Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2013.

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).

1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [RotaTeq]).

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks).

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.

Hepatitis B

Catch-up vaccination:

- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15–18 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.

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

Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine.

- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.

- Individuals born on or before 1980 should receive Tdap booster dose at age 11–12 years.

- Adults who have received at least 1 dose of Tdap vaccine between ages 10 and 18 years who have not been fully immunized with the childhood DTaP vaccine series, should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. For these children, an adolescent Tdap vaccine should not be given.

- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster every 10 years thereafter.

- An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.

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

Haemophilus influenzae type b (HiB)

Conjugate vaccine.

- Administer a HiB vaccine primary series and a booster dose to all infants. The primary series doses should be administered at 2, 4, and 6 months of age; however, if PRP-OMP (PedvaxHib or Comvax) is administered at 2 and 4 months of age, a dose at 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.

- Hib (PRP-T) should only be used for the booster (final) dose in children aged 12 months through 4 years, who have received at least 1 dose of Hib.

- For other catch-up issues, see Figure 2.
Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding the vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/pubs/acip-list.htm.
- For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.