

Clinical Preventive Services for Children and Adolescents (Birth to 18 Years)

Range of Recommended Ages

Catch-up Immunization

Pre-adolescent Assessment

IMMUNIZATION

Vaccine ▼	Age ►	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	13-18 yrs
Hepatitis B ¹		HepB#1	only if mother HBsAg(-)										
			HepB#2		HepB#3			HepB Series					
				DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td
Diphtheria, Tetanus, Pertussis ²				Hib	Hib	Hib ³	Hib						
<i>Haemophilus Influenzae</i> Type b ³				IPV	IPV	IPV					IPV		
Inactivated Poliovirus							MMR#1				MMR#2	MMR#2	
Measles, Mumps, Rubella ⁴							Varicella				Varicella		
Varicella ⁵							PCV			PCV	PPV		
Pneumococcal ⁶											Hepatitis A Series		
Hepatitis A ⁷		Vaccines below this line are for selected populations.											
Influenza ⁸							Influenza (yearly)						

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2003, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. ■ indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet at <http://www.vaers.org/> or by calling 1-800-822-7967.



1. Hepatitis B (HepB) vaccine. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB vaccine can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HbsAg-positive mothers should receive HepB and 0.5 mL Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 to 15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15 to 18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11 to 12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4, or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4 to 6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.

5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children, (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses, given at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children age 2 to 23 months. It is also recommended for certain children age 24 to 59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-38.

7. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected States and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these States, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A vaccination series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.



8. Influenza vaccine.* Influenza vaccine is recommended annually for children age ≥6 months with certain risk factors (including but not limited to children with asthma, cardiac disease, sickle cell disease, human immunodeficiency virus infection, and diabetes; and household members of persons in high-risk groups; [see *MMWR* 2003;52(RR-8): 1-36], and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6 to 23 months are encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk of influenza-related hospitalizations. For healthy persons age 5 to 49 years, the intranasally administered live-attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2003;52(RR-13):1-8. Children receiving TIV should be administered a dosage appropriate for their age (0.25mL if age 6 to 35 months or 0.5mL if ≥3 years). Children age ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

* In October 2003, the Advisory Committee on Immunization Practices recommended that all children 6 to 23 months receive annual influenza vaccine starting in the fall of 2004. For the most current information on influenza and other vaccinations, go to <http://www.cdc.gov/flu> and www.cdc.gov/nip/.

SCREENING

Age	Screening Test	Frequency
Newborn	Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism)	Once
Birth-2 months	Head circumference	Periodically
Birth-18 years	Height and weight	Periodically
1 year	Lead	Once
3-4 years	Eye screening	Once
Younger than 5 years	Dental	Periodically

COUNSELING

As patients grow, talk to their parents and them about:

- Development
- Dental and oral health
- Child abuse
- Sexually transmitted diseases
- Nutrition
- Safety
- Alcohol and drug use
- Birth control
- Physical activity
- Tobacco use
- Sexuality

The immunization schedule is reprinted from **Recommended Childhood and Adolescent Immunization Schedule—United States, January-June 2004**, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Screening and counseling information is based on U.S. Preventive Services Task Force recommendations (www.preventiveservices.ahrq.gov).



U.S. Preventive Services Task Force
and Put Prevention Into Practice



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