

Figure 1. Recommended Immunization Schedule for Persons Ages 0 through 18 Years, United States, 2013

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.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	1st dose	2nd dose		3rd dose												
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	See footnote 2											
Diphtheria, tetanus & acellular pertussis ³ (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose	4th dose			5th dose							
Tetanus, diphtheria & acellular pertussis ⁴ (Tdap: ≥7 yrs)													(Tdap)			
<i>Haemophilus influenzae</i> type b ⁵ (Hib)			1st dose	2nd dose	See footnote 5	3rd or 4th dose (see footnote 5)										
Pneumococcal conj ^{6a,c} (PCV13)			1st dose	2nd dose	3rd dose	4th dose										
Pneumococcal poly ^{6b,c} (PPSV23)																
Poliovirus ⁷ (IPV)			1st dose	2nd dose	3rd dose				4th dose							
Influenza ⁸ (IIV; LAIV) 2 doses for some: see footnote 8					Annual vaccination (IIV only)					Annual vaccination (IIV or LAIV)						
Measles, mumps, rubella ⁹ (MMR)							1st dose				2nd dose					
Varicella ¹⁰ (VAR)							1st dose				2nd dose					
Hepatitis A ¹¹ (HepA)							2-dose series, see footnote 11									
Human Papillomavirus ¹² (HPV) (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (HibMenCY: ≥6 wks; MCV4-D ≥9 mos; MCV4-CRM: ≥2 yrs)			See footnote 13										1st dose		Booster	

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
 Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at www.cdc.gov/vaccines/pubs/acip-list.htm. Clinically significant adverse events

that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (www.vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (www.cdc.gov/vaccines) or by telephone (800-CDC-INFO [800-232-4636]).

Additional Vaccine Information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant Advisory Committee on Immunization practices (ACIP) statement available online at 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.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/page/vaccinations htm.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in "General Recommendations on Immunization (ACIP)," available at www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book: 2012 Report of the Committee on Infectious Disease*. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics.

This schedule is approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip/index.html), the American Academy of Pediatrics (www.aap.org), the American Academy of Family Physicians (www.aafp.org), and the American College of Obstetricians and Gynecologists (www.acog.org).

Figure 2. Catch-up Immunization Schedule for Persons Ages 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind, U. S., 2013

The figure below 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. Always use Figure 2 in conjunction with Figure 1 and the footnotes.

Persons ages 4 months through 6 years					
Vaccine	Minimum Age for dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 wks after first dose, minimum age for the final dose is 24 wks		
Rotavirus ²	6 wks	4 weeks	4 weeks ²		
Diphtheria, tetanus, pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type B ⁵	6 wks	4 weeks if first dose given before age 12 mos 8 weeks (as final dose) if first dose given at age 12–14 mos No further doses needed if first dose given at age 15 mos or older	4 weeks ⁵ if current age is younger than age 12 mos 8 weeks (as final dose) ⁵ if current age is 12 mos or older and first dose given before age 12 mos and second dose given before age 15 mos No further doses needed if previous dose given at age 15 mos or older	8 weeks (as final dose) This dose only necessary for children ages 12 mos through 59 mos who received 3 doses before age 12 mos	
Pneumococcal ⁶	6 wks	4 weeks if first dose given before age 12 mos 8 weeks (as final dose for healthy children) if first dose given at age 12 mos or older or current age is 24 through 59 mos No further doses needed for healthy children if first dose given at age 24 mos or older	4 weeks if current age is younger than 12 mos 8 weeks (as final dose for healthy children) if current age is 12 mos or older No further doses needed for healthy children if previous dose given at age 24 mos or older	8 weeks (as final dose) This dose only necessary for children ages 12 mos through 59 mos who received 3 doses before age 12 mos or for children at high risk who received 3 doses at any age	
Inactivated poliovirus ⁷	6 wks	4 weeks	4 weeks	6 months ⁷ minimum age 4 yrs for final dose	
Meningococcal ¹³	6 wks	8 weeks ¹³	see footnote 13	see footnote 13	
Measles, mumps, rubella ⁹	12 mos	4 weeks			
Varicella ¹⁰	12 mos	3 months			
Hepatitis A ¹¹	12 mos	6 months			
Persons ages 7 through 18 years					
Tetanus, diphtheria/tetanus, diphtheria, pertussis ⁴	7 yrs ⁴	4 weeks	4 weeks if first dose given before age 12 mos 6 months if first dose given at age 12 mos or older	6 months if first dose given before age 12 mos	
Human papillomavirus ¹²	9 yrs	Routine dosing intervals are recommended ¹²			
Hepatitis A ¹¹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 wks after first dose)		
Inactivated poliovirus ⁷	6 wks	4 weeks	4 weeks ⁷	6 months ⁷	
Meningococcal ¹³	6 wks	8 weeks ¹³			
Measles, mumps, rubella ⁹	12 mos	4 weeks			
Varicella ¹⁰	12 mos	3 months if person is younger than age 13 yrs 4 weeks if person is age 13 yrs or older			

