2009 SUMMARY OF PEDIATRIC & ADOLESCENT IMMUNIZATION RECOMMENDATIONS

Department of Health and Human Services Centers for Disease Control and Prevention

RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 0-6 YEARS

United States **2009**

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]			RV	RV	*RV*[2]						
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				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza[6]					Influenza (Yearly)						
Measles, Mumps, Rubella[7]						MMR		*see footnote 7*			MMR
Varicella[8]						Varicella		*see footnote 8*			Varicella
Hepatitis A[9]						HepA (2 doses)				HepA Series	
Meningococcal[10]										MCV	

Range of recommended ages

Certain high-risk groups

Footnotes on pg 2

Department of Health and Human Services Centers for Disease Control and Prevention

RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 7-18 YEARS

United States **2009**

Vaccine ▼ Age ▶	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis[1]	*see footnote 1*	Tdap	Tdap
Human Papillomavirus[2]	*see footnote 2*	HPV (3 doses)	HPV Series
Meningococcal[3]	MCV	MCV	MCV
Influenza[4]	Influenza (Yearly)		
Pneumococcal[5]	PPSV		
Hepatitis A[6]	HepA Series		
Hepatitis B[7]	HepB Series		
Inactivated Poliovirus[8]	IPV Series		
Measles, Mumps, Rubella[9]	MMR Series		
Varicella[10]	Varicella Series		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

Footnotes on pg 2

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including 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 http://www.vaers.hhs.gov or by telephone, 800-822-7967.

IMPORTANT INFORMATION AND PHONE NUMBERS:

Report suspected cases of vaccine-preventable diseases to your local or state health department.

- Department of Public Health, Immunization Branch (510) 620-3737
- Department of Public Health, Vaccines for Children Program (877) 243-8832
- Local Health Department, Immunization Program
- Local Health Department, Disease Control

The information on this chart is adapted from ACIP General Recommendations on Immunization. For detailed information on immunization recommendations and vaccines go to

- www.cdc.gov/vaccines
- or call the National Immunization Information Hotline at 1-800-CDC-INFO (1-800-232-4636)
- www.eziz.org

AGE 0–6 YEARS PEDIATRIC SCHEDULE FOOTNOTES:

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 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 mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

   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 or 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 (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

   4-month dose:
   - Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

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 or older (i.e., 15 weeks 0 days or older).
   - Administer the final dose in the series by age 8 months 0 days.
   - If Rotarix® is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** ***(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.
   - Administer the final dose in the series at age 4 through 6 years.

4. ***Haemophilus influenzae* type b conjugate vaccine (Hib).** ***(Minimum age: 6 weeks)***
   - If PRP-OMP (PedvaxHIB® or Comvax® [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
   - TriHiBit® (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

5. **Pneumococcal vaccine.** ***(Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])***
   - 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.
   - Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

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 months through 18 years.
   - For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
   - Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
   - 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.

7. **Measles, mumps, and rubella vaccine (MMR).** ***(Minimum age: 12 months)***
   - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

8. **Varicella vaccine.** ***(Minimum age: 12 months)***
   - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
   - For children aged 12 months 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.

9. **Hepatitis A vaccine (HepA).** ***(Minimum age: 12 months)***
   - Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
   - Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
   - HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

10. **Meningococcal vaccine.** ***(Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])***
    - Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7).
    - Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

AGE 7–18 YEARS ADOLESCENT SCHEDULE FOOTNOTES:

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)***
   - Administer the first dose to females at age 11 or 12 years.
   - Administer the second dose 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.

3. **Meningococcal conjugate vaccine (MCV).**
   - 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.
   - MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See *MMWR* 2005;54(No. RR-7).
   - Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.

4. **Influenza vaccine.**
   - Administer annually to children aged 6 months through 18 years.
   - For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, 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.

5. **Pneumococcal polysaccharide vaccine (PPSV).**
   - Administer to children with certain underlying medical conditions (see *MMWR* 1997;46[No. RR-8]), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.

6. **Hepatitis A vaccine (HepA).**
   - Administer 2 doses at least 6 months apart.
   - HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

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).**
   - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
   - 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 they have received only 1 dose.
    - 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.

NOTES

CATCH-UP IMMUNIZATION SCHEDULE FOR PERSONS AGED 4 MONTHS–18 YEARS WHO START LATE OR WHO ARE MORE THAN 1 MONTH BEHIND

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Hepatitis B[1]	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus[2]	6 wks	4 weeks	4 weeks[2]		
Diphtheria, Tetanus, Pertussis[3]	6 wks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 weeks[4] if current age is younger than 12 months 8 weeks (as final dose)[4] if current age is 12 months or older and second dose administered at younger than age 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal[5]	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	3 months			
Hepatitis A[9]	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis[10]	7 yrs[10]	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus[11]	9 yrs	Routine dosing intervals are recommended[11]			
Hepatitis A[9]	12 mos	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	3 months if the person is younger than age 13 years 4 weeks if the person is aged 13 years or older			

1. 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.

