

Injectable Vaccine Administration for Children 7-18 Years

Vaccine	Age/Reminders	Route	Site*	Needle*	Contraindications ⊕
Tetanus, diphtheria (Td)	7 years and older	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Tetanus, diphtheria, pertussis (Tdap)	Routinely given at age 11-12 years; one dose ■	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy within 7 days of previous pertussis vaccine without other known cause
Hepatitis B (hep B)	1 st dose at birth; last dose at/after 6 mo	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1 st dose at/after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, or polymyxin B)
		IM	Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1 st dose at/after 12 mo	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	1 st dose at/after 12 mo 12mo-12 yr: 3 months between dose 1 & 2	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	Assure vaccine brand being used is age-appropriate	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Meningococcal Conjugate (MCV4)	Routinely given at age 11-12 yrs; catch-up all adolescents 13-18 yrs	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component; history of GBS
Human Papilloma-virus (HPV4)	Females 9 through 26 years	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to baker's yeast
Hepatitis A (hep A)	1 st dose at/after 12 mo 2 nd dose 6 mo later	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

* Professional judgment is appropriate when selecting needle length and administration site; do not administer vaccines in buttocks

⊕ See package insert for complete contraindication listing; components may vary by brand of vaccine used

■ Two Tdap vaccines available: Boostrix® (GSK) is licensed for persons 10-18 yrs; ADACEL™ (sanofi pasteur) licensed for persons 11-64 yrs.

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Injectable Vaccines for Selected Populations**

Vaccine	Recommendation for use and age	Route	Site*	Needle Length*	Contraindications⊕
Meningococcal Polysaccharide (MPSV4)	<ul style="list-style-type: none"> • For children 2 years and older at high risk for meningococcal disease and MCV4 (conjugate) is not available • For persons with a history of Guillain-Barre syndrome (GBS) 	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose of component
Pneumococcal polysaccharide (PPV 23)	<ul style="list-style-type: none"> • For children 2 yrs and older at high risk for invasive pneumococcal disease • Given after completion of an age-appropriate PCV7 series <ul style="list-style-type: none"> - Minimum interval of 8 weeks between PCV7 and PPV23 	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
		SC	Lateral Upper Arm	5/8" 23-25g	

*Professional judgment is appropriate when selecting needle length and administration site; do not administer vaccines in buttocks

⊕ See package insert for complete contraindication listing; components may vary by brand of vaccine used

** Refer to Recommended Childhood and Adolescent Immunization Schedule (available in Child/Adolescent Immunization Section of the AIM Kit on online at www.cdc.gov/vaccines) for information on the selected populations.