancers and cancers and genital warts in females.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.

3. MENINGOCOCCAL CONJUGATE VACCINE, QUADRIVALENT (MCV4).

(Minimum age: 2 years)

- Administer MCV4 at age 11–12 years with a booster dose at age 16 years.
- Administer 1 dose at age 13–18 years if not previously vaccinated.
- Persons who received their first dose at age 13 through 15 years should receive a booster at age 16 through 18 years.
- Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
- Administer 2 doses at least 8 weeks apart to children age 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
- Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children age 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).

4. INFLUENZA VACCINE (SEASONAL).

- For healthy non pregnant persons aged 7 through 18 years (those who do not have underlying medical conditions that predispose them to influenza complications) either LAIV or TIV may be used.
- Administer two doses (separated by 4 weeks or longer) to children age 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received one dose.
- Children 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See MMWR 2010;59(No.RR-8). 33-34.

5. PNEUMOCOCCAL VACCINES.

- A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children age 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See MMWR 2010;59(No.RR-11).
- The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
- Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children age 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.

6. HEPATITIS A VACCINE (HepA).

- Administer the 2 doses in the series at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

7. HEPATITIS B VACCINE (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series separated by 4 months of adult formulation Recombivax HB[®] is licensed for children age 11–15 years.

8. INACTIVATED POLIOVIRUS VACCINE (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. MEASLES, MUMPS, AND RUBELLA VACCINE (MMR).

- The minimum interval between the 2 doses is 4 weeks.

10. VARICELLA VACCINE.

- For persons age 7 through 18 years without evidence of immunity (see MMWR 2007;56(No. RR-4)), administer 2 doses if not previously vaccinated or the second dose if they have received only one dose.
- For persons age 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- For persons age 13 years or older, the minimum interval between doses is 4 weeks.