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 shaded.

**Figure 1. Recommended Immunization Schedule for Persons Ages 0 through 18 Years, United States, 2016**

**Vaccine**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>8 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B I (HepB)</td>
<td>1st dose</td>
<td></td>
<td></td>
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<tr>
<td>Diphtheria, tetanus &amp; acellular pertussis² (DtaP: &lt;7 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b³ (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
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<tr>
<td>Pneumococcal conjugate⁵ (PCV13)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
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<tr>
<td>Inactivated Poliovirus⁶ (IPV) (&lt;18 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
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<td></td>
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<tr>
<td>Influenza⁷ (IV; LAIV)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination (IV only) 1 or 2 doses</td>
<td></td>
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<tr>
<td>Measles, mumps, rubella⁸ (MMR)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination (LAIV or IV) 1 or 2 doses</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella⁹ (VAR)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination 1 dose only</td>
<td></td>
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<tr>
<td>Hepatitis A¹⁰ (HepA)</td>
<td></td>
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<tr>
<td>Meningococcal B¹¹</td>
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<tr>
<td>Pneumococcal polysaccharide⁵(PPSV23)</td>
<td></td>
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</tr>
</tbody>
</table>

**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 for non-high-risk groups that may receive vaccine, subject to individual clinical decision making**

**No recommendation**

This schedule includes recommendations in effect as of January 1, 2016. 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/hcp/acip-recs/index.html. 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/recs/vac-admin/contraindications.htm) 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 ACIP statement available online at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see MMWR, General Recommendations on Immunization and Reports/Vol.60/No.2; Table 1. Recommended and minimum ages and intervals between vaccine doses available on-line at www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/destinations/list.

This schedule is approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip), 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).
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 this table in conjunction with Figure 1 and the footnotes that follow.

### Children ages 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></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to dose 2</td>
<td>Dose 2 to dose 3</td>
<td>Dose 3 to dose 4</td>
<td>Dose 4 to dose 5</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rotavirus</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria, tetanus, and acellular pertussis</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Haemophilus influenzae type b</strong></td>
<td>6 wks</td>
<td>4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose)</td>
<td>4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel) or unknown. 8 weeks (as final dose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal</strong></td>
<td>6 wks</td>
<td>4 weeks if first dose was administered at age 12 months or older. No further doses needed if first dose was administered at age 15 months or older. 8 weeks (as final dose for healthy children)</td>
<td>4 weeks if current age is younger than 12 months and previous dose was administered before the 1st birthday. 8 weeks (as final dose for healthy children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inactivated poliovirus</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella</strong></td>
<td>12 mos</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>12 mos</td>
<td>3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>12 mos</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal</strong></td>
<td>6 wks</td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Children and adolescents ages 7 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for dose 1</th>
<th>Minimum Interval Between Doses</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to dose 2</td>
<td>Dose 2 to dose 3</td>
<td>Dose 3 to dose 4</td>
<td>Dose 4 to dose 5</td>
</tr>
<tr>
<td><strong>Meningococcal</strong></td>
<td>Not applicable (N/A)</td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis</strong></td>
<td>7 yrs</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Human papillomavirus</strong></td>
<td>9 yrs</td>
<td>Routine dosing intervals are recommended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>N/A</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inactivated poliovirus</strong></td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella</strong></td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>N/A</td>
<td>3 months if younger than age 13 yrs 4 weeks if age 13 yrs or older</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(continued)
Footnotes: Recommended Immunization Schedule for Persons Ages 0 through 18 Years, United States, 2016
For further guidance on the use of the vaccines mentioned below, see www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons age 19 years and older, see the Recommended Adult Immunization Schedule.

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 HepB immune globulin (HIB) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 18 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series (if the series was delayed; CDC recently recommended testing occurring at age 9 through 12 months; see www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a3.htm)
   - 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 HIB in addition to HepB vaccine at 12 hours of age. Determine mother’s HBsAg status as soon as possible and, if mother is HBsAg positive, also administer HIB for infants weighing 2,000 grams or more as soon as possible, but no later than 7 days.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks)
   **Routine vaccination:**
   - Administer a 2-dose series (doses separated by at least 4 months) of adult formulation Reombivin HB is licensed for use in children age 11 through 15 years.
   - For other catch-up guidance, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 5 weeks. Exception: DTaP-IPV [Kinrix, Quadracel]; 4 years)
   **Routine vaccination:**
   - Administer a series of RV vaccine to all infants as follows:
     1. If Rotarix is used, administer a 2-dose series at ages 2 and 4 months.
     2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
   - 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.

4. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks to 18 months. For FRP-T [ActHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for FRP-T [Hibrix])
   **Routine vaccination:**
   - Administer 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 schedule.
   - The primary series with ActHIB, MenHibrix or Pentacel consists of 3 doses and should be administered at ages 2, 4, and 6 months. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at ages 2 and 4 months; 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 administered at 12 months with Hibrix OPV at 24 months.
   - For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, refer to the meningococcal vaccine footnote and also MMWR February 28, 2014; 63(RR01):1–13, available at www.cdc.gov/mmwr/pdf/rr/rr6301.pdf.
   - 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.

