

# Guide to Preventive Services & Immunization Schedule for Infants, Children and Adolescents

Disease screening, counseling and education routine recommendations for average-risk individuals birth through age 18  
 The services below are recommendations for routine preventive care and not authorization for coverage. Check your individual plan first.

Service	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	2-3 Yrs	4-9 Yrs	10-12 Yrs	13-18 Yrs
<b>Preventive Health Risk Assessment</b> A physical exam and review of development. Review of personal health risk factors including counseling about how to stay healthy.	Yes		Yes	Yes	One exam Between 6-9 months	Yes	Yes		Optional At age 2	One exam between ages 4-6 and 7-9	One exam At 12 yrs	1-2 exams
<b>Chlamydia Screening</b> A test of a sample of body fluid or urine to determine whether chlamydia bacteria are present and may be the cause of an infection. Chlamydia is the most common bacterial sexually transmitted disease in the United States.												<b>Girls:</b> All females sexually active (with or without symptoms)
<b>Cervical Cancer Screening – Pap Smear</b> An exam where a small sample of cells from the surface of the cervix is collected by your health care professional. The cells are examined for abnormal cell changes, such as dysplasia or cervical cancer.												<b>Girls:</b> Beginning 3 years after first sexual intercourse.
<b>Depression Screening – A series of questions to identify a major depressive disorder possibility. Further diagnosis, treatment and follow-up would be recommended.</b>												Ages 12-18
<b>Vision Screening – Normal vision screening performed at schools does not need to be repeated for children of average risk and without symptoms of eye problems</b>												One Screen By age 5
<b>Hearing Screening – A hearing screen for infants before one year of age to detect congenital hearing loss.</b>	One Screen By age 1											
<b>Obesity Screening-</b> An exam where height, weight and Body Mass Index are recorded.												Annually
<b>Infant Sleep Positioning and SIDS Counseling-</b> Place infants to sleep on their backs.	Yes											
<b>Newborn Screening-</b> Performed in the hospital after birth to detect infants with serious health conditions that may not have symptoms	Yes											
<b>Tobacco Use Screening-</b> If using tobacco products (cigarettes, cigars, pipe or chew) discuss tobacco cessation and treatment options. Discuss second hand smoke exposure risk for all ages.												Yes
<b>Household and Recreational Injury Prevention Discussion</b>	<p><b>Bicycle Safety:</b> Use an approved helmet when riding a bicycle that is properly fitted.  <b>Poison Prevention:</b> Have the National Poison Control Numbers readily accessible. Use child-resistant containers; dispose of expired/unused medications.  <b>Fire Safety And Burn Prevention:</b> Install smoke detectors and test bi-annually. Check water heater temperature and discuss cigarette smoking and fire safety.  <b>Choking Prevention:</b> Identify choking hazards and treatment.  <b>Fall Prevention:</b> Use gates; never leave baby unattended on changing table. Identify window and balcony hazards.  <b>Firearm Safety:</b> Store unloaded firearms in a locked place. Keep ammunition separate from firearm in a locked/safe place.  <b>Water Safety:</b> Never leave children alone near water or in a bath (through age 6). Swimming lessons are not a substitute for adult supervision for 7-12 years of age.  <b>CPR Training:</b> Recommended for all adults caring for children.</p>											
<b>Motor Vehicle Safety</b> Install and use federally approved child safety seats Always wear a seat belt when driving or riding in a car. Do not drive or ride in a motor vehicle when the driver is under the influence of alcohol or drugs. Passengers should not ride in the cargo area of any vehicle.	Infants should face the rear of the vehicle until they are both one year of age and 20 pounds.  They should not be placed in any seat with an air bag.  The best position in a vehicle is the middle rear seat.					All children under four years of age must ride in a 5 point restraint approved car seat.			Children between the ages of 4-9, weighing less than 80 pounds and having a height of less than 4 feet 9 inches, should be in a belt-positioning booster seat.		Children under age 13 should ride in the back seat.	