2. Rotavirus vaccine (RV).
- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix® was administered for the first and second doses, a third dose is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).
- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).
- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB® or Comvax®), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.

5. Pneumococcal vaccine.
- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant, at least 8 weeks after the last dose of PCV.

6. Inactivated poliovirus vaccine (IPV).
- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- 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.

7. Measles, mumps, and rubella vaccine (MMR).
- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

8. Varicella vaccine.
- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months 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.

9. Hepatitis A vaccine (HepA).
- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).
- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 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.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 2 and 6 months after the first dose). However, 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 given at least 24 weeks after the first dose.

NOTES

Protect Your Patients. Protect Your Vaccine.

Freeze MMR, MMRV, and Varicella.

Aim for 0º F

5º F or below

(-15° C or below)

Don't let temps get too warm!

Refrigerate all other vaccines.

Aim for 40º F

Don't freeze liquid vaccines!

35°F - 46°F

(2°C – 8°C)

Don't let temps get too warm!

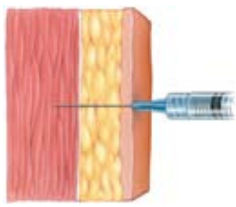
Most inactivated vaccines are harmed if they are frozen (32°F and below). Live vaccines are harmed by heat or light.

VACCINE ADMINISTRATION

Intramuscular (IM)

Do not use buttocks (gluteus maximus)

IM needle length:
Infant, Child – 1 inch, 23-25 gauge

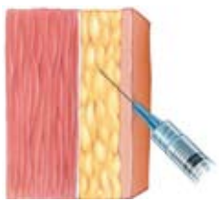


This is the suggested IM needle length for average infant or child: needle length may need to be extended for children with increased body mass.

Anatomic sites:
Infant – Anterolateral thigh (vastus lateralis muscle)
Child (usually over 36 months) – Anterolateral thigh (vastus lateralis muscle), or upper arm (deltoid muscle)
Adolescent – Upper arm (deltoid muscle)

Subcutaneous (SC)

SC needle length:
5/8 inch, 25 gauge



Anatomic sites:
Subcutaneous tissue of thigh or upper arm

Vaccines may be given IM or SC:
- Inactivated polio (IPV)
- Pneumococcal polysaccharide (PPSV)

INFLUENZA RECOMMENDATIONS See also WWW.CDC.GOV/FLU

Recommended for groups at risk of developing severe influenza, including:

- Anyone who wants to avoid Influenza disease.
- Children aged 6 months to 18 years.
- Individuals with chronic health condition conditions, such as asthma, heart disease, or diabetes.
- People who take care of children under 5, such as teachers, child care providers, and parents.

Children ≤8 years of age who are receiving influenza vaccine for the first time should receive 2 doses, separated by at least 4 weeks.

Note: All routine vaccines are available in a thimerosal-free packaging. Multi-dose vials often contain thimerosal and should not be used for pregnant women or children under three years of age as of July 1, 2006 (California Health and Safety Code Section 124172).

Trivalent Inactivated Influenza Vaccine (TIV)

For persons 6 months and older.
Note: Different brands are licensed for different ages.

- Age 6–35 months: 0.25 ml; Age ≥36 months: 0.5 ml.

Live, Attenuated Influenza Vaccine (LAIV)

For healthy persons aged 2-49 years.

VACCINE CONTRAINDICATIONS & PRECAUTIONS

Screening for contraindications and precautions reduces the chances of serious adverse reactions after vaccination. Every patient should be screened before receiving any vaccine dose.

Contraindication
A condition in a patient that increases the chance of a serious, adverse reaction. In general, a vaccine should **not** be administered when a contraindication is present.

Precaution
A condition in a patient that may increase the chance of a serious side effect. When a precaution is present, the benefits of vaccination may outweigh the risks of side effects, in which case the provider may decide to vaccinate the patient.

Contraindications and precautions may be temporary, in which case the vaccine can be given at a later time. For more details go to www.cdc.gov/vaccines/recs/vac-admin/

Vaccine Side Effects

Most people experience either no or very mild side effects following immunization. Mild side effects may include soreness, swelling, or redness at the injection site or mild fever.

Severe side effects, such as anaphylaxis, are extremely rare. Any provider who administers vaccines should have equipment and procedures in place for the immediate care of a person who experiences a severe reaction. All vaccine providers should have an office emergency plan and be certified in cardiopulmonary resuscitation (CPR).

Report adverse events after to vaccines through the federal Vaccine Adverse Event Reporting System (VAERS). For information on reporting reactions following immunization, please visit www.vaers.org or call the 24-hour national toll-free information line (800) 822-7967.

For additional resources visit www.eziz.org

CDPH

VACCINES for CHILDREN CALIFORNIA VFC

IMM-232 (5/09)