Footnotes: Recommended Immunization Schedule for Persons Ages 0 through 18 Years, United States, 2013

Additional guidance on the use of the vaccines described in this publication is available at www.cdc.gov/vaccines/pubs/ACIP-list.htm.

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

Routine vaccination:

At birth:

- Administer monovalent HepB 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 to all infants regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if she is HBsAg-positive, administer HBIG for infants weighing 2,000 grams or more (no later than age 1 week).

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).
- The minimum interval between dose 1 and dose 2 is 4 weeks and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks, and at least 16 weeks after the first dose.
- Administration of a total of 4 doses of HepB vaccine is recommended 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 age 11 through 15 years.
- For other catch-up issues, see Figure 2.

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

Routine vaccination:

- Administer a series of RV vaccine to all infants as follows: 1) If RV-1 is used, administer a 2-dose series at ages 2 and 4 months; 2) If RV-5 is used, administer a 3-dose series at ages 2, 4, and 6 months; 3) If any dose in series was RV-5 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 age 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- If RV-1 (Rotarix) is administered for the first and second doses, a third dose is not indicated.
- For other catch-up issues, 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, and 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.

Catch-up vaccination:

- The fifth (booster) dose of DTaP is not necessary if the fourth dose was administered at age 4 years or older.
- For other catch-up issues, 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 ages 11–12 years.
- Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks' gestation) regardless of number of years from prior Td or Tdap vaccination.

Catch-up vaccination:

- Persons ages 7 through 10 years who are not 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 ages 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- An inadvertent dose of DTaP vaccine administered to children ages 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.

5. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

Routine vaccination:

- Administer a Hib vaccine primary series and a booster dose to all infants. The primary series should be administered at ages 2, 4, and 6 months; however, if PRP-OMP (PedvaxHIB or Comvax) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.
- Hiberix (PRP-T) should only be used for the booster (final) dose in children ages 12 months through 4 years, who have received at least 1 dose of Hib.

Catch-up vaccination:

- If dose 1 was administered at ages 12–14 months, administer booster (as final dose) at least 8 weeks after dose 1.
- 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 final dose at age 12 through 15 months, regardless of Hib vaccine (PRP-T or PRP-OMP) used for first dose.
- For unvaccinated children ages 15 months or older, administer only 1 dose.
- For other catch-up issues, see Figure 2.

Vaccination of persons with high-risk conditions:

- Hib vaccine is not routinely recommended for patients older than age 5 years. However, 1 dose of Hib vaccine should be administered to unvaccinated or partially vaccinated persons age 5 years or older who have leukemia, malignant neoplasms, anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, or other immunocompromising conditions.

6a. Pneumococcal conjugate vaccine (PCV13). (Minimum age: 6 weeks)

Routine vaccination:

- Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12 through 15 months.
- For children ages 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 vaccination:

- Administer 1 dose of PCV13 to all healthy children ages 24 through 59 months who are not completely vaccinated for their age.
- For other catch-up issues, see Figure 2.

Vaccination of persons with high-risk conditions:

- For children ages 24 through 71 months with certain underlying medical conditions (see footnote 6c), administer 1 dose of PCV13 if 3 doses of PCV were received previously, or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
- A single dose of PCV13 may be administered to previously unvaccinated children ages 6 through 18 years who have anatomic or functional asplenia (including sickle cell disease), HIV infection or an immunocompromising condition, cochlear implant or cerebrospinal fluid leak. See MMWR 2010;59 (No. RR-11), available at www.cdc.gov/mmwr/pdf/rr/rr5911.pdf.
- Administer PPSV23 at least 8 weeks after the last dose of PCV to children age 2 years or older with certain underlying medical conditions (see footnotes 6b and 6c).

6b. Pneumococcal polysaccharide vaccine (PPSV23). (Minimum age: 2 years)

Vaccination of persons with high-risk conditions:

- Administer PPSV23 at least 8 weeks after the last dose of PCV to children ages 2 years or older with certain underlying medical conditions (see footnote 6c). A single revaccination with PPSV should be administered after 5 years to children with anatomic or functional asplenia (including sickle cell disease) or an immunocompromising condition.

