Recommended Immunization Schedule for Children and Adolescents 2015

- Ages 0–18 Years
- Catch-Up: 4 Months–18 Years

The Recommended Immunization Schedule for Children and Adolescents 2015 is approved by the

Advisory Committee on Immunization Practices
www.cdc.gov/vaccines/recs/acip

American Academy of Pediatrics
www.aap.org

American Academy of Family Physicians
www.aafp.org
FIGURE 1. Recommended immunization schedule for persons aged 0 through 18 years
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes 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 Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold. These recommendations must be read with footnotes that follow.

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<td>Haemophilus influenzae type b&lt;sup&gt;4&lt;/sup&gt; (Hib)</td>
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<td>Pneumococcal conjugate&lt;sup&gt;5&lt;/sup&gt; (PCV13)</td>
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<td>Influenza&lt;sup&gt;8&lt;/sup&gt; (IIV; LAIV) 2 doses for some: See footnote 8</td>
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<td>Human papillomavirus&lt;sup&gt;11&lt;/sup&gt; (HPV2: females only; HPV4: males and females)</td>
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NOTE: The above recommendations must be read along with the footnotes of this schedule. This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting 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, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO [800-232-4636]).
FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind

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 Figure 1 and the footnotes that follow.

<table>
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<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
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<td>Dose 1 to Dose 2</td>
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<td>Dose 3 to Dose 4</td>
<td>Dose 4 to Dose 5</td>
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<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.</td>
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<td>Rotavirus</td>
<td>6 weeks</td>
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<td>6 months</td>
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<td>Diphtheria, tetanus, and acellular pertussis</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months</td>
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<tr>
<td>Hemophilus influenzae type b</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>8 weeks (as final dose)</td>
<td>If first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.</td>
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<td>Pneumococcal</td>
<td>6 weeks</td>
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<td>8 weeks (as final dose)</td>
<td>If first dose was administered at the 1st birthday and before the 12th birthday.</td>
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<tr>
<td>Inactivated poliovirus</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months (minimum age 4 years for final dose).</td>
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<tr>
<td>Meningococcal</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>See footnote 13</td>
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<td>Measles, mumps, rubella</td>
<td>12 months</td>
<td>4 weeks</td>
<td>See footnote 13</td>
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<td>Varicella</td>
<td>12 months</td>
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<td>Hepatitis A</td>
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Children and adolescents age 7 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to Dose 2</td>
<td>Dose 2 to Dose 3</td>
<td>Dose 3 to Dose 4</td>
</tr>
<tr>
<td>Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis</td>
<td>7 years</td>
<td>4 weeks</td>
<td>4 weeks if first dose of DTaP/DT was administered before the 1st birthday.</td>
<td>6 months if first dose of DTaP/DT was administered before the 1st birthday.</td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td>9 years</td>
<td>Not applicable (N/A)</td>
<td>6 months</td>
<td>Routine dosing intervals are recommended.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>N/A</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose.</td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>N/A</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>N/A</td>
<td>8 weeks</td>
<td>(minimum age 4 years for final dose)</td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>N/A</td>
<td>3 months if younger than age 13 years.</td>
<td>4 weeks if age 13 years or older.</td>
<td></td>
</tr>
</tbody>
</table>
Footnotes — Recommended immunization schedule for persons aged 0 through 18 years
For further guidance on the use of the vaccines mentioned below, see www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.
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 www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on the use of the vaccines mentioned below, see www.cdc.gov/mmwr/PDF/rr/rr6002.pdf.
- For further guidance on the use of the vaccines mentioned below, see www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
- For information on vaccine requirements and recommendations, is available at www.wnc.cdc.gov/travel/destinations/list.

1. Hepatitis B (HepB) vaccine. (Minimum age: birth)
Routine vaccination:
- Administration of a single dose of Hepatitis B vaccine is recommended at birth to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-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).
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

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 did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Table 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted 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 guidance, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [Rotaleq])
Routine vaccination:
- Administer a series of RV vaccine to all infants as follows:
  1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
  2. If Rotaleq is used, administer a 3-dose series at ages 2, 4, and 6 months.
  3. If any dose in the series was Rotaleq 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 dose in the series 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.
- For other catch-up guidance, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks, Exception: DTaP-IPV [Kinrix]: 4 years)
Routine vaccination:
- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 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. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP.

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

4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for both Boostrix and Adacel)
Routine vaccination:
- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks’ gestation) regardless of time since prior Td or Tdap vaccination.

Catch-up vaccination:
- Persons aged 7 years and older who are not fully immunized with Tdap vaccine should receive Tdap vaccine as 1 dose (preferably the first) in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoid (Td) booster doses every 10 years thereafter.
- Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Td booster.
- For other catch-up guidance, see Figure 2.

5. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACYTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])
Routine vaccination:
- Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
- The primary series with ActHIB, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
- One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.
- For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to MMWR February 28, 2014 / 63(RR01);1-13, available at www.cdc.gov/mmwr/PDF/rr/rr6301.pdf.

Catch-up vaccination:
- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If both doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 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 third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.
Footnotes — continued

If first dose is administered before the first birthday and second dose administered at younger than 15 months, a third (and final) dose should be given 8 weeks later.

For unvaccinated children aged 15 months or older, administer only 1 dose.

For other catch-up guidance, see Figure 2. For catch-up guidance related to Men Hibrix, please see the meningococcal vaccine footnotes and also MMWR February 28, 2014 / 63(RRO1);1-13, available at www.cdc.gov/mmwr/PDF/wk/mm6301.pdf.

Vaccination of persons with high-risk conditions:

• Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.

• For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.

• Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.

• A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.

• Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.

* Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.

6. Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)

Routine vaccination with PCV13:

• Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.

• For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

Catch-up vaccination with PCV13:

• Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

• For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions with PCV13 and PPSV23:

• All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.

• For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin’s disease; solid organ transplantation; or congenital immunodeficiency:

1. Administer 1 dose of PCV13 if any incomplete schedule of 3 doses of PCV (PCV7 and/or PCV13) were received previously.

2. Administer 2 doses of PCV (PCV7 and/or PCV13) at least 8 weeks apart if unvaccinated or any incomplete schedule of fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.

3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.

4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.

5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.

• For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin’s disease; generalized malignancy; solid organ transplantation; or multiple myeloma: 1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.

2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.

3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

• For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PCV13, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.

• A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin’s disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

7. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

Routine vaccination:

• Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

Catch-up vaccination:

• In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk of imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

• If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.

• 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.

• 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 U.S. residents aged 18 years or older.

• For other catch-up guidance, see Figure 2.

8. Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])

Routine vaccination:

• Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including: 1) persons who have experienced severe allergic reactions to LAIV, any of its components, or to a previous dose of any other influenza vaccine; 2) children 2 through 17 years receiving aspirin or aspirin-containing products; 3) persons who are allergic to eggs; 4) pregnant women; 5) immunosuppressed persons; 6) children 2 through 4 years of age with asthma or who had wheezing in the past 12 months; or 7) persons who have taken influenza antiviral medications in the previous 48 hours. For all other contraindications and precautions to use of LAIV, see MMWR August 15, 2014 / 63(32);691-697 [40 pages] available at www.cdc.gov/mmwr/pdf/wk/mm6332.pdf.

For children aged 6 months through 8 years:

• For the 2014-15 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2014-15 ACIP influenza vaccine recommendations, MMWR August 15, 2014 / 63(32);691-697 [40 pages] available at www.cdc.gov/mmwr/pdf/wk/mm6332.pdf.

For children aged 6 months through 15 years:

• For the 2015–16 season, follow dosing guidelines in the 2015 ACIP influenza vaccine recommendations.

• For persons aged 9 years and older:

• Administer 1 dose.

9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)

Routine vaccination:

• Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

Continued on page 6...
10. Varicella (VAR) vaccine. (Minimum age: 12 months)

Routine vaccination:
• Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and
  4 through 6 years. The second dose may be administered before age
  4 years, provided at least 3 months have elapsed since the first dose. If the
  second dose was administered at least 4 weeks after the first dose, it can
  be accepted as valid.

Catch-up vaccination:
• The minimum interval between the two doses is 6 months.

Special populations:
• Administer 2 doses of VAR vaccine at least 6 months apart to previously
  unvaccinated persons who live in areas where vaccination programs target
  older children, or who are at increased risk for infection. This includes persons
  traveling to or working in countries that have high or intermediate endemicity
  of infection; men having sex with men; users of injection and non-injection
  illicit drugs; persons who work with HAV-infected primates or with HAV in
  a research laboratory; persons with clotting-factor disorders; persons with
  chronic liver disease; and persons who anticipate close personal contact
  (e.g., household or babysitting) with an international adoptee during
  the first 60 days after arrival in the United States from a country with high
  or intermediate endemicity. The first dose should be administered as soon
  as the adoption is planned, ideally 2 or more weeks before the arrival of
  the adoptee.

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

Routine vaccination:
• Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate
  the 2 doses by 6 to 18 months.
• Children who have received 1 dose of HepA vaccine before age 24 months
  should receive a second dose 6 to 18 months after the first dose.
• For any person aged 2 years and older who has not already received the
  HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months
  may be administered if immunity against hepatitis A virus infection is desired.