Reference: Institute for Clinical Systems Improvement (October 2009)

**Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009**  
*For those who fall behind or start late, see the schedule below and the catch-up schedule*

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>		<i>see footnote 1</i>	<b>Tdap</b>	<b>Tdap</b>
Human Papillomavirus <sup>2</sup>		<i>see footnote 2</i>	<b>HPV (3 doses)</b>	<b>HPV Series</b>
Meningococcal <sup>3</sup>		<b>MCV</b>	<b>MCV</b>	<b>MCV</b>
Influenza <sup>4</sup>			<b>Influenza (Yearly)</b>	
Pneumococcal <sup>5</sup>			<b>PPSV</b>	
Hepatitis A <sup>6</sup>			<b>HepA Series</b>	
Hepatitis B <sup>7</sup>			<b>HepB Series</b>	
Inactivated Poliovirus <sup>8</sup>			<b>IPV Series</b>	
Measles, Mumps, Rubella <sup>9</sup>			<b>MMR Series</b>	
Varicella <sup>10</sup>			<b>Varicella Series</b>	

Range of recommended ages  
 Catch-up immunization  
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. 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 is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- 1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (*Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL®*)
  - Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
  - Persons aged 13 through 18 years who have not received Tdap should receive a dose.
  - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.
- 2. Human papillomavirus vaccine (HPV).** (*Minimum age: 9 years*)
  - Administer the first dose to females at age 11 or 12 years.
  - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
  - Administer the series to females at age 13 through 18 years if not previously vaccinated.
- 3. Meningococcal conjugate vaccine (MCV).**
  - Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
  - Administer to previously unvaccinated college freshmen living in a dormitory.
  - MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See *MMWR* 2005;54(No. RR-7).
  - Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.
- 4. Influenza vaccine.**
  - Administer annually to children aged 6 months through 18 years.
  - For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
  - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

- 5. Pneumococcal polysaccharide vaccine (PPSV).**
  - Administer to children with certain underlying medical conditions (see *MMWR* 1997;46[No. RR-8]), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.
- 6. Hepatitis A vaccine (HepA).**
  - Administer 2 doses at least 6 months apart.
  - HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).
- 7. Hepatitis B vaccine (HepB).**
  - Administer the 3-dose series to those not previously vaccinated.
  - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB® is licensed for children aged 11 through 15 years.
- 8. Inactivated poliovirus vaccine (IPV).**
  - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
  - 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.
- 9. Measles, mumps, and rubella vaccine (MMR).**
  - If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.
- 10. Varicella vaccine.**
  - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
  - For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
  - For persons aged 13 years and older, the minimum interval between doses is 28 days.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip)), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).  
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# Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>		HepB	HepB	HepB	<sup>see footnote 1</sup>	HepB						
Rotavirus <sup>2</sup>				RV	RV	RV <sup>2</sup>						
Diphtheria, Tetanus, Pertussis <sup>3</sup>				DTaP	DTaP	DTaP	<sup>see footnote 3</sup>	DTaP				DTaP
Haemophilus influenzae type b <sup>4</sup>				Hib	Hib	Hib <sup>4</sup>	Hib					
Pneumococcal <sup>5</sup>				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza <sup>6</sup>							Influenza (Yearly)					
Measles, Mumps, Rubella <sup>7</sup>							MMR		<sup>see footnote 7</sup>			MMR
Varicella <sup>8</sup>							Varicella		<sup>see footnote 8</sup>			Varicella
Hepatitis A <sup>9</sup>							HepA (2 doses)				HepA Series	
Meningococcal <sup>10</sup>											MCV	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. 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 is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

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

### At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

### After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

### 4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

## 2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix<sup>®</sup> is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

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

- If PRP-OMP (Pedvax-HIB<sup>®</sup> or Comvax<sup>®</sup> [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHiBit<sup>®</sup> (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

## 5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

## 6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

## 7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

## 8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

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

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55[No. RR-7].

## 10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54[No. RR-7].
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/recs/acip/](http://www.cdc.gov/vaccines/recs/acip/)), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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Reference: Institute for Clinical Systems Improvement (October 2009)