


ISSUE DATE April 22, 2019	EFFECTIVE DATE April 22, 2019	NUMBER 99-19-01
SUBJECT 2019 Recommended Childhood and Adolescent Immunization Schedule		BY  Sally A. Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe™ to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to issue to providers enrolled in the Medical Assistance (MA) Program the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention's (CDC) 2019 Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who administer immunizations and provide services in the fee-for-service and managed care delivery systems.

BACKGROUND/DISCUSSION:

As stated in 55 Pa. Code § 1241.42(2), the Department of Human Services (Department) is authorized to issue immunization guidelines based on recommendations of recognized medical organizations involved in children's health care. To ensure that children and adolescents enrolled in MA receive immunizations that conform to nationally recognized standards, the Department is updating its immunization guidelines to conform to the attached *Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, UNITED STATES, 2019* (2019 Immunization Schedule). The 2019 Recommended Immunization Schedule comprises three tables and a series of related notes. The three tables are as follows:

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</p>
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- Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger – United States, 2019 (Table 1),
- Catch-up immunization schedule for persons aged 4 months – 18 years who start late or who are more than 1 month behind – United States, 2019 (Table 2), and
- Recommended Child and Adolescent Immunization Schedule by Medical Indication (Table 3).

The changes to the 2019 Immunization Schedule for children and adolescents aged 18 years and younger include new or revised Advisory Committee on Immunization Practices (ACIP) recommendations for hepatitis A vaccine (HepA) (2), hepatitis B vaccine (Hep B) (3), influenza vaccine (4), and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) (5), as well as clarification of the recommendations for inactivated poliovirus vaccines (IPV). See *Morbidity and Mortality Weekly Report* Volume 68, February 8, 2019, which can be found at:

https://www.cdc.gov/mmwr/volumes/68/wr/mm6805a4.htm?s_cid=mm6805a4_w%20https://www.cdc.gov/mmwr/volumes/68/wr/mm6805a5.htm?s_cid=mm6805a5_w.

As explained by ACIP, the overall appearance of the 2019 child and adolescent schedule has been updated. These changes are in all portions of the immunization schedule, including the cover page, routine immunization schedule (Table 1), catch-up schedule (Table 2), medical indications for each vaccine (Table 3), and notes with details for each vaccine. The changes identified by ACIP are set forth below:

- Cover Page:
 - Guidance on how to use the schedule was added to the top of the document.
 - Live attenuated influenza vaccine (LAIV) was added to the vaccine table.
 - A “Helpful Information” section, which includes links to the ACIP recommendations, the General Best Practice Guidelines for Immunization, and the Manual for the Surveillance of Vaccine-Preventable Diseases, was added.
- Table 1 (previously known as Figure 1):
 - A separate row has been added for LAIV.
 - A purple bar has been added to the Hepatitis A (HepA) row at age 6–11 months to represent use in infant travelers.
 - Within the Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs) row, the bar for persons aged 13–18 years has been split into a half green and half purple bar to represent catch-up vaccination and use in pregnant adolescents, respectively.
- Table 2 (previously known as Figure 2):
 - Minor changes to the order in which guidance is presented in the *Haemophilus influenzae* type b and Pneumococcal conjugate rows were made. The criteria under which no further doses are needed are now presented first, followed by recommendation for those for whom additional doses are indicated.
- Table 3 (previously known as Figure 3):

