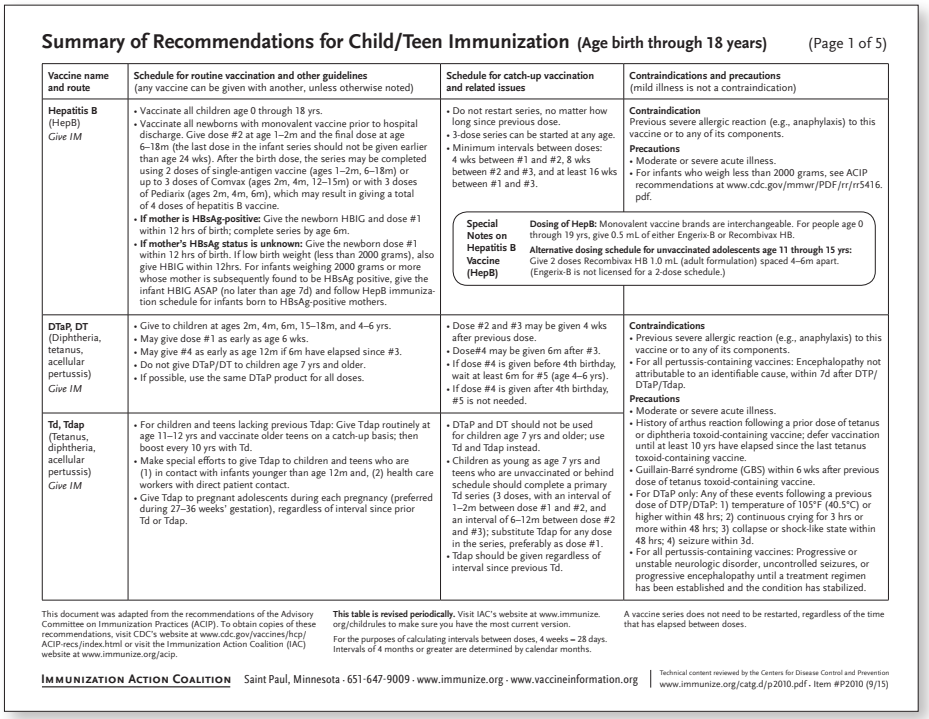
IAC's Popular Summaries of Recommendations for Child/Teen and Adult Immunization

Make copies on cardstock and keep as handy references in exam rooms!



Summary of Recommendations for Child/Teen Immunization (Age birth through 18 years) (Page 1 of 5)

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another, unless otherwise noted)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Hepatitis B (HepB) *Give IM*	• Vaccinate all children age 0 through 18 yrs. • Vaccinate all newborns with monovalent vaccine prior to hospital discharge. Give dose #2 at age 1–2m and the final dose at age 6–18m (the last dose in the infant series should not be given earlier than age 24 wks). After the birth dose, the series may be completed using 2 doses of single-antigen vaccine (ages 1–2m, 6–18m) or up to 3 doses of Comvax (ages 2m, 4m, 12–15m) or with 3 doses of Pediarix (ages 2m, 4m, 6m), which may result in giving a total of 4 doses of hepatitis B vaccine. • **If mother is HBsAg-positive:** Give the newborn HBIG and dose #1 within 12 hrs of birth; complete series by age 6m. • **If mother's HBsAg status is unknown:** Give the newborn dose #1 within 12 hrs of birth. If low birth weight (less than 2000 grams), also give HBIG within 12hrs. For infants weighing 2000 grams or more whose mother is subsequently found to be HBsAg positive, give the infant HBIG ASAP (no later than age 7d) and follow HepB immunization schedule for infants born to HBsAg-positive mothers.	• Do not restart series, no matter how long since previous dose. • 3-dose series can be started at any age. • Minimum intervals between doses: 4 wks between #1 and #2, 8 wks between #2 and #3, and at least 16 wks between #1 and #3. **Special Notes on Hepatitis B Vaccine (HepB)** **Dosing of HepB:** Monovalent vaccine brands are interchangeable. For people age 0 through 19 yrs, give 0.5 mL of either Engerix-B or Recombivax HB. **Alternative dosing schedule for unvaccinated adolescents age 11 through 15 yrs:** Give 2 doses Recombivax HB 1.0 mL (adult formulation) spaced 4–6m apart. (Engerix-B is not licensed for a 2-dose schedule.)	**Contraindication** Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. **Precautions** • Moderate or severe acute illness. • For infants who weigh less than 2000 grams, see ACIP recommendations at www.cdc.gov/mmwr/PDF/rr/rr5416.pdf.
DTaP, DT (Diphtheria, tetanus, acellular pertussis) *Give IM*	• Give to children at ages 2m, 4m, 6m, 15–18m, and 4–6 yrs. • May give dose #1 as early as age 6 wks. • May give #4 as early as age 12m if 6m have elapsed since #3. • Do not give DTaP/DT to children age 7 yrs and older. • If possible, use the same DTaP product for all doses.	• Dose #2 and #3 may be given 4 wks after previous dose. • Dose#4 may be given 6m after #3. • If dose #4 is given before 4th birthday, wait at least 6m for #5 (age 4–6 yrs). • If dose #4 is given after 4th birthday, #5 is not needed.	**Contraindications** • Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. • For all pertussis-containing vaccines: Encephalopathy not attributable to an identifiable cause, within 7d after DTP/DTaP/Tdap. **Precautions** • Moderate or severe acute illness. • History of arthus reaction following a prior dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 yrs have elapsed since the last tetanus toxoid-containing vaccine. • Guillain-Barré syndrome (GBS) within 6 wks after previous dose of tetanus toxoid-containing vaccine. • For DTaP only: Any of these events following a previous dose of DTP/DTaP: 1) temperature of 105°F (40.5°C) or higher within 48 hrs; 2) continuous crying for 3 hrs or more within 48 hrs; 3) collapse or shock-like state within 48 hrs; 4) seizure within 3d. • For all pertussis-containing vaccines: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.
Td, Tdap (Tetanus, diphtheria, acellular pertussis) *Give IM*	• For children and teens lacking previous Tdap: Give Tdap routinely at age 11–12 yrs and vaccinate older teens on a catch-up basis; then boost every 10 yrs with Td. • Make special efforts to give Tdap to children and teens who are (1) in contact with infants younger than age 12m and, (2) health care workers with direct patient contact. • Give Tdap to pregnant adolescents during each pregnancy (preferred during 27–36 weeks' gestation), regardless of interval since prior Td or Tdap.	• DTaP and DT should not be used for children age 7 yrs and older; use Td and Tdap instead. • Children as young as age 7 yrs and teens who are unvaccinated or behind schedule should complete a primary Td series (3 doses, with an interval of 1–2m between dose #1 and #2, and an interval of 6–12m between dose #2 and #3); substitute Tdap for any dose in the series, preferably as dose #1. • Tdap should be given regardless of interval since previous Td.	

