### The 2011 Child and Adolescent Immunization Schedules

#### Table 1

**Recommended Immunization Schedule for Persons Aged 0 Through 6 Years**

**United States, 2011**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>HepB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td>RV</td>
<td>RV</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td></td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>see footnote 3</td>
<td>DTaP</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b</td>
<td></td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Inactivated Poliovirus</td>
<td></td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Influenza</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MMR</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Varicella</td>
<td></td>
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<td>Varicella</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HepA (2 doses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MCV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Certain high-risk groups

**Range of recommended ages**

#### Table 2

**Recommended Immunization Schedule for Persons Aged 7 Through 18 Years**

**United States, 2011**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>7-10 years</th>
<th>11-12 years</th>
<th>13-18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
<td></td>
<td></td>
<td>Tdap</td>
<td>Tdap</td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td></td>
<td>see footnote 2</td>
<td>HPV (3 doses) (females)</td>
<td>HPV Series</td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td>MCV4</td>
<td>MCV4</td>
<td>MCV4</td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td>Influenza (Yearly)</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td>Pneumococcal</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td>Hep A Series</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td>HepB Series</td>
<td></td>
</tr>
<tr>
<td>Inactivated Poliovirus</td>
<td></td>
<td></td>
<td>IPV Series</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
<td>MMR Series</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td>Varicella Series</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Certain high-risk groups

**Range of recommended ages for catch-up immunization**

See footnotes on page 2
Footnotes to Table 1 (verso)

1. Hepatitis B vaccine (HepB). (Minimum age: birth)
   At birth:
   • Administer monovalent HepB to all newborns before hospital discharge.
   • If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB at birth.
   • HBsAg status as soon as possible and, if HBsAg-positive, administer HBlg (no later than age 1 week).

2. 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 aged 15 weeks 0 days or older.
   • The maximum age for the final dose in the series is 8 months 0 days.
   • If Rotavirus is administered at ages 2 and 4 months, dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (D TaP). (Minimum age: 6 weeks)
   • The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)
   • If PRPOMP (PedvaxHIB or Comvax-HepB-Hib) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
   • Hibrix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PCV])
   • PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   • A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
   • A single supplemental dose of PCV13 is recommended for all children aged 1 through 59 months who have received an age-appropriate series of PCV7.
   • A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.

6. Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)
   • If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
   • The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

7. 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 years and older (i.e., 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 2 doses (separated by at least 4 weeks) to children aged 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 1 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(RR-8):33-4.

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)
   • The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)
   • The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
   • For children aged 12 months through 12 years the recommended minimum interval between doses is 5 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)
    • Administer 2 doses 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.
11. Meningococcal conjugate vaccine, quadrivalent (MCV4). (Minimum age: 2 years)
- Administer 2 doses of MCV4 at least 8 weeks apart to children aged 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 aged 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.
- Administer 2 doses (separated by at least 4 weeks) to children aged 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 1 dose.
- Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See MMWR 2010;59(RR-8):3-4.
5. Pneumococcal vaccines
- A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising conditions, coexisting medical conditions or a CSF leak. See MMWR 2010;59(RR-11).
- The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
- A single dose of PCV13 may be given as a vaccine (PCV13) to all healthy children aged 24 through 59 months with any incomplete PCV schedule (PCV7 or PCV13).
- For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV13 if 3 doses of PCV were received previously or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
- A single dose of PCV13 is recommended for certain children with underlying medical conditions through 18 years of age. See age-specific schedules for details.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. 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 2 doses 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, or 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 not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 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.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- The minimum interval between the 2 doses of MMR is 4 weeks.
- Varicella vaccine.
- For persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56[RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose was previously administered.
- For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 22 months following the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 4 weeks.
10. Tetanus and diphtheria toxoids vaccine (Td). (Minimum age: 2 years)
- Administer 2 doses (separated by at least 4 weeks) to children aged 2 through 10 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 1 dose.
- Children aged 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See MMWR 2010;59(RR-8):3-4.
- The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
- A single dose of PCV13 may be given as a vaccine (PCV13) to all healthy children aged 24 through 59 months with any incomplete PCV schedule (PCV7 or PCV13).
- For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV13 if 3 doses of PCV were received previously or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
- A single dose of PCV13 is recommended for certain children with underlying medical conditions through 18 years of age. See age-specific schedules for details.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
6. 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.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
7. Measles, mumps, and rubella vaccine (MMR).
- Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.
8. Varicella vaccine.
- Administer the second dose routinely at age 4 through 6 years.
- If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
9. Hepatitis A vaccine (HepA).
- HepA is recommended for children aged older than age 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Td-IPV).
- Doses of Td/IPV are counted as part of the Td/TdIPV series.
- Tdap should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years or as a booster for children aged 11 through 18 years; use Td for other doses.
11. Human papillomavirus vaccine (HPV).
- Administer the series to females at age 13 through 18 years if not previously vaccinated or have not completed the vaccine series.
- Quadrivalent HPV vaccine (HPV4) may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). The minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be administered at least 24 weeks after the first dose.
### Catch-up Immunization Schedule, Ages 4 Months Through 18 Years

**Starting late or more than one month behind—United States, 2011**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Min. Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Persons Aged 4 Months–6 Years</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks (and at least 16 weeks after first dose)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rotavirus^2</td>
<td>6 wks</td>
<td>4 weeks</td>
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</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis^3</td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
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<tr>
<td>Haemophilus influenzae type b^4</td>
<td>6 wks</td>
<td>4 weeks</td>
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<tr>
<td>Pneumococcal^5</td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
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</tr>
<tr>
<td>Inactivated Poliovirus^6</td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella^7</td>
<td>12 mos</td>
<td>4 weeks</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Varicella^8</td>
<td>12 mos</td>
<td>3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12 mos</td>
<td>6 months</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Persons Aged 7–18 Years</strong></td>
<td></td>
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</tr>
<tr>
<td>Tetanus, Diphtheria/Tetanus, Diphtheria, Pertussis^10</td>
<td>7 yrs^10</td>
<td>4 weeks</td>
<td>4 weeks if first dose administered at age &lt;12 months</td>
<td>6 months if first dose administered at age ≥12 months.</td>
<td>6 months if first dose administered at age &lt;12 months.</td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus^11</td>
<td>9 yrs</td>
<td>6 months</td>
<td>6 months if first dose administered at age &gt;12 months</td>
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</tr>
<tr>
<td>Hepatitis A</td>
<td>12 mos</td>
<td>8 weeks</td>
<td>(and at least 16 weeks after first dose)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated Poliovirus^6</td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella^7</td>
<td>12 mos</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella^8</td>
<td>12 mos</td>
<td>3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Doses should be spaced as far apart as possible.*  
Routined dosing intervals are recommended (females).  

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