### 2014 Recommended Childhood Immunization Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 month</td>
<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hep B</td>
<td>Hep B</td>
<td>Hep B</td>
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<tr>
<td>2 months</td>
<td>Rotavirus&lt;sup&gt;2&lt;/sup&gt;</td>
<td>RV</td>
<td>RV</td>
<td>RV</td>
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<tr>
<td></td>
<td>Diphtheria, Tetanus, Pertussis&lt;sup&gt;3&lt;/sup&gt;</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
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<td>DTaP</td>
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<tr>
<td></td>
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<td>Hib</td>
<td>Hib</td>
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<td>Hib</td>
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<tr>
<td></td>
<td>Pneumococcal&lt;sup&gt;6&lt;/sup&gt;</td>
<td>PCV13</td>
<td>PCV13</td>
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<td>Polio&lt;sup&gt;7&lt;/sup&gt;</td>
<td>IPV</td>
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<td>IPV</td>
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<tr>
<td></td>
<td>Influenza&lt;sup&gt;8&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>Measles, Mumps, Rubella&lt;sup&gt;9&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>Varicella&lt;sup&gt;10&lt;/sup&gt;</td>
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<td></td>
<td>Hepatitis A&lt;sup&gt;11&lt;/sup&gt;</td>
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<td></td>
<td>Meningococcal&lt;sup&gt;13&lt;/sup&gt;</td>
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</tr>
</tbody>
</table>

**INFLUENZA (YEARLY)**

- 2014: PPSV23
- 2014: MMR
- 2014: Var
- 2014: HepA

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Please see reverse side for footnotes

This schedule includes recommendations in effect as of February 3, 2014. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines.

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).

Approved by MedChi - The Maryland State Medical Society

Martin O’Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein M.D., Secretary
dhmh.lZinfo@maryland.gov
Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: http://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 http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

- For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

1. Hepatitis B (HepB) vaccine. (Minimum age: birth)
   
   **Routine vaccination:**
   
   At birth:
   - Administer monovalent HepB vaccine 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 Figure 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 [RotaTeq])
   
   **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 RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
   3. If any dose in the series was RotaTeq 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.
   
   **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.
   
   **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 Boostrix, 11 years for 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.
   
   For other catch-up guidance, see Figure 2.

5. *Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hibrix])
   
   **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 Hibrix vaccine. Hibrix 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.


- The maximum age for the final dose in the series is 8 months, 0 days.

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

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

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### 2014 Recommended Adolescent Immunization Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>7 - 10 Years</th>
<th>11-12 Years</th>
<th>13 –18 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis⁴</td>
<td><strong>Tdap</strong> (if indicated)</td>
<td><strong>Tdap</strong></td>
<td><strong>Tdap</strong></td>
</tr>
<tr>
<td>Human Papillomavirus¹²</td>
<td><strong>See footnote¹²</strong></td>
<td><strong>HPV (3 Doses)</strong></td>
<td><strong>HPV (3 Doses)</strong></td>
</tr>
<tr>
<td>Meningococcal¹³</td>
<td><strong>Meningococcal</strong></td>
<td><strong>MCV4</strong></td>
<td><strong>MCV4</strong></td>
</tr>
<tr>
<td>Influenza⁸</td>
<td><strong>Influenza (Yearly)</strong></td>
<td><strong>Pneumococcal</strong></td>
<td><strong>Pneumococcal</strong></td>
</tr>
<tr>
<td>Pneumococcal⁶</td>
<td><strong>Complete Hep A Series</strong></td>
<td><strong>Complete Hep B Series</strong></td>
<td><strong>Complete Hep B Series</strong></td>
</tr>
<tr>
<td>Hepatitis A¹¹</td>
<td><strong>Complete Inactivated Polio</strong></td>
<td><strong>Complete MMR Series</strong></td>
<td><strong>Complete MMR Series</strong></td>
</tr>
<tr>
<td>Hepatitis B¹</td>
<td><strong>Complete Varicella Series</strong></td>
<td><strong>Complete Varicella Series</strong></td>
<td><strong>Complete Varicella Series</strong></td>
</tr>
</tbody>
</table>

**Please see reverse side for footnotes**

Do not restart any series when there is proof of prior vaccination, just complete series by administering missing doses.

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**Recommended ages for all Adolescents**

**Catch-Up Vaccination**

**Certain High-Risk Groups & Catch-Up Vaccination**

**Certain High-Risk Groups**

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This schedule includes recommendations in effect as of February 3, 2014. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. 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).
For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

5. **Haemophilus influenzae** type b (Hib) conjugate vaccine (cont’d)
   
   **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 the first 2 doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 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, regardless of Hib vaccine used for first dose.
   - If first dose is administered at younger than 12 months of age and second dose is given between 12 through 14 months of age, 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 MenHibrix, please see the meningococcal vaccine footnotes and also MMWR March 22, 2013; 62(RR02):1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   **Vaccination of persons with high-risk conditions:**
   - Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy or radiobiology, 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 inactivated 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.

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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 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 disease; solid organ transplantation; or congenital immunodeficiency:
     1. Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously.
     2. Administer 2 doses of PCV13 at least 8 weeks apart if 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.
   - 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 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 PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after PCV13.
   - 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 disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

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

   **Routine vaccination:**
   - Administer a 4-dose series of IPV at ages 2, 4, and 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 fourth dose.

   **Catch-up vaccination:**
   - To the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for 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.

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8. **Influenza vaccine. (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) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see MMWR 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.

