Immunization Timing

Birth	
HepB[1]	

Age 2 months	Interval from previous dose
DTaP	
Polio (IPV)	
HepB[1]	1-2 months after birth dose
Hib	
PCV (Pneumo)	
RV[2] (Rotavirus)	

Age 4 months	Interval from previous dose
DTaP	1-2 months
Polio (IPV)	1-2 months
HepB[1]	1-2 months if 1st dose given at 2 months of age
Hib	1-2 months
PCV (Pneumo)	1-2 months
RV[2] (Rotavirus)	4-10 weeks

Age 6 months	Interval from previous dose
DTaP	1-2 months
Polio (IPV)	1-14 months
HepB[1]	2-12 months and at least 4 months after first dose
Hib[3]	1-2 months
PCV (Pneumo)	1-2 months
RV[2] (Rotavirus)	4-10 weeks

Age 12 months	Interval from previous dose
HepA	
MMR[4]	
Varicella[4]	
Hib[5] *defer*	2-8 months
PCV[6] (Pneumo)	6-8 weeks

Age 15 months	Interval from previous dose
DTaP	6-12 months

Age 18 months	Interval from previous dose
HepA	6-12 months

Age 4-6 years	Age 11-12 years
DTaP, Polio (IPV) MMR[4] Varicella[4]	Tdap HPV[7] (3 doses) MCV4[8]

Every Fall: Flu Vaccine[9]
All children age 6 months through 18 years

This is a suggested schedule. For alternatives and details, consult the latest "Recommended Immunization Schedules for persons aged 0-6 years and 7-18 years, United States 2009."

1. A dose of Hepatitis B vaccine is not necessary at 4 months if doses are given at birth and 2 months but may be included as part of a combination vaccine.
2. Administer the first dose at age 6 weeks through 14 weeks (maximum age: 14 weeks 6 days). Maximum age for the final dose in the series by age 8 months 0 days.
3. This 6 month Hib dose is not indicated if Pedvax HIB® and/or COMVAX® are used exclusively for the 2 and 4 month infant doses.
4. MMRV vaccine can be used when both MMR and Varicella vaccines are indicated.
5. Except for high-risk children, temporarily defer the booster dose of Hib.
6. Final dose of PCV series should be given at ≥12 months of age.
7. HPV is recommended for girls only. The second dose should be given 2 months after the first dose and the third dose 4 months after the second dose.
8. Administer MCV to all previously unvaccinated adolescents.
9. All routine vaccines are available in a thimerosal-free option. See California Health and Safety Code §124172.

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SCREENING QUESTIONS

If parent answers "no" to all of these questions, give all needed immunizations.

If parent answers "yes" to any of these questions, refer to the "Guide to Contraindications to Childhood Vaccines."

1. Does your child feel sick or have a high fever today?
2. Is your child, or anyone else at home, taking steroids (such as cortisone or prednisone) or cancer treatment now, or have they taken them within the past 3 months?
3. Does your child, or anyone else in your home, have cancer, leukemia, HIV/AIDS, or some other immune system problem?
4. Has your child ever had a reaction to an immunization which was so bad that you went to the doctor or hospital?
5. Has your child ever had convulsions or seizures?* Has your child had any other problems affecting the brain or nerves?
6. Does your child have an allergy to any of the following things which is so severe that it needs medical treatment: neomycin, gelatin, yeast?
7. Has your child had a blood transfusion or gamma globulin (immune globulin, IVIG) treatment in the past year?
8. Is your child currently taking aspirin? (Except in rare cases, children should not be given aspirin, especially after varicella vaccine.)
9. (For adolescent girls) Could you be pregnant?

*Acetaminophen may be given before immunization and every 4 hours for 24 hours to minimize minor discomfort or fever. This is especially recommended for children with a family history of seizures or a personal history of seizures not related to a prior DTP/DTaP vaccine dose.