<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose &amp; Route</th>
<th>Birth</th>
<th>6wks-2m</th>
<th>4m</th>
<th>6m</th>
<th>12m</th>
<th>15m</th>
<th>18-21m</th>
<th>4-6yrs</th>
<th>11-12yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B&lt;sup&gt;1&lt;/sup&gt;</td>
<td>0.5 ml IM</td>
<td>HepB</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DTaP&lt;sup&gt;2&lt;/sup&gt;/Tdap</td>
<td>0.5 ml IM</td>
<td>Pediarix&lt;sup&gt;®&lt;/sup&gt; 0.5ml IM</td>
<td>Pediarix&lt;sup&gt;®&lt;/sup&gt; 0.5ml IM</td>
<td>Pediarix&lt;sup&gt;®&lt;/sup&gt; 0.5 ml IM</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>IPV&lt;sup&gt;3&lt;/sup&gt;</td>
<td>0.5 ml IM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus&lt;sup&gt;4&lt;/sup&gt;</td>
<td>2 ml ORAL</td>
<td>RotaTeq&lt;sup&gt;®&lt;/sup&gt;</td>
<td>RotaTeq&lt;sup&gt;®&lt;/sup&gt;</td>
<td>RotaTeq&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PCV13&lt;sup&gt;4&lt;/sup&gt;</td>
<td>0.5 ml IM</td>
<td>Prevnar&lt;sup&gt;13®&lt;/sup&gt;</td>
<td>Prevnar&lt;sup&gt;13®&lt;/sup&gt;</td>
<td>Prevnar&lt;sup&gt;13®&lt;/sup&gt;</td>
<td>Prevnar&lt;sup&gt;13®&lt;/sup&gt;</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Hib</td>
<td>0.5 ml IM</td>
<td>PedvaxHib&lt;sup&gt;®&lt;/sup&gt;</td>
<td>PedvaxHib&lt;sup&gt;®&lt;/sup&gt;</td>
<td>PedvaxHib&lt;sup&gt;®&lt;/sup&gt;</td>
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<td></td>
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</tr>
<tr>
<td>MMR&lt;sup&gt;5&lt;/sup&gt;</td>
<td>0.5 ml SQ</td>
<td>MMR</td>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella&lt;sup&gt;6&lt;/sup&gt;</td>
<td>0.5 ml SQ</td>
<td>Varivax&lt;sup&gt;®&lt;/sup&gt;</td>
<td>Varivax&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hep A&lt;sup&gt;7&lt;/sup&gt;</td>
<td>0.5 ml IM</td>
<td>Hep A</td>
<td>Hep A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV&lt;sup&gt;6&lt;/sup&gt;</td>
<td>0.5 ml IM</td>
<td></td>
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</tr>
<tr>
<td>Meningococcal&lt;sup&gt;8&lt;/sup&gt;</td>
<td>0.5 ml IM</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (Injectable)</td>
<td>0.25 ml IM 6-35m</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>FluMist&lt;sup&gt;9&lt;/sup&gt;</td>
<td>0.2 ml nasal</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**ANTHC IMMUNIZATION PROGRAM**

