2018 Recommended Childhood and Adolescent Immunization Schedule

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe™ to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to issue to providers enrolled in the Medical Assistance (MA) Program the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention’s (CDC) 2018 Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who administer immunizations and provide services in the fee-for-service and managed care delivery systems.

BACKGROUND/DISCUSSION:

As stated in 55 Pa. Code § 1241.42(2), the Department of Human Services (Department) is authorized to issue immunization guidelines based on recommendations of recognized medical organizations involved in children’s health care. To ensure that children and adolescents enrolled in MA receive immunizations that conform to nationally recognized standards, the Department is updating its immunization guidelines to conform to the attached Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018 (2018 Immunization Schedule). The 2018 Immunization Schedule comprises three figures and a series of related footnotes. The three figures are as follows:

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm
Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger – United States, 2018 (Figure 1),
Catch-up immunization schedule for persons aged 4 months – 18 years who start late or who are more than 1 month behind – United States, 2018 (Figure 2), and
Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications (Figure 3).

These figures are current with the changes in vaccine formulations and recommendations for the use of licensed vaccines. The changes to the 2018 Immunization Schedule as stated in the Morbidity and Mortality Weekly Report Volume 67, as published February 9, 2018, found at https://www.cdc.gov/mmwr/volumes/67/wr/mm6705e2.htm?s_cid=mm6705e2_e, include the following:

- Mention of MenHiberix (Hib-MenCY) vaccine has been removed from Figure 1 and Figure 2 and the relevant footnotes (Hib and meningococcal A,C,W,Y). Manufacturing of MenHibrix has been discontinued in the United States and all available doses have expired.

- Cover Page:
  - A table was added outlining vaccine type, abbreviation, and brand names for vaccines discussed in the child/adolescent immunization schedule.

- Figure 2 – Catch-up immunization schedule for persons aged 4 months – 18 years who start late or who are more than 1 month behind–United States, 2018:
  - The maximum ages for the first and last doses in the rotavirus vaccination series were added to the rotavirus vaccine row.
  - The inactivated poliovirus rows were edited to clarify the catch-up recommendations for children 4 years of age and older.

- Figure 3 – Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications:
  - A reference was added to the HIV column of the figure. The reference provides additional information regarding HIV laboratory parameters and use of live vaccines.
  - Within the pneumococcal conjugate row, stippling was added to the heart disease/chronic lung disease, chronic liver disease, and diabetes columns to clarify that, in some situations, an additional dose of vaccine might be recommended for children with these conditions.

- Footnotes – Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018:

As further explained in the Morbidity and Mortality Weekly Report, the footnotes are presented in a new simplified format. The goal was to remove unnecessary text, preserve all pertinent information, and maintain clarity. This was accomplished by a
transition from complete sentences to bullets, removal of unnecessary or redundant language, and formatting changes. In addition to the overall simplification, content changes were made as follows:

- The Hepatitis B vaccine (HepB) footnote was revised to include information regarding vaccination of <2,000-g infants born to hepatitis B virus surface antigen (HBsAg)-negative mothers.
- The poliovirus vaccine footnote was revised to include updated guidance for persons who received oral poliovirus vaccine as part of their vaccination series.
- The influenza vaccine footnote has been updated to indicate that live attenuated influenza vaccine (LAIV) should not be used during the 2017–2018 influenza season. A reference link to the 2017–2018 season influenza recommendations has been added.
- The measles, mumps, and rubella vaccine (MMR) footnote was updated to include guidance regarding the use of a third dose of mumps virus-containing vaccine during a mumps outbreak.
- The meningococcal vaccine footnote has been edited to create separate footnotes for MenACWY and MenB vaccines.

For guidance on immunization recommendations, providers are advised to use the figures and footnotes together. The 2018 Immunization Schedule has been approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.

**PROCEDURE:**

Providers should carefully review the 2018 Immunization Schedule for detailed information on the appropriate dosages and ages for the administration of vaccines, and replace their current immunization schedule with the attached 2018 Immunization Schedule. Additional information is available from the CDC at: [https://www.cdc.gov/vaccines/schedules/index.html](https://www.cdc.gov/vaccines/schedules/index.html).

The National Childhood Vaccine Injury Act requires that health care providers provide parents or patients with copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedule. Additional information is available from the CDC at: [http://www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html).

**OBSOLETE BULLETIN:**

This bulletin supersedes MA Bulletin 99-17-04, issued April 24, 2017.

