

# Recommendations for Pneumococcal Vaccines Use in Children and Teens

**Table 1. Recommended Schedule for Administering Pneumococcal Conjugate Vaccine (PCV13)**

Child's age now	Vaccination history of PCV13	Recommended PCV13 Schedule (For minimum interval guidance for catch-up vaccination, see * below)
2 through 6 months	0 doses	3 doses, 8 weeks* apart; 4th dose at age 12–15 months
	1 dose	2 doses, 8 weeks* apart; 4th dose at age 12–15 months
	2 doses	1 dose, 8 weeks* after the most recent dose; 4th dose at age 12–15 months
7 through 11 months	0 doses	2 doses, 8 weeks apart* and a 3rd dose at age 12–15 months
	1 or 2 doses before age 7 months	1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8 weeks after the most recent dose
	1 dose at age 7–11 months	2 doses: 1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8 weeks after the most recent dose
	2 doses at age 7–11 months	1 dose at age 12–15 months
12 through 23 months	0 doses	2 doses, at least 8 weeks apart
	1 dose before age 12 months	2 doses, at least 8 weeks apart
	1 dose at or after age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 or 3 doses before age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 doses at or after age 12 months	0 doses
24 through 59 months (healthy children)	0 doses	1 dose
	Any incomplete schedule**	1 dose, at least 8 weeks after the most recent dose
24 through 71 months (children with underlying medical condition as described in Table 3 below)	Unvaccinated or any incomplete schedule** of less than 3 doses	2 doses: 1st dose at least 8 weeks after most recent dose and a 2nd dose at least 8 weeks later
	Any incomplete schedule ** of 3 doses	1 dose, at least 8 weeks after the most recent dose
6 through 18 years with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below), cerebrospinal fluid leak, or cochlear implant	No history of PCV13	1 dose

\* Minimum interval between doses: For children younger than age 12 months: 4 weeks; for children age 12 months and older: 8 weeks.

\*\* For information on completion of incomplete schedules, visit current "Recommended Immunization Schedule for Children and Adolescents Age 18 Years or Younger—United States" at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

**Table 2. Recommended Schedule for Administering Pneumococcal Polysaccharide Vaccine (PPSV23)**

Risk Group	Schedule for PPSV23	Revaccination with PPSV23
Immunocompetent children and teens with underlying medical condition (see Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Not indicated
Children and teens with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Give 1 additional dose of PPSV23 at least 5 years following the first PPSV23; the next recommended dose would be at age 65 years
Children and teens age 6 years & older with chronic liver disease, alcoholism	If no history of PPSV23, give 1 dose of PPSV23 at least 8 weeks after any prior PCV13 dose	Not indicated

**Table 3. Medical Conditions and Other Risk Factors That Are Indications for PCV13 or PPSV23**

Risk Group	Condition
Immunocompetent children and teens age 2 years & older with risk condition	Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; for ages 6 years and older: chronic liver disease, alcoholism
Children and teens age 2 years & older with functional or anatomic asplenia	<ul style="list-style-type: none"> <li>• Sickle cell disease and other hemoglobinopathies</li> <li>• Congenital or acquired asplenia, or splenic dysfunction</li> </ul>
Children and teens age 2 years & older with immunocompromising condition	<ul style="list-style-type: none"> <li>• HIV infection</li> <li>• Chronic renal failure and nephrotic syndrome</li> <li>• Diseases associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; or solid organ transplantation)</li> <li>• Congenital immunodeficiency (includes B- [humoral] or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, or C4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])</li> </ul>