

Vaccine ▼	Age ►	7 – 10 Years	11 – 12 Years	13 – 18 Years
Diphtheria, Tetanus, Pertussis <sup>1</sup>		see footnote 1	Tdap	Tdap
Human Papillomavirus <sup>2</sup>		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal <sup>3</sup>		MCV4	MCV4	MCV4
Pneumococcal <sup>4</sup>			PPV	
Influenza <sup>5</sup>		Influenza (Yearly)		
Hepatitis A <sup>6</sup>		HepA Series		
Hepatitis B <sup>7</sup>		HepB Series		
Inactivated Poliovirus <sup>8</sup>		IPV Series		
Measles, Mumps, Rubella <sup>9</sup>		MMR Series		
Varicella <sup>10</sup>		Varicella Series		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7 through 18 years. Additional information is available at [www.cdc.gov/vaccines/recs/schedules](http://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 a VAERS form is available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, **1-800-822-7967**.

## FOOTNOTES

- 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.
- 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.
- Meningococcal vaccine (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])**
  - 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.
- Pneumococcal polysaccharide vaccine (PPV) (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV] and 2 years for pneumococcal polysaccharide vaccine [PPV])**
  - Administer PPV to certain high-risk groups.
- Influenza vaccine (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])**
  - 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.
- 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.
  - 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.
  - 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.
  - 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.
  - Varicella vaccine**
    - 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.

# Catch-up Immunization Schedule 7 – 18 Years

United States, 2008

This table 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.

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
<b>Tetanus, Diphtheria or Diphtheria, Tetanus, Pertussis<sup>1</sup></b>	<b>7 years<sup>1</sup></b>	<b>4 weeks</b>	<b>4 weeks</b> if first dose given at younger than 12 months <b>6 months</b> if first dose given at age 12 months or older	<b>6 months</b> if first dose given at younger than age 12 months
<b>Human Papillomavirus<sup>2</sup></b>	<b>9 years</b>	<b>4 weeks</b>	<b>12 weeks</b> (and 24 weeks after first dose)	
<b>Hepatitis A<sup>3</sup></b>	<b>12 months</b>	<b>6 months</b>		
<b>Hepatitis B<sup>4</sup></b>	<b>Birth</b>	<b>4 weeks</b>	<b>8 weeks</b> (and 16 weeks after first dose)	
<b>Inactivated Poliovirus<sup>5</sup></b>	<b>6 weeks</b>	<b>4 weeks</b>	<b>4 weeks</b>	<b>4 weeks<sup>5</sup></b>
<b>Measles, Mumps, Rubella<sup>6</sup></b>	<b>12 months</b>	<b>4 weeks</b>		
<b>Varicella<sup>7</sup></b>	<b>12 months</b>	<b>4 weeks</b> if first dose given at age 13 years or older <b>3 months</b> if first dose given at younger than 13 years		

## FOOTNOTES

### 1. 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).

### 2. Human papillomavirus vaccine (HPV)

- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

### 3. 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.

### 4. 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.

### 5. 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.
- 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.

### 6. 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.

### 7. 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.

#### Information about reporting reactions after immunization is available:

- online at <http://www.vaers.hhs.gov>
- by telephone at the 24-hour national toll-free information line, **1-800-822-7967**

Suspected cases of vaccine-preventable diseases should be reported to the State Department of Health.

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, **1-800-CDC-INFO** (1-800-232-4636).