Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2013

2. NOTE: System (VAERS) online (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, for detailed recommendations, available online at http://www.cdc.gov/vaccines/pubs/acip-list.htm. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – 2013.

- Hepatitis B (HepB) vaccine. (Minimum age: birth)
- Routine vaccination:
  - Administer monovalent HepB vaccine to all newborns before hospital discharge.
  - For infants born to hepatitis B surface antigen-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
- For mother’s HBsAg status is unknown, within 12 hours of birth administer HepB vaccine to all infants regardless of birth weight. For infants weighing <2,000 grams, administer HBIG in addition to HepB within 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg-positive, within 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
- If mother’s HBsAg status is unknown, within 12 hours of birth administer HepB vaccine to infants weighing ≥2,000 grams (no later than age 1 week).

- Doses following the birth dose
  - 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.
  - Infants who receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0 to 1 months, and 6 months and starting as soon as feasible. See Figure 2.
  - The minimum interval between dose 1 and dose 2 is 4 weeks and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks, and at least 16 weeks after the first dose.
  - Administration of a total of 4 doses of HepB vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.

- Catch-up vaccination:
  - Unvaccinated persons should complete a 3-dose series.
  - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
  - For other catch-up issues, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [RotaTeq]).

- Routine vaccination:
  - Administer a series of RV vaccine to all infants as follows: 1. If RV-1 is used, administer a 2-dose series at 2 and 4 months of age.
  - 2. If RV-5 is used, administer a 3-dose series at ages 2, 4, and 6 months.
  - 3. If any dose in series was RV-5 or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

- Catch-up vaccination:
  - The maximum age for the first series in the schedule is 14 weeks, 6 days.
  - Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
  - The maximum age for the final dose in the series is 8 months, 0 days.

- If RV-1 (Rotarix) is administered for the first and second doses, a third dose is not indicated.

- For other catch-up issues, see Figure 2.

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

- Routine vaccination:
  - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15–18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

- Catch-up vaccination:
  - The fifth (booster) dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
  - For other catch-up issues, see Figure 2.

4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel). Routine vaccination:

- Administer dose 1 of Tdap vaccine to all adolescents aged 11 through 12 years.

- Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

- Administer one dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of number of years from prior Tdap vaccination.

- Catch-up vaccination:
  - Persons aged 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series, should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use tetanus vaccine. For these children, an adolescent Tdap vaccine should not be given.
  - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
  - An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the Tdap vaccine series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.
  - For other catch-up issues, see Figure 2.

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

- Routine vaccination:
  - Administer a Hib vaccine primary series and a booster dose to all infants. The primary series doses should be administered at 2, 4, and 6 months of age; however, if PRP-OMP (PedvaxHib or Comvax), is administered at 2 and 4 months of age, a dose at 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.

- Hiberix (PRP-T) should only be used for the booster (final) dose in children aged 12 months through 4 years, who have received at least 1 dose of Hib.

- Catch-up vaccination:
  - If dose 1 was administered at ages 12–14 months, administer booster (as final dose) at least 8 weeks after dose 1.
  - If the first 2 doses were PRP-OMP (PedvaxHib or Comvax), and were administered at 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 the second dose at least 4 weeks later and a final dose at age 12 through 15 months, regardless of Hib vaccine (PRP-T or PRP-OMP) used for first dose.
  - For unvaccinated children aged 15 months or older, administer only 1 dose.
Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/pubs/acip-list.htm.
- For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.