

Quick Glance Recommended and Accelerated Schedules for Routine Childhood & Adolescent Vaccines in Alphabetical Order by Type of Vaccine

Quick Reference Guide #111

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DON'T GIVE DOSES AT LESS THAN THE MINIMUM INTERVALS - USE THIS CHART

DTaP (Daptacel & Infanrix) (Inactivated bacterial and toxoids vaccine given IM) *Minimum age: 6 weeks*

Recommended Schedule (5 doses)

2, 4, 6, 15-18 months, and 4-6 years

Minimum Intervals/Accelerated Schedule

4 weeks between doses 1, 2, and 3

6 months between doses 3 and 4 and at least 12 months of age (The 4 day grace period does not apply to 12 months of age in this instance.)

(If there are 4 months between doses 3 and 4, dose 4 does not have to be repeated. This is for evaluating doses already given not for scheduling doses to be given.)

Six months between doses 4 and 5 and dose 5 not before age 4 years

DTaP-HepB-IPV (Pediatrix) (Inactivated bacterial, toxoid and viral vaccine given IM)

Minimum age: 6 weeks

Recommended Schedule (1st 3 doses in the series)

2, 4, and 6 months

Minimum Intervals/Accelerated Schedule

4 weeks between doses 1 and 2

8 weeks between doses 2 and 3 and

16 weeks between doses 1 and 3 and

3rd dose not before 24 weeks of age

DTaP-IPV/Hib (Pentacel) (Inactivated bacterial, toxoid and viral vaccine given IM)

Minimum age: 6 weeks

Recommended Schedule (3 doses)

2, 4, and 6 months; can be given for dose 4 at 12-18 months

Minimum Intervals/Accelerated Schedule

4 weeks between doses, 1, 2, and 3

4th dose no earlier than 12 months of age and at least 6 months after dose 3

(Do not use this vaccine after 5th birthday because the Hib component is not routinely recommended after age 5.)

DTaP/IPV (Kinrix) (Inactivated bacterial, toxoid and viral vaccine given IM)

Minimum age: 4 years

Recommended Schedule (1 dose)

5th dose of DTaP series and 4th dose of polio series

Minimum Intervals/Accelerated Schedule

6 months after dose 4 DTaP and 6 months after dose 3 polio vaccine

HepA (Havrix & Vaqta) (Inactivated viral vaccine given IM)

Minimum age: 12 months

Recommended Schedule (2 doses)

1st dose at 12-23 months

2nd dose 6-18 months after 1st dose

Minimum Intervals/Accelerated Schedule

6 months between doses 1 and 2

HepB (Recombivax HB & Engerix-B) (inactivated viral vaccine given IM)

Minimum age: Birth

Recommended Schedule (3 doses)

Birth, 1-2 months, 6-18 months

Minimum Intervals/Accelerated Schedule

4 weeks between doses 1 and 2

8 weeks between doses 2 and 3 and

16 weeks between doses 1 and 3 and

3rd dose not before 24 weeks of age

Hib (ActHIB & PedvaxHIB) (Inactivated bacterial vaccine given IM)

Minimum age: 6 weeks

Recommended Schedule (3 or 4 doses)

ActHIB - 2, 4, 6, and 12-15 months (4 doses)

PedvaxHIB - 2, 4, and 12-15 months (3 doses)

Minimum Intervals/Accelerated Schedule

ActHIB – 4 weeks between doses 1, 2, and 3

4th (booster) dose no earlier than 12 months of age and at least 8 weeks after dose 3

PedvaxHIB – 4 weeks between doses 1 and 2

3rd (booster) dose no earlier than 12 months of age and at least 8 weeks after dose 2

Hib (Hiberix) (Inactivated bacterial vaccine given IM)

Minimum age: 12 months

Recommended Schedule (1 dose)

No earlier than 12 months of age and at least 8 weeks after previous dose and as a booster (final) dose only

Hib-MenCY (MenHibrix) (Inactivated bacterial vaccine given IM)

Minimum age: 6 weeks

Recommended Schedule (4 doses)

2, 4, and 6, and 12-15 months of age

Minimum Intervals/Accelerated Schedule

4 weeks between doses 1, 2, and 3

4th (booster) dose no earlier than 12 months of age and at least 8 weeks after dose 3

VFC Hib-MenCY vaccine is available only for infants at increased risk for meningococcal disease including infants with recognized persistent complement pathway deficiencies and infants who have anatomic or functional asplenia including sickle cell disease.