- A new pink color was added to the legend, which represents “Delay vaccination until after pregnancy if vaccine indicated.” This color is used in the pregnancy column for human papillomavirus vaccine.
 - The Contraindicated and Precaution for vaccination boxes in the legend were defined with narrative text.
 - A row for LAIV was added.
 - The Pregnancy cell in the meningococcal B vaccine row has been changed to the orange Precaution for vaccination color.
- Notes. The notes (previously known as footnotes) are presented in alphabetical order rather than linked by numerical superscripts as in previous years. Edits have been made throughout the Notes section to harmonize language between the child and adolescent schedule and the adult immunization schedule, where possible. In addition, the following content changes were made:
 - The HepA note was revised to include information regarding the use of combined HepA-HepB vaccine in persons aged ≥ 18 years. A section for international travel has been added with recommendations for vaccination of travelers aged 6–11 months and unvaccinated travelers aged ≥ 12 months. Homelessness also has been added as an indication for HepA vaccination.
 - The HepB note was revised to include information regarding the use of CpG-adjuvanted HepB vaccine and combination HepA-HepB vaccine in persons aged ≥ 18 years.
 - Within the IPV note, a bullet has been added regarding the use of combination vaccines that contain IPV.
 - The Influenza vaccines note has been updated to indicate that LAIV can be used during the 2018–19 influenza season. A Special Situations section has been added with information regarding vaccination of persons with a history of egg allergy and circumstances under which LAIV use is not recommended.
 - During mumps and meningococcal disease outbreaks, the Additional Information section at the beginning of the notes directs providers to their state or local health department for information regarding vaccination during an outbreak. Therefore, language regarding the use of measles, mumps, and rubella (MMR) vaccine in the setting of a mumps outbreak or the use of meningococcal (groups A, C, W-135, and Y) conjugate (MenACWY) and meningococcal group B (MenB) vaccines in the setting of meningococcal disease outbreaks has been removed from the MMR and meningococcal vaccine notes.
 - The Tdap note has been updated to indicate that those persons who received a dose of Tdap or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) at age 7–10 years inadvertently or as part of the catch-up series should still receive the routine dose of Tdap at age 11–12 years. A link to information regarding use of Tdap/tetanus and diphtheria toxoids (Td) for wound prophylaxis also has been added.

For guidance on immunization recommendations, providers are advised to use the Tables and footnotes together. The 2019 Immunization Schedule has been recommended by

the ACIP and approved by the Centers for Disease Control and Prevention, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.

PROCEDURE:

Providers should carefully review the 2019 Recommended Immunization Schedule for detailed information on the appropriate dosages and ages for the administration of vaccines and replace their current immunization schedule with the attached 2019 Recommended Immunization Schedule. Additional information is available from the CDC at:

<https://www.cdc.gov/vaccines/schedules/index.html>.

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 schedule. Additional information is available from the CDC at: <http://www.cdc.gov/vaccines/hcp/vis/index.html>.

OBSOLETE BULLETIN:

This bulletin supersedes MA Bulletin 99-18-05, issued April 27, 2018.

ATTACHMENT:

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, UNITED STATES, 2019

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES
2019

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Diphtheria, tetanus vaccine	DT	No Trade Name
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prenvar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Poliovirus vaccine (inactivated)	IPV	IPOL
Rotavirus vaccine	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Td vaccine
Varicella vaccine	VAR	Varivax
Combination Vaccines (Use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child/adolescent immunization schedule

- 1** Determine recommended vaccine by age (**Table 1**)
- 2** Determine recommended interval for catch-up vaccination (**Table 2**)
- 3** Assess need for additional recommended vaccines by medical condition and other indications (**Table 3**)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), and American College of Obstetricians and Gynecologists (www.acog.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800-822-7967)



Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger United States, 2019

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose			←----- 3 rd dose -----→												
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←----- 4 th dose -----→				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		←----- 4 th dose -----→										
Inactivated poliovirus (IPV: <18 yrs)			1 st dose	2 nd dose	←----- 3 rd dose -----→							4 th dose					
Influenza (IIV)					Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only		
Influenza (LAIV)												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes	←----- 1 st dose -----→						2 nd dose					
Varicella (VAR)						←----- 1 st dose -----→						2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes										1 st dose		2 nd dose		
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)																	Tdap
Human papillomavirus (HPV)																	See Notes
Meningococcal B																	See Notes
Pneumococcal polysaccharide (PPSV23)												See Notes					

■ Range of recommended ages for all children
 ■ Range of recommended ages for catch-up immunization
 ■ Range of recommended ages for certain high-risk groups
 ■ Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making
 ■ No recommendation

Table 2

Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind, United States, 2019

The figure 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. Always use this table in conjunction with Table 1 and the notes that follow.

Children age 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 B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1 st birthday, and second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after.	No further doses needed for healthy children if previous dose administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is < 4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal	2 months MenACWY-CRM 9 months MenACWY-D	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal	Not Applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

Table 3

**Recommended Child and Adolescent Immunization Schedule by Medical Indication
United States, 2019**

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count ¹		Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease	CSF leaks/cochlear implants	Asplenia and persistent complement deficiencies	Chronic liver disease	Diabetes
			<15% and total CD4 cell count of <200/mm ³	≥15% and total CD4 cell count of ≥200/mm ³						
Hepatitis B	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Rotavirus	Yellow	Orange	Orange	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Diphtheria, tetanus, & acellular pertussis (DTaP)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Haemophilus influenzae</i> type b	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Pneumococcal conjugate	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Inactivated poliovirus	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Influenza (IIV)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
or Influenza (LAIV)	Red	Red	Red	Red	Orange	Red	Red	Red	Orange	Orange
Measles, mumps, rubella	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Varicella	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Hepatitis A	Purple	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal ACWY	Purple	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Tetanus, diphtheria, & acellular pertussis (Tdap)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Human papillomavirus	Pink	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal B	Orange	Purple	Purple	Purple	Purple	Purple	Purple	Yellow	Purple	Purple
Pneumococcal polysaccharide	Purple	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

