

Recommended Childhood Immunization Schedule United States, January - December 1998

Vaccines¹ are listed under the routinely recommended ages indicate range of acceptable ages for immunization. Catch-up immunization should be done during any visit when feasible. Shaded indicate vaccines to be assessed and given if necessary during the early adolescent visit.

Age ► Vaccine ▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	4-6 yrs	11-12 yrs	14-16 yrs
Hepatitis B ^{2,3}	Hep B-1	Hep B-2		Hep B-3						Hep B ³	
Diphtheria, Tetanus, Pertussis ⁴			DTaP or DTP	DTaP or DTP	DTaP or DTP		DTaP or DTP ⁴		DTaP or DTP	Td	
<i>H. influenzae</i> type b ⁵			Hib	Hib	Hib	Hib					
Polio ⁶			Polio ⁶	Polio	Polio ⁶				Polio		
Measles, Mumps, Rubella ⁷						MMR			MMR ⁷	MMR ⁷	
Varicella ⁸						Var				Var ⁸	

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

- 1 This schedule indicates the recommended age for routine administration of currently licensed childhood vaccines. Combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.
- 2 ***Infants born to HBsAg-negative mothers*** should receive 2.5 µg of Merck vaccine (Recombivax HB®) or 10 µg of SmithKline Beecham (SB) vaccine (Engerix-B®). The 2nd dose should be administered at least 1 mo after the 1st dose. The 3rd dose should be given at least 2 mos after the second, but not before 6 mos of age.
Infants born to HBsAg-positive mothers should receive 0.5 mL hepatitis B immune globulin (HBIG) within 12 hrs of birth, and either 5 µg of Merck vaccine (Recombivax HB®) or 10 µg of SB vaccine (Engerix-B®) at a separate site. The 2nd dose is recommended at 1-2 mos of age and the 3rd dose at 6 mos of age.
Infants born to mothers whose HBsAg status is unknown should receive either 5 µg of Merck vaccine (Recombivax HB®) or 10 µg of SB vaccine (Engerix-B®) within 12 hrs of birth. The 2nd dose of vaccine is recommended at 1-2 mo of age and the 3rd dose at 6 mos of age. Blood should be drawn at the time of delivery to determine the mother's HBsAg status; if it is positive, the infant should receive HBIG as soon as possible (no later than 1 wk of age). The dosage and timing of subsequent vaccine doses should be based upon the mother's HBsAg status.
- 3 Children and adolescents who have not been vaccinated against hepatitis B in infancy may begin the series during any visit. Those who have not previously received 3 doses of hepatitis B vaccine should initiate or complete the series during the 11-12 year-old visit, and unvaccinated older adolescents should be vaccinated whenever possible. The 2nd dose should be administered at least 1 mo after the 1st dose, and the 3rd dose should be administered at least 4 mos after the 1st dose and at least 2 mos after the 2nd dose.
- 4 DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) is the preferred vaccine for all doses in the vaccination series, including completion of the series in children who have received 1 or more doses of whole-cell DTP vaccine. Whole-cell DTP is an acceptable alternative to DTaP. The 4th dose (DTP or DTaP) may be administered as early as 12 mos of age, provided 6 mos have elapsed since the 3rd dose and if the child is unlikely to return at age 15-18 mos. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 years.
- 5 Three *H. influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® [Merck]) is administered at 2 and 4 mos of age, a dose at 6 mos is not required.
- 6 Two poliovirus vaccines are currently licensed in the US: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). The following schedules are all acceptable to the ACIP, the AAP, and the AAFP. Parents and providers may choose among these options.
 - 1) 2 doses of IPV followed by 2 doses of OPV.
 - 2) 4 doses of IPV.
 - 3) 4 doses of OPV.The ACIP recommends 2 doses of IPV at 2 and 4 mos of age followed by 2 doses of OPV at 12-18 mos and 4-6 years of age. IPV is the only poliovirus vaccine recommended for immunocompromised persons and their household contacts.
- 7 The 2nd dose of MMR is recommended routinely at 4-6 yrs of age but may be administered during any visit, provided at least 1 mo has elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 mos of age. Those who have not previously received the second dose should complete the schedule no later than the 11-12 year visit.
- 8 Susceptible children may receive Varicella vaccine (Var) at any visit after the first birthday, and those who lack a reliable history of chickenpox should be immunized during the 11-12 year-old visit. Susceptible children 13 years of age or older should receive 2 doses, at least 1 month apart.