These infants should be vaccinated with a 4-dose series of Hib-MenCY (MenHibrix). Additionally, Hib-MenCY can be used in infants aged 6 weeks through 18 months who are in communities with serogroups C and Y meningococcal disease outbreaks.

Human papillomavirus (HPV4 - Gardasil) (HPV9 – Gardasil 9) (HPV2 – Cervarix) (Inactivated viral vaccine given IM)

Minimum age: 9 years for Cervarix and Gardasil

Recommended Schedule (3 doses)

1st dose at 11-12 years

2nd dose 1- 2 months after 1st dose, and

3rd dose 6 months after 1st dose

Human papillomavirus (continued)

13-26 years – Catch-up recommended for females
13-21 years – Catch-up recommended for males
(HPV is recommended for immunocompromised males and men who have sex with men through age 26 years. All other males aged 22 -26 yrs. may be vaccinated.)

Minimum Intervals/Accelerated Schedule

An accelerated schedule is not recommended. The routine schedule is recommended for catch-up

1st dose - 9 years of age,
4 weeks between doses 1 and 2
12 weeks between doses 2 and 3, and dose 3 at least 24 weeks after dose 1

IPV (Ipol) (Inactivated viral vaccine given SC or IM)

Minimum age: 6 weeks

Recommended Schedule (4 doses)

2, 4, 6-18 months, and 4-6 years

Minimum Intervals/Accelerated Schedule

4 weeks between doses 1, 2, and 3, 6 months between doses 3 and 4

The final dose should be administered at age ≥ 4 years regardless of the number of previous doses.

(Oklahoma school and childcare requirements allow all 4 doses to be given before age 4 years.)

Influenza (Inactivated viral vaccine given IM)

Minimum age: 6 months

Live attenuated viral vaccine given intra-nasally

Minimum age: 2 years

Recommended Schedule (Annually - 1 or 2 doses depending on age and history of prior influenza vaccination)

Minimum Intervals/Accelerated Schedule

2 doses separated by 4 weeks to children <9 years of age who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received 1 dose

MMR (Live attenuated viral vaccine given SC)

Minimum age: 12 months

Recommended Schedule (2 doses)

12-15 months and 4-6 years

Minimum Intervals/Accelerated Schedule

1st dose not before 12 months of age

4 weeks between doses 1 and 2

MMRV (ProQuad) (Live attenuated viral vaccine given SC)

Minimum age: 12 months

Recommended Schedule (2 doses)

12-15 months and 4-6 years

Minimum Intervals/Accelerated Schedule

Children 12 years and younger - 12 weeks between doses 1 and 2 (If there are 28 days between doses 1 and 2, dose 2 does not have to be repeated. This is for evaluating doses already given, not for scheduling doses to be given.)

The risk of febrile seizures is greater following MMRV when it is given as the first dose to children 12 through 47 months of age. MMRV is not licensed for and should not be given to individuals 13 years and older.

Pneumococcal Conjugate (PCV13) (Inactivated bacterial vaccine given IM)

Minimum age: 6 weeks

Recommended Schedule for children (4 doses)

2, 4, 6, and 12-15 months

Minimum Intervals/Accelerated Schedule

4 weeks between doses 1, 2, and 3

4th dose no earlier than 12 months of age and at least 8 weeks after dose 3

Meningococcal (MCV4) (Menactra and Menveo) (Inactivated bacterial vaccine given IM)

Minimum age: 2 years for Menactra and Menveo

Recommended Schedule (2 doses)

1 dose at 11-12 years and a booster at 16 years

13-18 years – Catch-up recommended

Minimum Intervals/Accelerated Schedule

8 weeks

For revaccination of high risk children and children vaccinated before 11 years consult the latest ACIP Recommendations.

