Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

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

Vaccine ▼ Age ▶	7-10 years	11-12 years	13-18 years
Diphtheria, Tetanus, Pertussis[1]	*see footnote 1*	**Tdap**	**Tdap**
Human Papillomavirus[2]	*see footnote 2*	**HPV (3 doses)**	**HPV Series**
Meningococcal[3]	**MCV4**	**MCV4**	**MCV4**
Pneumococcal[4]	**PPV**		
Influenza[5]	**Influenza (Yearly)**		
Hepatitis A[6]	**HepA Series**		
Hepatitis B[7]	**HepB Series**		
Inactivated Poliovirus[8]	**IPV Series**		
Measles, Mumps, Rubella[9]	**MMR Series**		
Varicella[10]	**Varicella Series**		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. 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 other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. **Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for 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 VAERS form is available at 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 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
   - 13–18 year olds who missed the 11–12 year Tdap or received Td only, are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

2. **Human papillomavirus vaccine (HPV).** *(Minimum age: 9 years)*
   - Administer the first dose of the HPV vaccine series to females at age 11–12 years.
   - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
   - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. **Meningococcal vaccine.**
   - Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
   - Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
   - MCV4 is recommended for children aged 2-10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
   - Persons who received MPSV4 3 or more years prior and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

4. **Pneumococcal polysaccharide vaccine (PPV).**
   - Administer PPV to certain high-risk groups.

5. **Influenza vaccine.**
   - Administer annually to all close contacts of children aged 0–59 months.
   - Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.
   - Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received one dose.
   - For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.

6. **Hepatitis A vaccine (HepA).**
   - The 2 doses in the series should be administered at least 6 months apart.
   - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

7. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those who were not previously vaccinated.
   - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 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 of MMR during any visit, with 4 or more weeks between the doses.

10. **Varicella vaccine.**
   - Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose, if administered 28 or more days following the first dose.
   - Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (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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