**ATTACHMENT:**

*Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018*
Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

- Consult relevant ACIP statements for detailed recommendations (www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- When a vaccine is not administered at the recommended age, administer at a subsequent visit.
- Use combination vaccines instead of separate injections when appropriate.
- Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) online (www.vaers.hhs.gov) or by telephone (800-822-7967).
- Report suspected cases of reportable vaccine-preventable diseases to your state or local health department.
- For information about precautions and contraindications, see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Approved by the

Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip)

American Academy of Pediatrics (www.aap.org)

American Academy of Family Physicians (www.aafp.org)

American College of Obstetricians and Gynecologists (www.acog.org)

This schedule includes recommendations in effect as of January 1, 2018.

The table below shows vaccine acronyms, and brand names for vaccines routinely recommended for children and adolescents. The use of trade names in this immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

<table>
<thead>
<tr>
<th>Vaccine type</th>
<th>Abbreviation</th>
<th>Brand(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis vaccine</td>
<td>DTaP</td>
<td>Daptacel Infanrix</td>
</tr>
<tr>
<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>No Trade Name</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type B vaccine</td>
<td>Hib (PRP-T)</td>
<td>ActHIB</td>
</tr>
<tr>
<td></td>
<td>Hib (PRP-OMP)</td>
<td>Hiberix PedvaxHIB</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix Vaqt</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix-B Recombivax HB</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IIV</td>
<td>Multiple</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R II</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra Menevo</td>
</tr>
<tr>
<td></td>
<td>MenACWY-CRM</td>
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</tr>
<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Bexsero Trumenba</td>
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<tr>
<td></td>
<td>MenB-FHbp</td>
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</tr>
<tr>
<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevnar 13</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PPSV23</td>
<td>Pneumovax</td>
</tr>
<tr>
<td>Poliovirus vaccine (inactivated)</td>
<td>IPV</td>
<td>IPOL</td>
</tr>
<tr>
<td>Rotavirus vaccines</td>
<td>RV1</td>
<td>Rotarix</td>
</tr>
<tr>
<td></td>
<td>RV5</td>
<td>RotaTeq</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel Boostrix</td>
</tr>
<tr>
<td>Tetanus and diphtheria vaccine</td>
<td>Td</td>
<td>Tenivac No Trade Name</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax</td>
</tr>
</tbody>
</table>

Combination Vaccines

| DTaP, hepatitis B and inactivated poliovirus vaccine | DTaP-HepB-IPV | Pediarix |
| DTaP, inactivated poliovirus and *Haemophilus influenzae* type B vaccine | DTaP-IPV/Hib | Pentacel |
| DTaP and inactivated poliovirus vaccine              | DTaP-IPV     | Kinrix Quadracel |
| Measles, mumps, rubella, and varicella vaccines      | MMRV         | ProQuad  |
Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1.

To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td>——2nd dose ——</td>
<td>——3rd dose ——</td>
<td>——4th dose ——</td>
<td>5th dose</td>
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<tr>
<td>Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See footnote 2</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP: &lt;7 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>——4th dose ——</td>
<td>5th dose</td>
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<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See footnote 4</td>
<td>——3rd or 4th dose, see footnote 4</td>
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<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>——4th dose ——</td>
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<tr>
<td>Inactivated poliovirus (IPV: &lt;18 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>——3rd dose ——</td>
<td>——4th dose ——</td>
<td>5th dose</td>
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<td>Influenza (IIV)</td>
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<td>Measles, mumps, rubella (MMR)</td>
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<tr>
<td>Varicella (VAR)</td>
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<td>Hepatitis A (HepA)</td>
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<tr>
<td>Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
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<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap; ≥7 yrs)</td>
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<td>Human papillomavirus (HPV)</td>
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<tr>
<td>Meningococcal B</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
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</tbody>
</table>

