**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

**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 B1 **HepB**

# HepB

**HepB**

Rotavirus2 **RV RV RV 2**

3

*see*

Range of

recommended

Diphtheria, Tetanus, Pertussis

# DTaP DTaP DTaP

*footnote 3*

# DTaP DTaP

ages for all

*Haemophilus influenzae* type b4 **Hib Hib Hib4**

**Hib**

children except

certain high-risk

Pneumococcal5 **PCV PCV PCV**

Inactivated Poliovirus6 **IPV IPV**

Influenza7

Measles, Mumps, Rubella8 Varicella9

# PCV IPV

**MMR**

**Varicella**

**Influenza (Yearly)**

*see footnote 8*

*see footnote 9*

# PPSV

**IPV**

# MMR

**Varicella**

groups



Range of recommended ages for certain high-risk groups

Hepatitis A10

Meningococcal11

# HepA (2 doses)

**HepA Series MCV**



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.**

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 com- bination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. 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 1 to 2 months after completion of at least 3 doses of the HepB 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 combina- tion vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

**Inactivated poliovirus vaccine (IPV)** (Minimum age: 6 weeks)

* + 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 4 doses are administered prior to age 4 years a fifth dose should be admin-

istered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

1. **Influenza vaccine (seasonal).** (Minimum age: 6 months for trivalent inacti- vated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
   * Administer annually to children aged 6 months through 18 years.
   * For healthy children aged 2 through 6 years (i.e., those who do not have under- lying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
   * 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.
   * For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine

see *MMWR* 2009;58(No. RR-10).

\* \* \* Free Preview End \* \* \*

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