   **For children aged 6 months through 8 years:**
   - For the 2013–14 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 2013–14 ACIP influenza vaccine recommendations, MMWR 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.
   - For the 2014–15 season, follow dosing guidelines in the 2014 ACIP influenza vaccine recommendations.

   **For persons aged 9 years and older:**
   - Administer 1 dose.
### Persons aged 4 months through 6 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Age for Dose 2</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Age for Dose 3</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Age for Dose 4</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Age for Dose 5</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>4 weeks</td>
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<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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<tr>
<td><strong>Rotavirus</strong></td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
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<tr>
<td><strong>Diphtheria, tetanus, &amp; acellular pertussis</strong></td>
<td>6 weeks</td>
<td>4 weeks</td>
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<tr>
<td><strong>Haemophilus influenzae type b</strong></td>
<td>6 weeks</td>
<td>4 weeks if first dose administered at younger than age 12 months</td>
<td>8 weeks (as final dose) if first dose administered at age 12 through 14 months</td>
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<td></td>
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<tr>
<td><strong>Pneumococcal</strong></td>
<td>6 weeks</td>
<td>4 weeks if first dose administered at younger than age 12 months</td>
<td>8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older</td>
<td></td>
<td></td>
<td>4 weeks if current age is younger than 12 months</td>
<td>8 weeks if current age is 12 through 59 months (as final dose) if current age is 12 through 59 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); OR if current age is 12 through 59 months and first dose administered at younger than age 12 months; OR if first 2 doses were PRP-OMP and administered at younger than age 12 months. No further doses needed if previous dose administered at age 15 months or older</td>
<td></td>
<td></td>
<td>8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 (PRP-T) doses before age 12 months and started the primary series before age 7 months</td>
</tr>
<tr>
<td><strong>Inactivated poliovirus</strong></td>
<td>6 weeks</td>
<td>4 weeks if first dose administered at younger than age 12 months</td>
<td>8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older</td>
<td></td>
<td></td>
<td>4 weeks if current age is younger than 12 months</td>
<td>8 weeks if current age is 12 through 59 months (as final dose) if current age is 12 through 59 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); OR if current age is 12 through 59 months and first dose administered at younger than age 12 months; OR if first 2 doses were PRP-OMP and administered at younger than age 12 months. No further doses needed if previous dose administered at age 15 months or older</td>
<td></td>
<td></td>
<td>8 weeks (as final dose) This dose only necessary for children aged 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</td>
</tr>
<tr>
<td><strong>Meningococcal</strong></td>
<td>6 weeks</td>
<td>4 weeks if first dose administered at younger than age 12 months</td>
<td>8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older</td>
<td></td>
<td></td>
<td>4 weeks if current age is younger than 12 months</td>
<td>8 weeks if current age is 12 through 59 months (as final dose) if current age is 12 through 59 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); OR if current age is 12 through 59 months and first dose administered at younger than age 12 months; OR if first 2 doses were PRP-OMP and administered at younger than age 12 months. No further doses needed if previous dose administered at age 15 months or older</td>
<td></td>
<td></td>
<td>8 weeks (as final dose) This dose only necessary for children aged 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</td>
</tr>
<tr>
<td><strong>Human papillomavirus</strong></td>
<td>9 years</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Hepatitis A</strong></td>
<td>12 months</td>
<td>6 months</td>
<td>6 months</td>
<td></td>
<td></td>
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<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks (and at least 16 weeks after first dose)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Inactivated poliovirus</strong></td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Meningococcal</strong></td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>8 weeks</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella</strong></td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>12 months</td>
<td>3 months if person is younger than age 13 years</td>
<td>4 weeks if person is aged 13 years or older</td>
<td></td>
<td></td>
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</tbody>
</table>

The table above 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.
11. 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.
• Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
• Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.
Catch-up vaccination:
• Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

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:
• Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007; 56 [No. RR-4], available at http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

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:
• Administer 2 doses of HepA 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 regular 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.

12. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardasil])
Routine vaccination:
• Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV2 or HPV4 may be used for females, and only HPV4 may be used for males.
• The vaccine series may be started at age 9 years.
• Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).
Catch-up vaccination:
• Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
• Use recommended routine dosing intervals (see above) for vaccine series catch-up.

13. Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenHibrix [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo])
Routine vaccination:
• Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at least 4 weeks later.
• Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
• For children aged 2 months through 18 years with high-risk conditions, see below.
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. For children younger than 19 months of age, administer a 4-dose infant series of MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children aged 19 through 23 months who have not completed a series of MenHibrix or Menveo, administer 2 primary doses of Menveo at least 3 months apart.
  3. For children aged 24 months and older who have not received a complete series of MenHibrix or Menveo, administer 2 doses of Menactra or Menveo at least 3 months apart.
• Children with persistent complement component deficiency:
  1. For children younger than 19 months of age, administer a 4-dose infant series of either MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children 7 through 23 months who have not initiated vaccination, two options exist depending on age and vaccine brand:
    a. For children who initiate vaccination with Menveo at 7 months through 23 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
    b. For children who initiate vaccination with Menactra at 9 months through 23 months of age, a 2-dose series of Menactra should be administered at least 3 months apart.
  c. For children aged 24 months and older who have not received a complete series of MenHibrix, Menveo, or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart.
• Children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
• For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo. For booster doses among persons with high-risk conditions, refer to MMWR 2013; 62(RR02):1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

Catch-up recommendations for persons with high-risk conditions:
1. If MenHibrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenHibrix should be administered.
2. 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. For children who initiate vaccination with Menveo at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.