This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a 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: [http://www.cdc.gov/vaccines/pubs/acip-list.htm](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) at [http://www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

The Recommended Immunization Schedules for Persons Aged 0 through 18 Years are approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

### Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

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

<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>
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<tbody>
<tr>
<td><strong>Hepatitis B</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
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<td>HepB</td>
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<td><strong>Rotavirus</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
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<td>RV</td>
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<td><strong>Diphtheria, Tetanus, Pertussis</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td>DTaP</td>
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<td><strong>Inactivated Poliovirus</strong>&lt;sup&gt;6&lt;/sup&gt;</td>
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<td>MMR</td>
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<tr>
<td><strong>Measles, Mumps, Rubella</strong>&lt;sup&gt;8&lt;/sup&gt;</td>
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<td>Varicella</td>
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<tr>
<td><strong>Meningococcal</strong>&lt;sup&gt;11&lt;/sup&gt;</td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Vaccine Administration

- Hepatitis B: 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 or older.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP): Infant doses should be administered no earlier than age 24 weeks.
- Haemophilus influenzae type b (Hib): Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to Hib at ages 1 to 2 months after completion of at least 3 doses of the Hib series, at age 9 through 18 months (generally at the next well-child visit). Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- Varicella: Administer the first dose at age 12 months (minimum age: 12 months) and at least 6 months following the previous dose.
- Rotavirus: Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to Hib at ages 1 to 2 months after completion of at least 3 doses of the Hib series, at age 9 through 18 months (generally at the next well-child visit). Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- Haemophilus influenzae type b (Hib): Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to Hib at ages 1 to 2 months after completion of at least 3 doses of the Hib series, at age 9 through 18 months (generally at the next well-child visit). Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- Varicella: Administer the first dose at age 12 months (minimum age: 12 months) and at least 6 months following the previous dose.

### Additional Notes

- **Hepatitis A**: 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 or older.
- **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)**: Infant doses should be administered no earlier than age 24 weeks.
- **Haemophilus influenzae type b (Hib)**: Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to Hib at ages 1 to 2 months after completion of at least 3 doses of the Hib series, at age 9 through 18 months (generally at the next well-child visit). Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- **Varicella**: Administer the first dose at age 12 months (minimum age: 12 months) and at least 6 months following the previous dose.
- **Haemophilus influenzae type b (Hib)**: Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to Hib at ages 1 to 2 months after completion of at least 3 doses of the Hib series, at age 9 through 18 months (generally at the next well-child visit). Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- **Varicella**: Administer the first dose at age 12 months (minimum age: 12 months) and at least 6 months following the previous dose.

### Additional Notes

- **Hepatitis A**: 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 or older.
- **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)**: Infant doses should be administered no earlier than age 24 weeks.
- **Haemophilus influenzae type b (Hib)**: Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to Hib at ages 1 to 2 months after completion of at least 3 doses of the Hib series, at age 9 through 18 months (generally at the next well-child visit). Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.
- **Varicella**: Administer the first dose at age 12 months (minimum age: 12 months) and at least 6 months following the previous dose.
### Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010

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

<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, Pertussis¹</td>
<td>Tdap</td>
<td>Tdap</td>
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<tr>
<td>Human Papillomavirus²</td>
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<tr>
<td>Meningococcal³</td>
<td>MCV</td>
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<td>MCV</td>
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<tr>
<td>Influenza⁴</td>
<td>Influenza (Yearly)</td>
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<tr>
<td>Pneumococcal⁵</td>
<td>PPSV</td>
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<tr>
<td>Hepatitis A⁶</td>
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<tr>
<td>Hepatitis B⁷</td>
<td>Hep B Series</td>
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<tr>
<td>Inactivated Poliovirus⁸</td>
<td>IPV Series</td>
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</tr>
<tr>
<td>Measles, Mumps, Rubella⁹</td>
<td>MMR Series</td>
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<td></td>
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</tr>
<tr>
<td>Varicella¹⁰</td>
<td>Varicella Series</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

**2. Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
- Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
- HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
- HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
- HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
- Administer the first dose to females at age 11 or 12 years.
- 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).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- 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 (MCV4).**
- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, or certain other conditions placing them at high risk.
- Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk 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). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See MMWR 2009;58:1042–3.

**4. Influenza vaccine (seasonal).**
- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 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 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine. See MMWR 2009;58(No. RR-10).

**5. Pneumococcal polysaccharide vaccine (PPSV).**
- Administer to children 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. See MMWR 1997;46(No. RR-8).

**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, 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.
- 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.
- 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).**
- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

**10. Varicella vaccine.**
- For persons aged 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 only 1 dose has been administered.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a 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: 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) at http://www.vaers.hhs.gov or by telephone, 800-822-7967.