■ Vaccination according to the routine schedule recommended
■ Recommended for persons with an additional risk factor for which the vaccine would be indicated
■ Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
■ Contraindicated or use not recommended—vaccine should not be administered because of risk for serious adverse reaction
■ Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
■ Delay vaccination until after pregnancy if vaccine indicated
■ No recommendation

1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization “Altered Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Table 4-1 (footnote D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

2 Severe Combined Immunodeficiency

3 LAIV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.

For vaccine recommendations for persons 19 years of age and older, see the Recommended Adult Immunization Schedule.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥ 4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤ 4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥ 5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
 - **Prospectively:** Dose 4 may be given as early as age 12 months if at least 6 months have elapsed since dose 3.
 - **Retrospectively:** A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older.
- For other catch-up guidance, see Table 2.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, 12–15 months
- **PedvaxHIB:** 3-dose series at 2, 4, 12–15 months

Catch-up vaccination

- **Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- **2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **Unvaccinated at 15–59 months:** 1 dose
- For other catch-up guidance, see Table 2.

Special situations

- **Chemotherapy or radiation treatment:**
 - 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
 - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

- **Anatomic or functional asplenia (including sickle cell disease):**

12–59 months

- Unvaccinated or only 1 dose before 12 months: 2 doses, 8 weeks apart
- 2 or more doses before 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated* persons age 5 years or older

- 1 dose

- **Elective splenectomy:**

Unvaccinated* persons age 15 months or older

- 1 dose (preferably at least 14 days before procedure)

- **HIV infection:**

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated* persons age 5–18 years

- 1 dose

- **Immunoglobulin deficiency, early component complement deficiency:**

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

*Unvaccinated = Less than routine series (through 14 months) OR no doses (14 months or older)

Hepatitis A vaccination

(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (**Havrix** 6–12 months apart or **Vaqta** 6–18 months apart, minimum interval 6 months); a series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is administered.

Catch-up vaccination

- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses: 6 months
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (wwwnc.cdc.gov/travel/):
 - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between 12 to 23 months of age.
 - **Unvaccinated age 12 months and older:** 1st dose as soon as travel considered

Special situations

At risk for hepatitis A infection: 2-dose series as above

- **Chronic liver disease**
- **Clotting factor disorders**
- **Men who have sex with men**
- **Injection or non-injection drug use**
- **Homelessness**
- **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A infection
- **Travel** in countries with high or intermediate endemic hepatitis A
- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

Hepatitis B vaccination

(minimum age: birth)

Birth dose (monovalent HepB vaccine only)

- **Mother is HBsAg-negative:** 1 dose within 24 hours of birth for **all** medically stable infants $\geq 2,000$ grams. Infants $< 2,000$ grams: administer 1 dose at chronological age 1 month or hospital discharge.

• **Mother is HBsAg-positive:**

- Administer **HepB vaccine** and **0.5 mL of hepatitis B immune globulin (HBIG)** (at separate anatomic sites) within 12 hours of birth, regardless of birth weight. For infants $< 2,000$ grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.

• **Mother's HBsAg status is unknown:**

- Administer **HepB vaccine** within 12 hours of birth, regardless of birth weight.
- For infants $< 2,000$ grams, administer **0.5 mL of HBIG** in addition to HepB vaccine within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer **0.5 mL of HBIG** to infants $\geq 2,000$ grams as soon as possible, but no later than 7 days of age.

Routine series

- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (3rd or 4th) dose: 24 weeks
- **Minimum intervals:** dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations)

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB** only).
- Adolescents 18 years and older may receive a 2-dose series of HepB (**Heplisav-B**) at least 4 weeks apart.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).
- For other catch-up guidance, see Table 2.

Human papillomavirus vaccination

(minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended for all adolescents **age 11–12 years (can start at age 9 years)** and through age 18 years if not previously adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
 - **Age 9 through 14 years at initial vaccination:** 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
 - **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series as above
- **History of sexual abuse or assault:** Start at age 9 years
- **Pregnancy:** HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Inactivated poliovirus vaccination

(minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before the 4th birthday when a combination vaccine containing IPV is used. However, a dose is still recommended after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.

- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV], 18 years [RIV])

Routine vaccination

- 1 dose any influenza vaccine appropriate for age and health status annually (2 doses separated by at least 4 weeks for **children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018)

Special situations

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **LAIV should not be used for** those with a history of severe allergic reaction to any component of the vaccine (excluding egg) or to a previous dose of any influenza vaccine, children and adolescents receiving concomitant aspirin or salicylate-containing medications, children age 2 through 4 years with a history of asthma or wheezing, those who are immunocompromised due to any cause (including immunosuppression caused by medications and HIV infection), anatomic and functional asplenia, cochlear implants, cerebrospinal fluid-orpharyngeal communication, close contacts and caregivers of severely immunosuppressed persons who require a protected environment, pregnancy, and persons who have received influenza antiviral medications within the previous 48 hours.

Measles, mumps, and rubella vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination

- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart
- The maximum age for use of *MMRV* is 12 years.

Special situations

International travel

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- **Unvaccinated children age 12 months and older:** 2-dose series at least 4 weeks apart before departure

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY CRM, Menveo], 9 months [MenACWY-D, Menactra])

Routine vaccination

- 2-dose series: 11–12 years, 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, eculizumab use:

- **Menveo**
 - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
 - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra**
 - **Persistent complement component deficiency:**
 - Age 9–23 months: 2 doses at least 12 weeks apart
 - Age 24 months or older: 2 doses at least 8 weeks apart
 - **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
 - **Age 9–23 months:** Not recommended
 - **24 months or older:** 2 doses at least 8 weeks apart
 - **Menactra** must be administered at least 4 weeks after completion of PCV13 series.

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (wwwnc.cdc.gov/travel/):

- Children age less than 24 months:
 - **Menveo (age 2–23 months):**
 - Dose 1 at 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
 - **Menactra (age 9–23 months):**
 - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- Children age 2 years or older: 1 dose **Menveo** or **Menactra**

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo** or **Menactra**

Note: **Menactra** should be administered either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under “Special situations” above and additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba])

Clinical discretion

- MenB vaccine may be administered based on individual clinical decision to **adolescents not at increased risk** age 16–23 years (preferred age 16–18 years):
- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, eculizumab use:

- **Bexsero:** 2-dose series at least 1 month apart
 - **Trumenba:** 3-dose series at 0, 1–2, 6 months
- Bexsero** and **Trumenba** are not interchangeable; the same product should be used for all doses in a series. For additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Pneumococcal vaccination

(minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13

- 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV13

- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

Special situations

High-risk conditions below: When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during same visit.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral corticosteroids); diabetes mellitus:

Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Cerebrospinal fluid leak, cochlear implant:Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13, 8 weeks after the most recent dose and administered 8 weeks apart
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases

associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

Chronic liver disease, alcoholism:Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

*An incomplete series is defined as not having received all doses in either the recommended series or an age-appropriate catch-up series. See Tables 8, 9, and 11 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

Rotavirus vaccination

(minimum age: 6 weeks)

Routine vaccination

- **Rotarix:** 2-dose series at 2 and 4 months.
- **RotaTeq:** 3-dose series at 2, 4, and 6 months.

If any dose in the series is either **RotaTeq** or unknown, default to 3-dose series.

Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

Tetanus, diphtheria, and pertussis (Tdap) vaccination

(minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Adolescents age 11–12 years:** 1 dose Tdap
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Adolescents age 13–18 years who have not received Tdap:** 1 dose Tdap, then Td booster every 10 years
- **Persons age 7–18 years not fully immunized with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td.
- **Children age 7–10 years** who receive Tdap inadvertently or as part of the catch-up series should receive the routine Tdap dose at 11–12 years.
- **DTaP inadvertently given after the 7th birthday:**
 - **Child age 7–10 years:** DTaP may count as part of catch-up series. Routine Tdap dose at 11–12 should be administered.
 - **Adolescent age 11–18 years:** Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

Varicella vaccination

(minimum age: 12 months)

Routine vaccination

- 2-dose series: 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2-dose series:
 - **Ages 7–12 years:** routine interval: 3 months (minimum interval: 4 weeks)
 - **Ages 13 years and older:** routine interval: 4–8 weeks (minimum interval: 4 weeks).
 - The maximum age for use of *MMRV* is 12 years.