**2016 STANDARD CHILDHOOD VACCINE SCHEDULE (age birth through 18 years)**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Name(s)</th>
<th>Ages</th>
<th>Dose/ Route</th>
<th>Recommended Routine Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B&lt;sup&gt;11&lt;/sup&gt;</td>
<td>RecombivaxHIB&lt;sup&gt;®&lt;/sup&gt; or Engerix B&lt;sup&gt;®&lt;/sup&gt;</td>
<td>0 to 19 yrs</td>
<td>0.5 ml IM</td>
<td>“0”, 1, and 6 months. &gt; 4 weeks between 1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; doses; &gt;8 weeks between 2&lt;sup&gt;nd&lt;/sup&gt; and 3&lt;sup&gt;rd&lt;/sup&gt; doses; &gt; 16 wk between 1&lt;sup&gt;st&lt;/sup&gt; and 3&lt;sup&gt;rd&lt;/sup&gt; doses. Routine for 0-18 yr olds. See footnote 11 for adult recommendation.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Injectable</td>
<td>36 mo and older</td>
<td>0.5 ml IM</td>
<td>Recommended every year. FluMist&lt;sup&gt;®&lt;/sup&gt; is for healthy nonpregnant people 2 yrs-49 yrs old only. For details on FluMist contraindications: Prevention and Control of Influenza with Vaccines ACIP 2015/16</td>
</tr>
<tr>
<td>PPSV23&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Pneumovax&lt;sup&gt;®&lt;/sup&gt;</td>
<td>2 yrs and older</td>
<td>0.5 ml IM</td>
<td>One PPSV23 dose for children and adults 2 yrs of age and older in risk group. One dose of PPSV23 for previously unimmunized AK Native 50-64 years old. Single dose PCV13 for immunocompromised. Single dose PCV13 for all ≥65 yrs, preferably prior to PPSV23. Single booster PPSV23 for all ≥65 yrs, at least 5 years since previous PPSV23 and at least 1 year after PCV13.</td>
</tr>
<tr>
<td>PCV13&lt;sup&gt;4, 9&lt;/sup&gt;</td>
<td>Prevnar&lt;sup&gt;13®&lt;/sup&gt;</td>
<td>6 wks and older</td>
<td>0.5 ml IM</td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td>Adacel&lt;sup&gt;®&lt;/sup&gt;</td>
<td>11 yrs and older</td>
<td>0.5 ml IM</td>
<td>One dose Tdap at 11 yrs and older regardless of interval from Td. Tdap every 10 yrs after single dose of Tdap. One Tdap for underimmunized 7-10 yr olds. Repeat doses of Tdap are not recommended except during each pregnancy, preferably between 27-36 weeks gestation.</td>
</tr>
<tr>
<td>9vHPV&lt;sup&gt;10&lt;/sup&gt;</td>
<td>Gardasil&lt;sup&gt;®&lt;/sup&gt;</td>
<td>9 yrs to 26 yrs</td>
<td>0.5 ml IM</td>
<td>3 doses given routinely starting at “0”, 1-2, &amp; 6 month intervals. If person started the series with 4vHPV, may complete series with 9vHPV.</td>
</tr>
<tr>
<td>MenACWY&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Menactra&lt;sup&gt;®&lt;/sup&gt;</td>
<td>9 mo to 55 yrs</td>
<td>0.5 ml IM</td>
<td>Give routinely to 11-18 yr olds. If first dose given at 11-15 yrs old, give booster at 16-18 yrs old (minimum interval 8 wks). For high risk.</td>
</tr>
<tr>
<td>Varicella&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Varivax&lt;sup&gt;®&lt;/sup&gt;</td>
<td>12 mo and older</td>
<td>0.5 ml SQ</td>
<td>Routine for 1-18 yrs old. 2 doses, &gt;4 wk apart (&lt;3 mos apart if 1-12 yrs).</td>
</tr>
<tr>
<td>Zoster</td>
<td>Zostavax&lt;sup&gt;®&lt;/sup&gt;</td>
<td>60 yrs and older</td>
<td>0.65 ml SQ</td>
<td>&gt; 60 yrs old. 1 dose. Contraindicated in weakened immune system.</td>
</tr>
<tr>
<td>MMR&lt;sup&gt;8&lt;/sup&gt;</td>
<td>MMR</td>
<td>12 mo and older</td>
<td>0.5 ml SQ</td>
<td>Routine for 1-18 yrs old. 2 doses at least 4 weeks apart.</td>
</tr>
<tr>
<td>Hepatitis A&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Havrix&lt;sup&gt;®&lt;/sup&gt;, Vaqta&lt;sup&gt;®&lt;/sup&gt;</td>
<td>1 yr to 18 yrs</td>
<td>0.5 ml IM</td>
<td>Routine for 1-18 yrs old. 2 doses, at least 6 calendar months apart, first dose 12-15 mos. See footnote 11 for adult recommendation.</td>
</tr>
</tbody>
</table>

1 HepB: first Hep B soon after birth. Use Pediarix<sup>®</sup> to complete the Hep B series. Final Hep B dose given no earlier than 24 weeks of age, and at least 8 weeks after prior dose & 16 weeks after first dose. A total of four doses of Hep B are permitted when a combination vaccine (Pediarix<sup>®</sup>) is used after the birth dose. See footnote 2.

2 DTaP: min. age 42 days. Pediarix<sup>®</sup> (DTaP, IPV, Hep B) is used for doses 1, 2 and 3 of DTaP. Don’t use Pediarix<sup>®</sup> for DTaP doses 4 and 5 or if child is ≥2 years old. Give DTaP dose at 12 mos of age if there is a 6 month interval after dose 3. Don’t need DTaP dose 5 if dose 4 was given ≥4 yrs of age. Kinrix<sup>®</sup> is for 4 yr-6 yr olds only.