This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/index.html or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

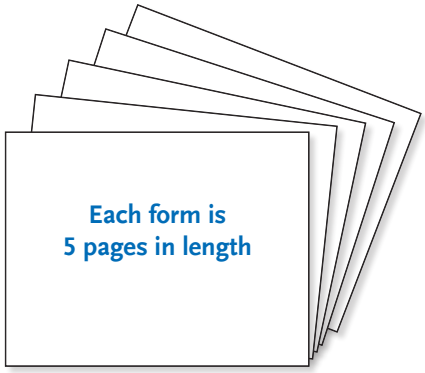
This table is revised periodically. Visit IAC's website at www.immunize.org/childrules to make sure you have the most current version.

For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.

A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

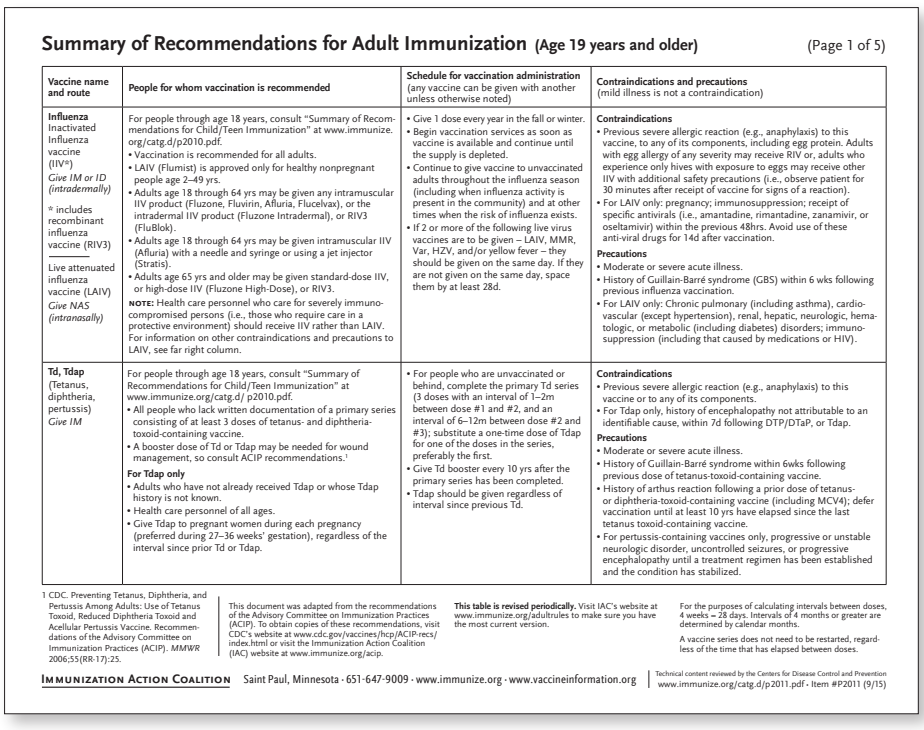
IMMUNIZATION ACTION COALITION Saint Paul, Minnesota · 651-647-9009 · www.immunize.org · www.vaccineinformation.org | Technical content reviewed by the Centers for Disease Control and Prevention www.immunize.org/catg.d/p2010.pdf · Item #P2010 (9/15)

