

# Recommended Immunization Schedule, Minnesota 2011

## Ages 7–18 Years

Chart must be used with guidelines below.

Vaccine ↓	Age →	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, 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>		MCV	MCV	MCV
Influenza <sup>4</sup>		TIV or LAIV (annually)		
Pneumococcal <sup>5</sup>		PPSV / PCV		
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		
Varicella <sup>10</sup>		VAR		

Range of recommended ages  
 Catch-up vaccination  
 Certain high-risk groups

- Additional vaccines may be licensed and recommended during the year. For updated information see [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).
- 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. Also consider provider assessment, patient preference, and potential for adverse events.
- Consult the respective ACIP statement for detailed recommendations.
- Report clinically significant adverse events that follow immunization to the Vaccine Adverse Event Reporting System (VAERS). For guidance on how to obtain and complete a VAERS form see <http://vaers.hhs.gov/index> or call 800-822-7967.

- 1. Tetanus, diphtheria, and acellular pertussis (Tdap).** *Minimum ages: 10 years for Boostrix and 11 years for Adacel.*
  - Give Tdap at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP series but have not received a Td booster dose.
  - Give Tdap to adolescents age 13 through 18 years who have not already received a Tdap.
  - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
  - Persons age 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
- 2. Human papillomavirus (HPV).** *Minimum age: 9 years.*
  - Give 3-dose HPV series to all females at age 11 or 12 years and to all unvaccinated females at age 13 through 18 years at intervals of 0, 2, and 6 months.
  - Give HPV2 to prevent cervical cancer.
  - Give HPV4 to prevent cervical, vaginal, and vulvar cancers and genital warts.
  - Ideally, vaccine should be given prior to potential exposure through sexual activity; however, sexually active females should still be vaccinated. Inform sexually active females that they may not receive protection against all HPV types in the vaccine if previously exposed to any of them.
  - As appropriate also instruct females to receive annual Pap smears.
  - HPV4 may be given to males age 9 through 18 years to reduce the likelihood of acquiring genital warts.
- 3. Meningococcal conjugate vaccine (MCV).** *Minimum age: 2 years.*
  - Give 1 dose of MCV at age 11 or 12 years and a booster dose at age 16 years.
  - Give 1 dose of MCV to unvaccinated adolescents age 13 through 18 years including unvaccinated college freshmen living in dormitories. If vaccinated at age 13 through 15 years, give a booster dose at age 16 through 18 years (i.e., 3 years later).
  - Give 2 doses 2 months apart to children age 2 years and older with persistent complement component deficiency or anatomic or functional asplenia and 1 dose every 5 years thereafter.
  - Give 2 doses 2 months apart to adolescents age 11 through 18 years who are HIV positive.
  - Give 1 dose of MCV to children age 7 years and older who received meningococcal polysaccharide vaccine (MPSV) or MCV five or more years previously and who remain at risk.
- 4. Influenza, seasonal (TIV, LAIV).** *Minimum ages: 6 months for TIV; 2 years for LAIV.*
  - Give annually to all children age 6 months through 18 years.
  - For healthy nonpregnant persons age 2 through 49 years, use either LAIV or TIV.
  - Give 2 doses separated by at least 4 weeks to children younger than age 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season and only received 1 dose.
- 5. Pneumococcal polysaccharide vaccine and pneumococcal conjugate vaccine (PPSV and PCV).** *Minimum ages: 2 years for PPSV; 6 weeks for PCV.*
  - Give PPSV to certain high-risk groups. See MMWR 2010; 59(RR-11);1–24.
  - A single revaccination is recommended 5 years after initial dose for children age 2 years and older with anatomic or functional asplenia or immunocompromising conditions.
  - Consider a single supplemental dose of PCV13 for children age 6 through 18 years with anatomic or functional asplenia including sickle cell disease or immunocompromising conditions including HIV infection, cochlear implant, or CSF leaks.
- 6. Hepatitis A (HepA).** *Minimum age: 12 months.*
  - Give 2 doses at least 6 months apart.
  - Consider catch-up vaccination for children through age 18 years.
- 7. Hepatitis B (HepB).** *Minimum age: birth.*
  - Give a 3-dose series to unvaccinated children (see catch-up schedule).
  - A 2-dose series 4 to 6 months apart of adolescent formulation Recombivax HB is licensed for children ages 11 through 15 years.
- 8. Inactivated poliovirus (IPV).** *Minimum age: 6 weeks.*
  - Give 3 doses of IPV to unvaccinated children age 7 through 17 years (see catch-up schedule).
  - IPV is not routinely recommended for persons age 18 years and older.
  - If both OPV and IPV were given as part of a series, a total of 4 doses should be given, regardless of child's current age.
- 9. Measles, mumps, and rubella (MMR).** *Minimum age: 12 months.*
  - Give 2 doses of MMR at least 4 weeks apart to all unvaccinated children.
- 10. Varicella (VAR).** *Minimum age: 12 months.*
  - Give 2 doses to persons without evidence of immunity (i.e., who have not received 2 doses of varicella or have no physician diagnosis of varicella or shingles disease).
    - For persons younger than age 13 years give 2 doses at least 3 months apart. Do not repeat second dose if given 28 days or more after first dose.
    - For persons age 13 years and older give 2 doses at least 4 weeks apart.