3 IPV: min. age 42 days. Pediarix<sup>®</sup> is used for doses 1, 2 and 3 of IPV. Final IPV dose must be given at 4 years of age or older and 6 months after previous dose.

4 PCV13 (Prevnar<sup>13®</sup>): min. 42 days. One PCV13 for 14-59 mos olds with only PCV7, high risk 60-71 mos olds, immunosuppressed 6-18 yr olds. PPSV23 ≥2 yr high risk. 

5 Rotavirus (RotaTeq<sup>®</sup>): min. age 42 days. Give dose 1 between 6 weeks through 14 weeks. Don’t start series if ≥15 weeks. Administer all doses by age 8 mo 0 days.

6 MMR and Varicella: min. age 12 months. MMR2 and Varicella2 routinely given at 4-6 yrs old; but MMR2 can be given ≥4 wks, and Varicella2 ≥3 months, after dose 1.

7 Hep A: min. age 12 months. Two doses of Hep A vaccine given at least 6 months apart.

8 Meningococcal MenACYW (Menactra<sup>®</sup>): min. age 9 mo. Routine for 11-18 yr olds. If first dose given at 11-15 yrs old, give booster at 16-18 yrs old (min. interval 8 weeks); if first dose given at ≥16 yrs old, dose 2 not recommended. For high risk 9 mo-55 yr olds (compliment disorder, asplenia, HIV+ teens), two doses, 8 wks apart, boosters every 5 years if person remains at risk. For high risk infants, see CDC recommendations.

MenB (TruMenba<sup>®</sup>, Bexsero<sup>®</sup>) is recommended for specific high risk only for persons 10 years of age or older, see CDC MenB recommendations: Meningococcal ACIP Vaccine Recommendations

9 Pneumococcal (PCV13,PPSV23): 2 yr olds and older with chronic heart, chronic liver, chronic lung, diabetes, asthma, cochlear implant, CSF leak, hemoglobinopathy, asplenia, (and in adults with cirrhosis, alcoholism, smokers). For 6 yrs and older with cochlear implant, CSF leak, immunocompromised (asplenia, HIV, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkins, generalized malignancy, congenital/acquired/iatrogenic immunosuppression, solid organ transplant, multiple myeloma), give one dose PCV13 first if no prior doses of PCV13 then PPSV23 ≥8 wks later; if prior PPSV23, give PCV13 ≥21 year after PPSV23 (in children give PCV13 ≥8 wks after PPSV23). For immunocompromised give 2nd PPSV23 5 yrs after 1st dose. For details: Pneumococcal ACIP Vaccine Recommendations

10 HPV (Gardasil<sup>®</sup>): min. age 9 yrs. Routine at 11-12 yrs old. Recommended for females 9-26 yrs old, and for males 9-21 yrs old. Recommended for MS and immune-compromised men (including those with HIV infection) through age 26 years. May give to males 22-26 yrs old. No 9vHPV booster if completed any HPV series.

11 Hep B/Hep A: For adults ≥19 years, Hep B vaccine for sero-negative unvaccinated adults, especially adults with liver disease and 19-59 yr olds with diabetes. Hep A for sero-negative adults with liver disease, travel to high risk countries, clotting disorders, injection drug use, men having sex with men (MSM).
# MINIMUM INTERVAL (CATCH UP) VACCINE SCHEDULE (age 4 months through 6 years)

<table>
<thead>
<tr>
<th>Dose 1 (Minimum Age)</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B^</td>
<td>4 weeks</td>
<td>8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP^</td>
<td>(6 weeks)</td>
<td>4 weeks</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>IPV^</td>
<td>(6 weeks)</td>
<td>4 weeks</td>
<td>6 months - minimum</td>
<td>age 4 yrs for final dose</td>
</tr>
<tr>
<td>RotaTeq^</td>
<td>(6 weeks)</td>
<td>4 weeks</td>
<td>8 weeks (as final dose)</td>
<td>if current age ≥12 months and 2\textsuperscript{nd} dose given at &lt;15 months</td>
</tr>
<tr>
<td>PedvaxHib^</td>
<td>(6 weeks)</td>
<td>4 weeks</td>
<td>No further doses needed: if first dose given at ≥15 months</td>
<td></td>
</tr>
<tr>
<td>Prevnar13\textsuperscript{9,7} (PCV13)</td>
<td>(6 weeks)</td>
<td>4 weeks: if 1\textsuperscript{st} dose given at &lt;12 months</td>
<td>8 weeks (as final dose): for healthy children if 1\textsuperscript{st} dose given at ≥12 months</td>
<td></td>
</tr>
<tr>
<td>MMR^</td>
<td>(12 months)</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>(12 months)</td>
<td>3 months (don’t repeat if given at least 4 wks apart)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep A</td>
<td>(12 months)</td>
<td>6 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# MINIMUM INTERVAL (CATCH UP) VACCINE SCHEDULE (age 7 through 18 years of age)

