



Complete Summary

GUIDELINE TITLE

Recommended immunization schedules for persons aged 0 through 18 years: United States, 2009.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Infectious Diseases. Recommended childhood and adolescent immunization schedules--United States, 2009. Pediatrics 2009 Jan;123(1):189-90. [PubMed](#)

Centers for Disease Control & Prevention. Recommended immunization schedules for persons aged 0 through 18 years---United States, 2009. MMWR Morb Mortal Wkly Rep 2009;57(51 & 52):Q-1-4. [5 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates previous versions: American Academy of Pediatrics Committee on Infectious Diseases. Recommended immunization schedules for children and adolescents--United States, 2007. Pediatrics 2007 Jan;119(1):207-8, 3 p following 208. [2 references]

Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0-18 years - United States, 2007. MMWR Recomm Rep 2007 Jan 5;55(51-52):Q1-4. [6 references]

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Vaccine-preventable diseases:

- Diphtheria
- Hepatitis A and B
- *Haemophilus influenzae* infection
- Human papillomavirus (HPV) infection
- Influenza
- Measles
- Meningococcal disease
- Mumps
- Pertussis
- Pneumococcal infection
- Rotavirus infection
- Polio
- Rubella
- Tetanus
- Varicella (chickenpox)

GUIDELINE CATEGORY

Prevention

CLINICAL SPECIALTY

Family Practice
Infectious Diseases
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To ensure that the recommended childhood and adolescent immunization schedule is current with changes in vaccine formulations
- To reflect revised recommendations for the use of licensed vaccines, including those newly licensed

TARGET POPULATION

Children and adolescents through 18 years residing in the United States

INTERVENTIONS AND PRACTICES CONSIDERED

Immunization with the following vaccines:

1. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP/Tdap/Td)
2. *Haemophilus influenzae* type b conjugate vaccine (Hib)
3. Hepatitis A and B (HepA and HepB) vaccine
4. Inactivated poliovirus vaccine (IPV)
5. Influenza vaccine
 - Intramuscular trivalent inactivated influenza vaccine (TIV)
 - Live-attenuated influenza vaccine (LAIV)
6. Measles, mumps and rubella (MMR) vaccine
7. Meningococcal vaccine
 - Meningococcal conjugate vaccine (MCV)
 - Meningococcal polysaccharide vaccine (MPSV)
8. Pneumococcus
 - Pneumococcal conjugate vaccine (PCV)
 - Pneumococcal polysaccharide vaccine (PPSV)
9. Varicella vaccine
10. Rotavirus vaccine (RV)
11. Human papillomavirus vaccine (HPV)

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The recommended immunization schedules for persons aged 0 through 18 years and the catch-up immunization schedule for 2009 have been approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note from the National Guideline Clearinghouse (NGC): The guideline recommendations are presented in the form of tables with footnotes (see below).

The Advisory Committee on Immunization Practices (ACIP) annually publishes immunization schedules that summarize recommendations for currently licensed vaccines for children aged 18 years and younger. Changes to the previous schedule are as follows:

- Recommendations for rotavirus vaccines include changes for the maximum age for the first dose (14 weeks 6 days) and the maximum age for the final dose of the series (8 months 0 days).* The rotavirus footnote also indicates that if RV1 (Rotarix®) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

*Note from NGC: An erratum was published January 9, 2009 to correct the information regarding the maximum ages recommended for the rotavirus vaccines. The published erratum is available from the [CDC Web site](#).

- Routine annual influenza vaccination is recommended for all children aged 6 months through 18 years. 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 season but only received 1 dose should receive 2 doses of influenza vaccine at least 4 weeks apart. Healthy nonpregnant persons aged 2 through 49 years may receive either live attenuated influenza vaccine or inactivated influenza vaccine.
- The minimum interval between tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) for persons aged 10 through 18 years is addressed. An interval less than 5 years may be used if pertussis immunity is needed.
- Information about the use of *Haemophilus influenzae* type b (Hib) conjugate vaccine among persons aged 5 years and older at increased risk for invasive Hib disease has been added. Use of Hib vaccine for these persons is not contraindicated.
- Catch-up vaccination with human papillomavirus (HPV) vaccine is clarified. Routine dosing intervals should be used for series catch-up (i.e., the second and third doses should be administered 2 and 6 months after the first dose). The third dose should be given at least 24 weeks after the first dose.
- Abbreviations for rotavirus, pneumococcal polysaccharide, and meningococcal polysaccharide vaccines have been changed.

Vaccine Information Statements

The National Childhood Vaccine Injury Act requires that health-care providers provide parents or patients with copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedules. Additional information is available from state health departments and from CDC at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.