Catch-up vaccination:
• The minimum interval between the two doses is 6 months.

Special populations:
• Children with anatomic or functional asplenia (including sickle cell disease):
  • Administer Menactra or Menveo vaccine at age 13 through 18 years if not
    previously vaccinated.
  • Children who initiate vaccination at 8 weeks through 6 months:
    Administer doses at 2, 4, 6, and 12 months of age.
  • Unvaccinated children 7 through 23 months: Administer 2 doses, with
    the second dose at least 12 weeks after the first dose AND after the
    first birthday.
  • Children 24 months and older who have not received a complete series:
    Administer 2 primary doses at least 8 weeks apart.

2. MenHibrix
• Children 6 weeks through 18 months: Administer doses at 2, 4, 6, and
  12 through 15 months of age.
• If the first dose of MenHibrix is given at or after 12 months of age, a total
  of 2 doses should be given at least 8 weeks apart to ensure protection
  against serogroups C and Y meningococcal disease.

3. Menactra
• Children 24 months and older who have not received a complete series:
  Administer 2 primary doses at least 8 weeks apart.

2. MenHibrix
• Children 6 weeks through 18 months: Administer doses at 2, 4, 6, and
  12 through 15 months of age.
• If the first dose of MenHibrix is given at or after 12 months of age, a total
  of 2 doses should be given at least 8 weeks apart to ensure protection
  against serogroups C and Y meningococcal disease.

3. Menactra
• Children 9 through 23 months: Administer 2 primary doses at least 12
  weeks apart.
• Children 24 months and older who have not received a complete series:
  Administer 2 primary doses at least 8 weeks apart.

For other catch-up recommendations for these persons, and complete information
on use of meningococcal vaccines, including guidance related to vaccination
of persons at increased risk of infection, see MMWR March 22, 2013 / 62(RR2);1-

For catch-up vaccination:
• Administer Menactra or Menveo vaccine at age 13 through 18 years if not
  previously vaccinated.
• If the first dose is administered at age 13 through 15 years, a booster dose
  should be administered at age 16 through 18 years with a minimum interval
  of at least 8 weeks between doses.
• If the first dose is administered at age 16 years or older, a booster dose
  is not needed.
• For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions and other persons at
increased risk of disease:
• Children with anatomic or functional asplenia (including sickle cell disease):
  1. Menveo
    • Children who initiate vaccination at 8 weeks through 6 months:
      Administer doses at 2, 4, 6, and 12 months of age.
    • Unvaccinated children 7 through 23 months: Administer 2 doses, with
      the second dose at least 12 weeks after the first dose AND after the
      first birthday.
    • Children 24 months and older who have not received a complete series:
      Administer 2 primary doses at least 8 weeks apart.

2. MenHibrix
• Children 6 weeks through 18 months: Administer doses at 2, 4, 6, and
  12 through 15 months of age.
• If the first dose of MenHibrix is given at or after 12 months of age, a total
  of 2 doses should be given at least 8 weeks apart to ensure protection
  against serogroups C and Y meningococcal disease.

3. Menactra
• Children 24 months and older who have not received a complete series:
  Administer 2 primary doses at least 8 weeks apart.

For catch-up vaccination:
• Administer Menactra or Menveo vaccine at age 13 through 18 years if not
  previously vaccinated.
• If the first dose is administered at age 13 through 15 years, a booster dose
  should be administered at age 16 through 18 years with a minimum interval
  of at least 8 weeks between doses.
• If the first dose is administered at age 16 years or older, a booster dose
  is not needed.
• For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions and other persons at
increased risk of disease:
• Children with anatomic or functional asplenia (including sickle cell disease):
  1. Menveo
    • Children who initiate vaccination at 8 weeks through 6 months:
      Administer doses at 2, 4, 6, and 12 months of age.
    • Unvaccinated children 7 through 23 months: Administer 2 doses, with
      the second dose at least 12 weeks after the first dose AND after the
      first birthday.
    • Children 24 months and older who have not received a complete series:
      Administer 2 primary doses at least 8 weeks apart.

2. MenHibrix
• Children 6 weeks through 18 months: Administer doses at 2, 4, 6, and
  12 through 15 months of age.
• If the first dose of MenHibrix is given at or after 12 months of age, a total
  of 2 doses should be given at least 8 weeks apart to ensure protection
  against serogroups C and Y meningococcal disease.

3. Menactra
• Children 24 months and older who have not received a complete series:
  Administer 2 primary doses at least 8 weeks apart.

For other catch-up recommendations for these persons, and complete information
on use of meningococcal vaccines, including guidance related to vaccination
of persons at increased risk of infection, see MMWR March 22, 2013 / 62(RR2);1-