

Summary of Recommendations for Childhood and Adolescent Immunization

Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP)* by the Immunization Action Coalition, November 2006

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and other related issues	Contraindications and precautions (mild illness is not a contraindication)
Hepatitis B <i>Give IM</i>	<ul style="list-style-type: none"> Vaccinate all children ages 0 through 18yrs. Vaccinate all newborns with monovalent vaccine prior to hospital discharge. Give dose #2 at 1–2m and the final dose at 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 12–15m. If mother’s HBsAg status is unknown: give the newborn dose #1 within 12hrs of birth. If mother is subsequently found to be HBsAg positive, give infant HBIG within 7d of birth and follow the 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 spacing between doses: 4wks between #1 and #2, 8wks between #2 and #3, and at least 16wks between #1 and #3 (e.g., 0-, 0-, 2-, 4m; 0-, 1-, 4m). <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Special Notes on Hepatitis B Vaccine (HepB) Dosing of HepB: Vaccine brands are interchangeable. For persons ages 0 through 19yrs, give 0.5 mL of either Engerix-B or Recombivax HB. Alternative dosing schedule for unvaccinated adolescents ages 11 through 15yrs: Give 2 doses Recombivax HB 1.0mL (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 and the child is unlikely to return at age 15–18m. 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 within 7d after DTP/DTaP. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Guillain-Barré syndrome within 6wks after previous dose of tetanus toxoid-containing vaccine.
Td, Tdap (Tetanus, diphtheria, acellular pertussis) <i>Give IM</i>	<ul style="list-style-type: none"> Give Tdap booster dose to adolescents age 11–12yrs if 5yrs have elapsed since last dose DTaP/DTP; boost every 10yrs with Td. Give 1-time Tdap to all adolescents who have not received previous Tdap. Special efforts should be made to give Tdap to persons age 11yrs and older who are <ul style="list-style-type: none"> in contact with infants younger than age 12m. 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. 	<ul style="list-style-type: none"> If never vaccinated with tetanus- and diphtheria-containing vaccine: give Td dose #1 now, dose #2 4wks later, and dose #3 6m after #2, then give booster every 10yrs. A 1-time Tdap may be substituted for any dose in the series. Intervals of 2yrs or less between Td and Tdap may be used if needed. 	<ul style="list-style-type: none"> For DTaP only: Any of these occurrences 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) convulsion with or without fever within 3d. For DTaP/Tdap only: Unstable neurologic disorder. <p>Note: Use of Td or Tdap is not contraindicated in pregnancy. At the provider’s discretion, either vaccine may be administered during the 2nd or 3rd trimester.</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 #1 as early as age 6wks. Not routinely recommended for those age 18yrs and older (except certain travelers). 	<ul style="list-style-type: none"> All doses should be separated by at least 4wks. If dose #3 is given after 4th birthday, dose #4 is not needed. 	<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.
Human Papillomavirus (HPV) <i>Give IM</i>	<ul style="list-style-type: none"> Give 3-dose series to girls at age 11–12yrs on a 0, 2, 6m schedule. May be given as early as age 9yrs. Vaccinate all older females (through age 26yrs) not previously vaccinated. 	<ul style="list-style-type: none"> Dose #2 may be given 4wks after dose #1. Dose #3 may be given 12wks 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.

*For specific ACIP recommendations, refer to the official ACIP statements published in *MMWR*. To obtain copies of these statements, call the CDC-INFO Contact Center at (800) 232-4636; visit CDC’s website at www.cdc.gov/nip/publications/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. IAC thanks William Atkinson, MD, MPH, from CDC’s National Center for Immunization and Respiratory Diseases for his assistance. For more information, contact IAC at 1573 Selby Avenue, St. Paul, MN 55104, (651) 647-9009, or email admin@immunize.org.

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Varicella (Var) (Chickenpox) <i>Give SC</i>	<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 3m since dose #1. • Give a routine second dose to all older children and adolescents with history of only 1 dose. • MMRV may be used in children 12m through 12yrs. 	<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 4–8wks apart. • May use as postexposure prophylaxis if given within 3–5d. • 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 immunocompromised because of high doses of systemic steroids, cancer, leukemia, lymphoma, or immunodeficiency. Note: For patients with humoral immunodeficiency, HIV infection, or leukemia, or for patients on high doses of systemic steroids, see ACIP recommendations*. <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.
MMR (Measles, mumps, rubella) <i>Give SC</i>	<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. • If a dose was given before age 12m, it doesn't count as the first dose, so give #1 at age 12–15m with a minimum interval of 4wks between the invalid dose and dose #1. • MMRV may be used in children 12m through 12yrs. 	<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 (not MMRV) for both doses, minimum interval is 4wks. 	<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; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, or immune globulin given in past 11m or if on high-dose immunosuppressive therapy, see ACIP statement <i>General Recommendations on Immunization*</i> regarding delay time. • History of thrombocytopenia or thrombocytopenic purpura. <p>Note: MMR is not contraindicated if a PPD (tuberculosis skin test) was recently applied. If PPD and MMR not given on same day, delay PPD for 4–6wks after MMR.</p>
Influenza Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i> Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i>	<ul style="list-style-type: none"> • On an annual basis, vaccinate all children ages 6–59m, as well as all siblings and household contacts of children ages 0–59m. • Vaccinate persons 5yrs and older who <ul style="list-style-type: none"> - have a risk factor (e.g., pregnancy, heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathy, immunosuppression, on long-term aspirin therapy, or have a condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration) or live in a chronic-care facility. - live or work with at-risk people as listed above. • Vaccinate any person wishing to reduce the likelihood of becoming ill with influenza. • LAIV may be given to healthy, non-pregnant persons ages 5–49yrs. • Give 2 doses to first-time vaccinees ages 6m through 8yrs. For TIV, space 4wks apart; for LAIV, space 6wks apart (no younger than age 5yrs). • For TIV, give 0.25 mL dose to children ages 6–35m and 0.5 mL dose if age 3yrs and older. 		<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: Pregnancy, asthma, reactive airway disease, or other chronic disorder of the pulmonary or cardiovascular systems; an underlying medical condition, including metabolic diseases such as diabetes, renal dysfunction, and hemoglobinopathies; a known or suspected immune deficiency disease or receiving immunosuppressive therapy; history of Guillain-Barré syndrome. <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • For TIV only: History of Guillain-Barré syndrome within 6wks of previous TIV.
Rotavirus (Rota) <i>Give orally</i>	<ul style="list-style-type: none"> • Give a 3-dose series at ages 2m, 4m, 6m. • May give dose #1 as early as age 6wks. • Give dose #3 no later than age 32wks. 	<ul style="list-style-type: none"> • Do not begin series in infants older than age 12wks. • Dose #2 and #3 may be given 4wks after previous dose. 	<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. • Altered immunocompetence. • Moderate to severe acute gastroenteritis or chronic gastrointestinal disease. • History of intussusception.