Detailed recommendations for using vaccines are available from ACIP statements (available at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>), and the 2006 Red Book. Guidance regarding the Vaccine Adverse Event Reporting System form is available at <http://www.vaers.hhs.gov/> or by telephone, 800-822-7967.

Recommended Immunization Schedule for Persons Aged 0 to 6 Years – United States, 2009 (for those who fall behind or start late, see the catch-up schedule, below)

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19 to 23 months	2 to 3 years	4 years
Hepatitis B ¹	HepB	HepB		See footnote 1				HepB			
Rotavirus ²			RV	RV	RV ²						
Diphtheria,			DTaP	DTaP	DTaP	See		DTaP			

Tetanus, Pertussis³						footnote 3				
Haemophilus influenzae type b⁴			Hib	Hib	Hib ⁴	Hib				
Pneumococcal⁵			PCV	PCV	PCV	PCV				PPS
Inactivated Poliovirus			IPV	IPV		IPV				
Influenza⁶						Influenza (Yearly)				
Measles, Mumps, Rubella⁷						MMR	See footnote 7			
Varicella⁸						Varicella	See footnote 8			
Hepatitis A⁹						HepA (2 doses)				HepA S
Meningococcal¹⁰										MC

Range of recommended ages **Certain high-risk groups**

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 17, 2008, for children aged 0 through 6 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.

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.

Recommended immunization schedule for persons aged 7 through 18 years -- United States, 2009 (for those who fall behind or start late, see the schedule below and the catch-up schedule)

Vaccine	7 to 10 years	11 to 12 years	13 to 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)		

Pneumococcal⁵	PPSV
Hepatitis A⁶	HepA Series
Hepatitis B⁷	HepB Series
Inactivated Poliovirus⁸	IPV Series
Measles, Mumps, Rubella⁹	MMR Series
Varicella¹⁰	Varicella Series

Range of recommended ages	Catch-up immunization	Certain high-risk groups
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This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 17, 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.

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.

Catch-up Immunization Schedule for Persons aged 4 Months through 18 Years who Start Late or who are More than 1 Month Behind—United States, 2009

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 through 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 B¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus²	6 weeks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b⁴	6 weeks	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	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	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	

Catch-up Schedule for Persons Aged 4 Months through 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
		if first dose administered at age 15 months or older	months No further doses needed if previous dose administered at age 15 months or older		
Pneumococcal⁵	6 weeks	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 Poliovirus⁶	6 weeks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella⁷	12 months	4 weeks			

Catch-up Schedule for Persons Aged 4 Months through 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
Varicella⁸	12 months	3 months			
Hepatitis A⁹	12 months	6 months			

Catch-up Schedule for Persons Aged 7 through 18 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
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis¹⁰	7 years 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 Papillomavirus¹¹	9 years	Routine dosing intervals are recommended ¹¹			
Hepatitis A⁹	12 months	6 months			
Hepatitis B¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus⁶	6 weeks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella⁷	12 months	4 weeks			
Varicella⁸	12 months	3 months if the			

Catch-up Schedule for Persons Aged 7 through 18 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
		person is younger than age 13 years 4 weeks if the person is age 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.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov/> or by telephone, 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).

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Effective and age-appropriate administration of vaccines to children and adolescents
- Decline in vaccine-preventable diseases among children and adolescents

POTENTIAL HARMS

Adverse reactions to vaccines

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-Centers for Disease Control and Prevention (CDC) sites on the Internet are provided as a service to Morbidity and Mortality Weekly Report (MMWR) readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites. URL addresses listed in MMWR were current as of the date of publication.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Infectious Diseases. Recommended childhood and adolescent immunization schedules--United States, 2009. *Pediatrics* 2009 Jan;123(1):189-90. [PubMed](#)

Centers for Disease Control & Prevention. Recommended immunization schedules for persons aged 0 through 18 years---United States, 2009. *MMWR Morb Mortal Wkly Rep* 2009;57(51 & 52):Q-1-4. [5 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2004 Apr 30 (revised 2009 Jan 2)

GUIDELINE DEVELOPER(S)

American Academy of Family Physicians - Medical Specialty Society
American Academy of Pediatrics - Medical Specialty Society
Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Committee on Infectious Diseases

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates previous versions: American Academy of Pediatrics Committee on Infectious Diseases. Recommended immunization schedules for children and adolescents--United States, 2007. *Pediatrics* 2007 Jan;119(1):207-8, 3 p following 208. [2 references]

Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0-18 years - United States, 2007. MMWR Recomm Rep 2007 Jan 5;55(51-52):Q1-4. [6 references]

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](#) and the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

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