5. Pneumococcal vaccines. (Minimum age: 6 weeks)
   **Routine vaccination:**
   - Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
   - For children ages 14 through 59 months who have received an age-appropriate series of 2- or 3-antigen pneumococcal conjugate vaccine, administer a single supplemental dose of 13-valent PCV (PCV13).
   - All recommended PCV13 doses should be administered prior to PPV23 vaccination if possible.
   - For children ages 2 through 5 years with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma 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; nephritic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukaemia, lymphomas, and Hodgkin disease.

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)
   **Routine vaccination:**
   - Administer a 4-dose series of IPV at ages 2, 4, 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 5 months prior to the next dose.
Routine vaccination:

- For the 2016–17 season, follow dosing guidelines in the 2016 ACIP influenza vaccine.
- For other catch-up guidance, see Figure 2.

- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons.
- 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 uncertain.

Routine vaccination:

- Administer 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 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 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 ages 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.
- 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.

9. 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 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 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.

10. Hepatitis A (HepA) vaccine. (Minimum age: 12 months)

Routine vaccination:

- Initiate the 2-dose HepA vaccine series at 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 uncertain.

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 childhood 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 with HIV-infected primates or with HIV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons 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 with HIV-infected primates or with HIV 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 arrival of the adoptee.


Routine vaccination:

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 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 Menactra or Menveo with at least 8 weeks between doses.
- For children ages 2 months through 18 years with high-risk conditions, see below.

Catch-up vaccination:

- 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.

Clinical discretion:

- Young adults ages 18 through 23 years (preferred age range is 16 through 18 years) may be vaccinated with either a 2-dose series of Bexsero or a 3-dose series of Trumenba vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

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): Meningococcal conjugate ACWY vaccines.
- Menveo—Children who initiate vaccination at age 8 weeks: Administer doses at ages 2, 4, 6, and 12 months.
- Unvaccinated children who initiate vaccination at 7 through 23 months: Administer 2 doses, with the 2nd dose at least 12 weeks after the 1st dose and after the 1st birthday.
- Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.
- MenHibrix—Children who initiate vaccination at age 6 weeks: Administer doses at ages 2, 4, 6, and 12 through 15 months.
- If the first dose of MenHibrix is given at or after age 12 months, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
- Menactra—Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until age 2 years and at least 4 weeks after the completion of all PCV13 doses.

Meningococcal B vaccines:

- Bexsero or Trumenba—Persons 10 years or older who have not received a complete series: Administer 2 doses at least 8 weeks apart. If Menactra is not administered to a child with asplenia (including sickle cell disease), do not administer MenHibrix until age 2 years and at least 4 weeks after the completion of all PCV13 doses.

- MenHibrix—Children who initiate vaccination at age 6 weeks: Administer doses at ages 2, 4, 6, and 12 through 15 months.
- If the first dose of MenHibrix is given at or after age 12 months, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
- Menactra—Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.
- Bexsero or Trumenba—Persons 10 years or older who have not received a complete series: Administer 2 doses at least 8 weeks apart. If Menactra is not administered to a child with asplenia (including sickle cell disease), do not administer MenHibrix until age 2 years and at least 4 weeks after the completion of all PCV13 doses.

- MenHibrix—Children who initiate vaccination at age 6 weeks: Administer doses at ages 2, 4, 6, and 12 through 15 months.
- If the first dose of MenHibrix is given at or after age 12 months, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
Meningococcal vaccines (footnote cont’d from page 5)

For other catch-up recommendations for these persons, and complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see MMWR March 22, 2013;62(3R):1–22, and MMWR October 23, 2015;64(11):1171–1176 available at www.cdc.gov/mmwr/pdf/rr/rr6202.pdf, and www.cdc.gov/mmwr/pdf/ww/mm6441.pdf.

12. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for both Boostrix and Adacel).

**Routine vaccination:**

- Administer 1 dose of Tdap vaccine to all adolescents ages 11 through 12 years.
- Tdap may 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 time since prior Td or Tdap vaccination.

**Catch-up vaccination:**

- Persons ages 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as a (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children ages 7 through 10 years who receive a dose of Tdap as part of their catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should not be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons ages 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoid (Td) booster doses every 10 years thereafter.

- Inadvertent doses of DTaP vaccine: 1) If administered inadvertently to a child ages 7 through 10 years, the dose may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years. 2) If administered inadvertently to an adolescent ages 11 through 18 years, the dose should be counted as the adolescent Tdap booster.

For other catch-up guidance, see Figure 2.

13. Human papillomavirus (HPV) vaccines. (Minimum ages: 9 years for 2vHPV [Cervarix], 4vHPV [Gardasil], and 9vHPV [Gardasil 9])

**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 through 12 years. 9vHPV, 4vHPV or 2vHPV may be used for females, and only 9vHPV or 4vHPV 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 16 weeks after the second dose (minimum interval of 12 weeks) and 24 weeks after the first dose.
- Administer HPV vaccine beginning at age 9 years to children and youth with any history of sexual abuse or assault who have not initiated or completed the 3-dose series.

**Catch-up vaccination:**

- Administer the vaccine series to females (either 2vHPV, 4vHPV, or 9vHPV) and males (4vHPV or 9vHPV) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see Routine vaccination above) for vaccine series catch-up.

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