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<p>Hib (<i>Haemophilus influenzae</i> type b) Give IM</p>	<ul style="list-style-type: none"> • HibTITER (HbOC) and ActHib (PRP-T): give at 2m, 4m, 6m, 12–15m (booster dose). • PedvaxHIB or Comvax (containing PRP-OMP): give at 2m, 4m, 12–15m. • Dose #1 of Hib vaccine may be given no 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, a total of three 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. 	<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 from age 15m to 5yrs. <p>HibTITER and ActHib:</p> <ul style="list-style-type: none"> • #2 and #3 may be given 4 wks after previous dose. • If #1 was given at 7–11m, only 3 doses are needed; #2 is given 4–8wks after #1, then boost at 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>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>
<p>Pneumo. conjugate (PCV) Give IM</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. • Give 1 dose to unvaccinated healthy children ages 24–59m. • Give 2 doses at least 8wks apart to unvaccinated high-risk** children ages 24–59m. • PCV is not routinely given to 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/functional asplenia; chronic cardiac, pulmonary, or renal disease; diabetes; cerebrospinal fluid leaks; HIV infection; immunosuppression; or who have or will have a cochlear implant.</p> </div>	<ul style="list-style-type: none"> • For ages 7–11m: If history of 0–2 doses, give additional doses 4wks apart with no more than 3 total doses by age 12m; then give booster 8wks later. • For ages 12–23m: If 0–1 dose before age 12m, give 2 doses at least 8wks apart. If 2–3 doses before age 12m, give 1 dose at least 8wks after previous dose. • For ages 24–59m: If patient has had no previous doses, or has a history of 1–3 doses given before age 12m but no booster dose, or has a history of only 1 dose given at 12–23m, give 1 dose now. 	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>
<p>Pneumo. polysacch. (PPV) 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 are immunocompromised or have sickle cell disease or functional or anatomic asplenia, give a 2nd dose of PPV 3–5yrs after previous PPV (consult ACIP PPV recommendations [MMWR 1997;46 [RR-8] for details*). 		<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>
<p>Hepatitis A Give IM</p>	<ul style="list-style-type: none"> • Give 2 doses to all children at age 1yr (12–23m) spaced 6m apart. • Vaccinate all children and adolescents age 2 years and older who <ul style="list-style-type: none"> - Live in a state, county, or community with a routine vaccination program already in place for children ages 2yrs and older. - Travel anywhere except U.S., W. Europe, N. Zealand, Australia, Canada, or Japan. - Wish to be protected from HAV infection. - Have chronic liver disease, clotting factor disorder, or are MSM adolescents. 	<ul style="list-style-type: none"> • Minimum interval between doses is 6m. • Consider routine vaccination of children ages 2yrs and older in areas with no existing program. 	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>
<p>Meningococcal conjugate (MCV4) Give IM</p> <p>polysaccharide (MPSV4) Give SC</p>	<ul style="list-style-type: none"> • Give 1-time dose of MCV4 to adolescents ages 11–12yrs, to adolescents at high school entry (approximately age 15yrs), and to college freshmen living in dormitories. • Vaccinate all children age 2yrs and older who have any of the following risk factors (use MPSV4 if age younger than 11yrs and MCV4 if age 11yrs and older): <ul style="list-style-type: none"> - Anatomic or functional asplenia, or terminal complement component deficiencies. - Travel to, or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of Sub-Saharan Africa). <p>Note: Other adolescents who wish to decrease their risk of meningococcal disease may be vaccinated with MCV4.</p>	<p>If previously vaccinated with MPSV4 and risk continues, give MCV4 5yrs after MPSV4.</p>	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components, including diphtheria toxoid (for MCV4).</p> <p>Precaution Moderate or severe acute illness.</p> <p>Note: MCV4 is not licensed for use in children younger than age 11 yrs.</p>