6c. Medical conditions for which PPSV23 is indicated in children ages 2 years and older and for which use of PCV13 is indicated in children ages 24 through 71 months:

- Immunocompetent children 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; cerebrospinal fluid leaks; cochlear implant;
- Children with anatomic or functional asplenia (including sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction);
- Children with immunocompromising conditions: HIV infection, chronic renal failure and nephrotic syndrome, diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; or solid organ transplantation, congenital immunodeficiency.

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

Routine vaccination:

- Administer a series of IPV at ages 2, 4, 6–18 months, with a booster at age 4–6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

Catch-up vaccination:

- In 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.
- 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 ages 18 years or older.
- For other catch-up issues, see Figure 2.

8. Influenza vaccines. (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, non-pregnant persons ages 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 age 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see MMWR 2010;59(No. RR-8), available at www.cdc.gov/mmwr/pdf/rr/rr5908.pdf.
- Administer 1 dose to persons ages 9 years and older.

For children ages 6 months through 8 years:

- For the 2012–13 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. For additional guidance, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations, MMWR 2012; 61:613–618, available at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf.
- For the 2013–14 season, follow dosing guidelines in the 2013 ACIP influenza vaccine recommendations.

9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)**Routine vaccination:**

- Administer the first dose of MMR vaccine at age 12 through 15 months, and the second dose at age 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 ages 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 ages 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 ages 12 months or 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 the first dose of VAR vaccine at age 12 through 15 months, and the second dose at age 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 ages 7 through 18 years without evidence of immunity (see MMWR 2007;56 [No. RR-4], available at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children ages 7 years 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 ages 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 for children ages 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 age 2 years or 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 2 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.

12. Human papillomavirus (HPV) vaccines. (HPV4 [Gardasil] and HPV2 [Cervarix]). (Minimum age: 9 years)**Routine vaccination:**

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1–2 and 6 months to

all adolescents ages 11–12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.

- The vaccine series can be started beginning at age 9 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).

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 (MCV). (Minimum age: 6 weeks for Hib-MenCY; 9 months for Menactra [MCV4-D]; 2 years for Menveo [MCV4-CRM])**Routine vaccination:**

- Administer MCV4 vaccine at age 11–12 years, with a booster dose at age 16 years.
- Adolescents ages 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of MCV4, with at least 8 weeks between doses. See MMWR 2011;60:1018–1019, available at www.cdc.gov/mmwr/pdf/wk/mm6030.pdf.
- For children ages 2 months through 10 years with high-risk conditions, see below.

Catch-up vaccination:

- Administer MCV4 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 issues, see Figure 2.

Vaccination of persons with high-risk conditions:

- For children younger than age 19 months with anatomic or functional asplenia (including sickle cell disease), administer an infant series of Hib-MenCY at ages 2, 4, 6 and 12–15 months.
- For children ages 2 through 18 months with persistent complement component deficiency, administer either an infant series of Hib-MenCY at ages 2, 4, 6 and 12–15 months or a 2-dose primary series of MCV4-D starting at 9 months, with at least 8 weeks between doses. For children ages 19 through 23 months with persistent complement component deficiency who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of MCV4-D at least 8 weeks apart.
- For children age 24 months or older with persistent complement component deficiency or anatomic or functional asplenia (including sickle cell disease), who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of either MCV4 or MCV4-CRM. If MCV4-D (Menactra) is administered to a child with asplenia (including sickle cell disease), do not administer MCV4-D until age 2 years and at least 4 weeks after the completion of all PCV13 doses. See MMWR 2011;60:1391–2, available at www.cdc.gov/mmwr/pdf/wk/mm6040.pdf.
- For children age 9 months or older who are residents of or travelers to countries in the African meningitis belt or to the Hajj, administer an age appropriate formulation and series of MCV4 for protection against serogroups A and W-135. Prior receipt of Hib-MenCY is not sufficient for children traveling to the meningitis belt or the Hajj. See MMWR 2011;60:1391–2, available at www.cdc.gov/mmwr/pdf/wk/mm6040.pdf.
- For children who are present during outbreaks caused by a vaccine serogroup, administer or complete an age and formulation-appropriate series of Hib-MenCY or MCV4.
- For booster doses among persons with high-risk conditions, refer to www.cdc.gov/vaccines/pubs/acip-list.htm#mening.

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