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Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Age ^a	INFANCY									EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE												
	Prenatal ^b	Newborn ^c	3-5 dy ^d	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y		
HISTORY																																		
Initial/interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
MEASUREMENTS																																		
Length/height and weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Weight for length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Body mass index																																		
Blood pressure ^e	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
SENSORY SCREENING																																		
Vision		★	★	★	★	★	★	★	★	★	★	★	★	● ^f	●	●	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	
Hearing		● ^g	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																		
Developmental screening ^h													●	●																				
Autism screening ⁱ																																		
Developmental surveillance ^j		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/behavioral assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and drug use assessment																																		
PHYSICAL EXAMINATION^k																																		
Newborn metabolic/hemoglobin screening	←	●	→																															
Immunization ^l		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or hemoglobin						★			●	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead screening ^m																																		
Tuberculin test ⁿ				★			★	★	● ^o or★ ^p	★	● ^o or★ ^p	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia screening ^q																																		
STI screening ^r																																		
Cervical dysplasia screening ^s																																		
ORAL HEALTH^t																																		
Fluoride varnish																																		
ANTICIPATORY GUIDANCE^u	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

a If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
b A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456>].
c Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
d Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434>].
e Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
f If the patient is uncooperative, rescreen within 6 months per AAP statement "Eye Examination and Vision Screening in Infants, Children, and Young Adults" (1996) [URL: <http://aapolicy.aappublications.org/cgi/registr/pediatrics;98/1/153.pdf>].
g All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;106/4/796>].
h Joint Committee on Infant Hearing. "Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs." *Pediatrics*. 2007;120:898-921.
i AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118:405-420 [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>].
j Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics*. 2007;119:152-153 [URL: <http://pediatrics.aappublications.org/cgi/content/full/pediatrics;119/1/152>].
k At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
l These may be modified, depending on entry point into schedule and individual need.
m Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
n Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
o See AAP *Pediatric Nutrition Handbook*, 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR Recomm Rep*. 1996;47(RR-3):1-36.
p For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036>]. Additionally, screening should be done in accordance with state law where applicable.
q Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
r Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done on recognition of high-risk factors.
s "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: <http://circ.ahajournals.org/cgi/content/full/106/25/3143>] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity: Supplement to Pediatrics." Supplement to *Pediatrics*. In press.
t All sexually active patients should be screened for sexually transmitted infections (STIs).
u All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
v Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
w At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
x Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)

● = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ← ● → = range during which a service may be provided, with the symbol indicating the preferred age

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

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 B [†]		HepB	HepB	^{SOP footnote 1} HepB								
Rotavirus [†]				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis [†]				DTaP	DTaP	DTaP	^{SOP footnote 3}		DTaP			DTaP
Haemophilus influenzae type b [†]				Hib	Hib	Hib [*]		Hib				
Pneumococcal [†]				PCV	PCV	PCV		PCV			PPV	
Inactivated Poliovirus				IPV	IPV			IPV				IPV
Influenza [†]							Influenza (Yearly)					
Measles, Mumps, Rubella [†]								MMR				MMR
Varicella [†]								Varicella				Varicella
Hepatitis A [†]								HepA (2 doses)			HepA Series	
Meningococcal [†]											MCV4	

Range of recommended ages
Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine

are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for 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 VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-796

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis 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 the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed, **in rare cases**, with a provider's order and a **copy of the mother's** negative HbsAg laboratory report in the infant's medical record.

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 1–2 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 after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- At ages 24–59 months administer one dose of PCV to incompletely vaccinated

healthy children and two doses of PCV at least 8 weeks apart to incompletely vaccinated children with underlying medical conditions.

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 6–59 months and to close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 mos or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided more than 4 weeks have elapsed since the first dose and both doses are administered at age 12 months or older.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that 3 months or older have elapsed since the first dose and both doses are administered at age 12 months or older. If second dose was administered 28 days or more following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for all children aged 1 yr (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. Use of MPSV4 is also acceptable.
- For persons at high risk previously vaccinated with MPSV4, revaccination may be indicated.

Catch-up Immunization Schedule for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS

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
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at 15 months of age 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 15 months of age 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–5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12 months or older or current age 24–59 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) 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–5 years who received 3 doses before age 12 months	
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 7–18 YEARS

Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than 12 months of age 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than 12 months of age	
Human Papillomavirus ¹¹	9 yrs	4 weeks	12 weeks		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 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	4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age			

- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.
- Rotavirus vaccine (Rota).**
 - Do not start the series later than age 12 weeks.
 - Administer the final dose in the series by age 32 weeks.
 - Do not administer a dose later than age 32 weeks.
 - Data on safety and efficacy outside of these age ranges are insufficient.
- 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.
 - DTaP is not indicated for persons aged 7 years or older.
- Haemophilus influenzae* type b conjugate vaccine (Hib).**
 - Vaccine is not generally recommended for children aged 5 years or older.
 - If current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
 - If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.
- Pneumococcal conjugate vaccine (PCV).**
 - Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
 - For children with underlying medical conditions administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses or 1 dose of PCV if previously received 3 doses.
- Inactivated poliovirus vaccine (IPV).**
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- Measles, mumps, and rubella vaccine (MMR).**
 - 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.
 - IPV is not routinely recommended for persons aged 18 years and older.
- Measles, mumps, and rubella vaccine (MMR).**
 - The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.
- Varicella vaccine.**
 - The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.
- Hepatitis A vaccine (HepA).**
 - HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.
- Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
 - Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).
- Human papillomavirus vaccine (HPV).**
 - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/vaccines> or telephone, 800-CDC-INFO (800-232-4636).

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

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

Vaccine ▼	Age ►	7-10 years	11-12 years	13-18 years
Diphtheria, Tetanus, Pertussis ¹	see footnote 1		Tdap	Tdap
Human Papillomavirus ²	see footnote 2		HPV (3 doses)	HPV Series
Meningococcal ³		MCV4	MCV4	MCV4
Pneumococcal ⁴		PPV		
Influenza ⁵		Influenza (Yearly)		
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	



licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for 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 VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13–18 year olds who missed the 11–12 year Tdap or received Td only, are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. Meningococcal vaccine.

- Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
- MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
- Persons who received MPSV4 3 or more years prior and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

4. Pneumococcal polysaccharide vaccine (PPV).

- Administer PPV to certain high-risk groups.

5. Influenza vaccine.

- Administer annually to all close contacts of children aged 0–59 months.
- Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.

- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received one dose.

- For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.

6. Hepatitis A vaccine (HepA).

- The 2 doses in the series should be administered at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 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 of MMR during any visit, with 4 or more weeks between the doses.

10. Measles, mumps, and rubella vaccine (MMR).

- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose, if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (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>).