MenB (Meningococcal Group B Vaccines [Trumenba and Bexsero]) (Inactivated bacterial vaccine given IM)

Minimum age: 10 years for Trumenba and Bexsero

Recommended Schedule (2 or 3 doses depending on brand used)

10 -25 years, 10 -18 years for VFC vaccine

Trumenba - 0, 2, and 6 months with "0" being the date of the 1st dose

Bexsero - 0, 1-6 months with "0" being the date of the 1st dose

Minimum Intervals/Accelerated Schedule

Not yet specified

VFC Group B meningococcal vaccines are available only for children aged 10 through 18 years at increased risk for meningococcal disease attributable to serogroup B and adolescents aged 16 through 18 years without high risk conditions. Children at increased risk of serogroup B meningococcal diseases include:

- Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D or taking eculizumab [Soliris®]),
- Children who have anatomic or functional asplenia, including sickle cell disease, and
- Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B.

Rotavirus (RotaTeq & Rotarix) (Live viral vaccine given orally)

Minimum age: 6 weeks

Recommended Schedule (2 or 3 doses)

RotaTeq - 2, 4, and 6 months (3 doses)

Rotarix - 2 and 4 months (2 doses)

Do not start the series later than 14 weeks 6 days (Note: FDA licensure of Rotarix allows 1st dose to be given as late as 20 weeks of age.)

ACIP Harmonized Minimum Intervals/Accelerated Schedule

RotaTeq - 4 weeks between doses 1, 2, and 3

Rotarix - 4 weeks between doses 1 and 2

Do not give any doses after the infant reaches 8 months 0 days of age.

Tdap (Boostrix & Adacel) (Inactivated bacterial and toxoid vaccine given IM) **Minimum age: 7 years for Boostrix and Adacel**

Recommended Schedule (1 dose)

1 dose at 11-12 years

13-18 years – Catch-up recommended

Minimum Intervals/Accelerated Schedule

A 5-year interval from the last Td is recommended when Tdap is used as a booster dose; however, **Tdap can be administered regardless of the interval since the last tetanus & diphtheria toxoid-containing vaccine.**

Varicella (Varivax) (Live attenuated viral vaccine given SC)

Minimum age: 12 months

Recommended Schedule (2 doses)

12-15 months and 4-6 years

Minimum Intervals/Accelerated Schedule

Varicella (continued)

Children 12 years and younger - 12 weeks between doses 1 and 2 (*If there are 28 days between doses 1 and 2, dose 2 does not have to be repeated. This is for evaluating doses already given, not for scheduling doses to be given.*)
Individuals 13 years and older - 4 weeks between doses 1 & 2

Notes:

The only vaccine that should be given before 6 weeks of age is single antigen Hepatitis B vaccine.

Minimum Intervals/Accelerated Schedule should be used for children 4 months of age or older who start late, or are more than one month behind or in some cases when international travel is imminent. As soon as the child is caught up revert to the **Recommended Schedule**.

If an interval or age is listed in months it should be calculated by counting calendar months. For example, the minimum interval between DTaP dose #3 and dose #4 is 6 months; so if dose #3 is given on Jan.15th, dose #4 should not be given before Jun.15th. This also applies to the 6 months between doses 1 and 2 of Hepatitis A vaccine.

The **4-day grace** period applies to all the minimum intervals and ages listed above, except it does not apply to:

- the 28 days between varicella or MMRV doses 1 and 2 given to children 12 years of age and younger;
- the 4-week minimum interval between 2 different live vaccines not administered on the same day, such as MMR and live influenza vaccine; (These vaccines should be separated by 28 days.), and
- the 4th DTaP when it is given at 12 months of age.