

Recommended Immunization Schedule for Persons Aged 0–6 Years — UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

| 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 | | see footnote 1 | HepB | | | | | | |
| Rotavirus ² | | | | Rota | Rota | Rota | | | | | | |
| 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 | | | | PPV | |
| Inactivated Poliovirus | | | IPV | IPV | | IPV | | | | | | IPV |
| Influenza ⁶ | | | | | | | Influenza (Yearly) | | | | | |
| Measles, Mumps, Rubella ⁷ | | | | | | | MMR | | | | | MMR |
| Varicella ⁸ | | | | | | | Varicella | | | | | Varicella |
| Hepatitis A ⁹ | | | | | | | HepA (2 doses) | | | | HepA Series | |
| Meningococcal ¹⁰ | | | | | | | | | | | MCV4 | |

 Range of recommended ages

 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions**: <http://www.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 www.vaers.hhs.gov or by telephone, 800-822-7967. **FOOTNOTES ON REVERSE SIDE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by:
Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip>)
American Academy of Pediatrics (<http://www.aap.org>)
American Academy of Family Physicians (<http://www.aafp.org>)

More information regarding vaccine administration can be obtained from the websites above or the CDC-INFO contact center:
800-CDC-INFO
ENGLISH & ESPAÑOL – 24/7
[800-232-4636]

Keep track of your child's immunizations with the
CDC Childhood Immunization Scheduler
http://www.2a.cdc.gov/nip/kidstuff/newscheduler_le/

FOOTNOTES

1. 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 the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (*Minimum age: 6 weeks*)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular 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.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (*Minimum age: 6 weeks*)

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine.

(*Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV]*)

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

6. Influenza vaccine. (*Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV]*)

- Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR).

(*Minimum age: 12 months*)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

8. Varicella vaccine. (*Minimum age: 12 months*)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Do not repeat second dose if administered 28 days or more after first dose.

9. Hepatitis A vaccine (HepA). (*Minimum age: 12 months*)

- Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (*Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4]*)

- Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.