<table>
<thead>
<tr>
<th>Dose 1 (Minimum Age)</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Booster Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Td/Tdap^</td>
<td>7 years - incomplete DTaP give 1 Tdap then Td to complete primary series</td>
<td>4 weeks</td>
<td>4 weeks - If first dose at &lt;12 mos</td>
</tr>
<tr>
<td>IPV^</td>
<td>3 weeks</td>
<td>4 weeks</td>
<td>6 months - if first dose at ≥12 mos (no further doses)</td>
</tr>
<tr>
<td>Hep B</td>
<td>birth</td>
<td>4 weeks</td>
<td>8 weeks (and ≥16 wks after 1\textsuperscript{st} dose)</td>
</tr>
<tr>
<td>Hep A</td>
<td>12 months</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>9vHPV\textsuperscript{9} (Gardasil\textsuperscript{9})</td>
<td>9 years</td>
<td>4 weeks (8 weeks is preferred)</td>
<td>12 weeks (16 weeks preferred) (and ≥24 weeks after 1\textsuperscript{st} dose)</td>
</tr>
<tr>
<td>MMR</td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td>MenACWY</td>
<td>11 years (high risk: 6 weeks*)</td>
<td>8 weeks</td>
<td>*See footnote 8 on other side</td>
</tr>
<tr>
<td>Varicella</td>
<td>12 months</td>
<td>3 months (don’t repeat if ≥4wk)</td>
<td>4 wks if first dose given ≥13 yr</td>
</tr>
</tbody>
</table>

1 Hep B: children and adolescents through age 18 years who have not been immunized should begin the hepatitis B vaccination series. Final dose at ≥24 weeks of age.
2 DTaP: the fifth dose is not necessary if the fourth dose was given after the 4\textsuperscript{th} birthday. Don’t give DTaP to persons ≥7 years old.
3 IPV: Final dose should be given on/after 4\textsuperscript{th} birthday. The fourth dose is not necessary if third dose was given at ≥4 years old, minimum 6 months from previous dose.
4 Hib (PedvaxHib\textsuperscript{9}): routine use in children <5 years old. High risk recommendation for persons ≥5 years old with asplenia, HIV, or stem cell transplant.
5 PCV13 (Prevnar13\textsuperscript{9}): routine use in children <5 years old. In 24-71 month olds with underlying medical conditions/immunocompromise, give one dose of PCV13 if received <3 prior PCV doses, or give 2 doses of PCV13 if received <3 prior PCV doses – follow with a single dose of Pneumovax (PPSV23) at least 8 wks after last PCV13. In ≥24 yr olds with immunocompromise, give single dose of PCV13 first, followed by PPSV23 8 wks later, then second PPSV23 5 yrs later.
6 MMR: Give the two dose series to all children 12 months through 18 years of age. The second dose of MMR is recommended routinely at 4-6 years old.
7 Td/Tdap: One dose Tdap, regardless of interval from last Td/DTaP, routinely given at 11 years old and older. Td should be administered every 10 years after single Tdap dose. Give Tdap during each pregnancy, preferably between 27-36 weeks gestation. Repeat doses of Tdap are not recommended, except booster during every pregnancy.
8 Varicella: Give the 2 dose series to all susceptible children 12 months through 18 years of age. Second dose recommended routinely at 4-6 years old.
9 HPV: Recommended in females 9-26 years old and recommended in males 9-21 years old. Recommended for MSM and immunocompromised men (including those with HIV infection) through age 26 years. Males aged 22 through 26 years may receive HPV. 9vHPV booster is not recommended after any HPV series has been completed.

For patients with immunocompromise/risk conditions, consult the CDC vaccine schedules: [http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html)

If not given on the same day, there is a 4 week minimum interval between live vaccines (MMR, Varicella, LAIV), and between live vaccines and PPD. (2-11-2016; ANTHC Immunization Program, 729-3647, 729-1538)