For more than 20 years, IAC has been publishing its summaries of ACIP vaccine recommendations, updating them yearly or more often, and sending them to CDC for technical review. Both the child/teen and adult summaries have been reprinted in state immunization newsletters, textbooks, and are two of the most frequently downloaded documents from IAC's website. If you haven't seen them or used them, please try them out!



Visit:

- Summary of Recommendations for Child/Teen Immunization
  www.immunize.org/catg.d/p2010.pdf
- Summary of Recommendations for Adult Immunization
  www.immunize.org/catg.d/p2011.pdf



Summary of Recommendations for Adult Immunization (Age 19 years and older) (Page 1 of 5)

Vaccine name and route	People for whom vaccination is recommended	Schedule for vaccination administration (any vaccine can be given with another unless otherwise noted)	Contraindications and precautions (mild illness is not a contraindication)
Influenza Inactivated Influenza vaccine (IIV*) *Give IM or ID (intradermally)* * includes recombinant influenza vaccine (RIV3) Live attenuated influenza vaccine (LAIV) *Give NAS (intranasally)*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/p2010.pdf. • Vaccination is recommended for all adults. • LAIV (Flumist) is approved only for healthy nonpregnant people age 2–49 yrs. • Adults age 18 through 64 yrs may be given any intramuscular IIV product (Fluzone, Fluvirin, Afluria, Flucelvax), or the intradermal IIV product (Fluzone Intradermal), or RIV3 (FluBlok). • Adults age 18 through 64 yrs may be given intramuscular IIV (Afluria) with a needle and syringe or using a jet injector (Stratis). • Adults age 65 yrs and older may be given standard-dose IIV, or high-dose IIV (Fluzone High-Dose), or RIV3. **NOTE:** Health care personnel who care for severely immunocompromised persons (i.e., those who require care in a protective environment) should receive IIV rather than LAIV. For information on other contraindications and precautions to LAIV, see far right column.	• Give 1 dose every year in the fall or winter. • Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. • Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists. • If 2 or more of the following live virus vaccines are to be given – LAIV, MMR, Var, HZV, and/or yellow fever – they should be given on the same day. If they are not given on the same day, space them by at least 28d.	**Contraindications** • Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine, to any of its components, including egg protein. Adults with egg allergy of any severity may receive RIV or, adults who experience only hives with exposure to eggs may receive other IIV with additional safety precautions (i.e., observe patient for 30 minutes after receipt of vaccine for signs of a reaction). • For LAIV only: pregnancy; immunosuppression; receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48hrs. Avoid use of these anti-viral drugs for 14d after vaccination. **Precautions** • Moderate or severe acute illness. • History of Guillain-Barré syndrome (GBS) within 6 wks following previous influenza vaccination. • For LAIV only: Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV).
Td, Tdap (Tetanus, diphtheria, pertussis) *Give IM*	For people through age 18 years, consult "Summary of Recommendations for Child/Teen Immunization" at www.immunize.org/catg.d/ p2010.pdf. • All people who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine. • A booster dose of Td or Tdap may be needed for wound management, so consult ACIP recommendations.[1] **For Tdap only** • Adults who have not already received Tdap or whose Tdap history is not known. • Health care personnel of all ages. • Give Tdap to pregnant women during each pregnancy (preferred during 27–36 weeks' gestation), regardless of the interval since prior Td or Tdap.	• For people who are unvaccinated or behind, complete the primary Td series (3 doses with an interval of 1–2m between dose #1 and #2, and an interval of 6–12m between dose #2 and #3); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first. • Give Td booster every 10 yrs after the primary series has been completed. • Tdap should be given regardless of interval since previous Td.	**Contraindications** • Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. • For Tdap only, history of encephalopathy not attributable to an identifiable cause, within 7d following DTP/DTaP, or Tdap. **Precautions** • Moderate or severe acute illness. • History of Guillain-Barré syndrome within 6wks following previous dose of tetanus-toxoid-containing vaccine. • History of arthus reaction following a prior dose of tetanus- or diphtheria-toxoid-containing vaccine (including MCV4); defer vaccination until at least 10 yrs have elapsed since the last tetanus toxoid-containing vaccine. • For pertussis-containing vaccines only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.

1 CDC. Preventing Tetanus, Diphtheria, and Pertussis Among Adults: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2006;55(RR-17):25.

This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/ACIP-recs/index.html or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

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