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Interval for Dose 4</th>
<th>Minimum Interval for Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to Dose 2</td>
<td>Dose 2 to Dose 3</td>
<td>Dose 3 to Dose 4</td>
</tr>
<tr>
<td>Hepatitis B^†</td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose.</td>
<td>Minimum age for the final dose is 24 weeks.</td>
</tr>
<tr>
<td>Rotavirus^‡</td>
<td>6 weeks; Maximum age for first dose is 14 weeks, 6 days</td>
<td>4 weeks</td>
<td>4 weeks^‡ Maximum age for final dose is 8 months, 0 days.</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis^†</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months</td>
</tr>
<tr>
<td>Haemophilus influenza type b^§</td>
<td>6 weeks</td>
<td>4 weeks if first dose was administered before the 1st birthday.</td>
<td>8 weeks (as final dose) if first dose was administered at age 12 through 14 months.</td>
<td>No further doses needed if first dose was administered at age 15 months or older.</td>
</tr>
<tr>
<td>Pneumococcal conjugate^‡</td>
<td>6 weeks</td>
<td>4 weeks if first dose was administered before the 1st birthday.</td>
<td>8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after.</td>
<td>No further doses needed for healthy children if first dose was administered at age 24 months or older.</td>
</tr>
<tr>
<td>Inactivated poliovirus^§</td>
<td>6 weeks</td>
<td>4 weeks if first dose was administered before the 1st birthday.</td>
<td>8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after.</td>
<td>8 weeks (as final dose) if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown.</td>
</tr>
<tr>
<td>Measles, mumps, rubella^†</td>
<td>12 months</td>
<td>4 weeks</td>
<td>4 weeks if current age is &lt; 4 years</td>
<td>6 months (as final dose) if current age is 4 years or older</td>
</tr>
<tr>
<td>Varicella^†</td>
<td>12 months</td>
<td>3 months</td>
<td>6 months (as final dose) if current age is 4 years or older</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A^†</td>
<td>12 months</td>
<td>6 months</td>
<td>6 months (as final dose) if current age is 4 years or older</td>
<td></td>
</tr>
<tr>
<td>Meningococcal^†</td>
<td>6 weeks</td>
<td>8 weeks^† See footnote 11</td>
<td>See footnote 11</td>
<td>See footnote 11</td>
</tr>
</tbody>
</table>

### Children and adolescents age 7 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Minimum Interval for Dose 4</th>
<th>Minimum Interval for Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to Dose 2</td>
<td>Dose 2 to Dose 3</td>
<td>Dose 3 to Dose 4</td>
</tr>
<tr>
<td>Meningococcal^†</td>
<td>Not Applicable (N/A)</td>
<td>8 weeks^†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis^†</td>
<td>7 years^†</td>
<td>4 weeks</td>
<td>4 weeks if first dose of DTAp/DT was administered before the 1st birthday.</td>
<td>6 months if first dose of DTAp/DT was administered before the 1st birthday.</td>
</tr>
<tr>
<td>Human papillomavirus^‡</td>
<td>9 years</td>
<td>6 months Routine dosing intervals are recommended.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A^†</td>
<td>N/A</td>
<td>6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B^†</td>
<td>N/A</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose.</td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus^§</td>
<td>N/A</td>
<td>4 weeks</td>
<td>6 months^© and at least 16 weeks after first dose.</td>
<td>A fourth dose of IPV is indicated if all previous doses were administered at &lt;4 years or if the third dose was administered &lt;6 months after the second dose.</td>
</tr>
<tr>
<td>Measles, mumps, rubella^†</td>
<td>N/A</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella^†</td>
<td>N/A</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
<td></td>
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</tr>
</tbody>
</table>

NOTE: The above recommendations must be read along with the footnotes of this schedule.
Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications

<table>
<thead>
<tr>
<th>VACCINE ▼</th>
<th>INDICATION ▲</th>
<th>Pregnancy</th>
<th>Immunocompromised status (excluding HIV infection)</th>
<th>HIV infection CD4+ count†</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis</th>
<th>Heart disease, chronic lung disease</th>
<th>CSF leaks/cochlear implants</th>
<th>Asplenia and persistent complement component deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B¹</td>
<td></td>
<td></td>
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Vaccination is recommended, and additional doses may be necessary based on medical condition. See footnotes.

*Severe Combined Immunodeficiency

For additional information regarding HIV laboratory parameters and use of live vaccines; see the General Best Practice Guidelines for Immunization "Altered Immunocompetence" at: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html); and Table 4-1 (footnote D) at: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

NOTE: The above recommendations must be read along with the footnotes of this schedule.
For further guidance on the use of the vaccines mentioned below, see: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).

For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

### Additional information

- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements, at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccine requirements and recommendations is available at [wwwnc.cdc.gov/travel/](http://wwwnc.cdc.gov/travel/).
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see [www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html).

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

**Birth Dose (Monovalent HepB vaccine only):**
- **Mother is HBsAg-Negative:**
  - Dose 1: within 24 hours of birth for medically stable infants ≥2,000 grams. Infants <2,000 grams administer 1 dose at chronological age 1 month or hospital discharge.
  - **Mother is HBsAg-Positive:**
    - Give HepB vaccine and 0.5 mL of HBIG (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
    - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
- **Mother’s HBsAg status is unknown:**
  - Give HepB vaccine within 12 hours of birth, regardless of birth weight.
  - For infants <2,000 grams, give 0.5 mL of HBIG in addition to HepB vaccine within 12 hours of birth.
  - Determine mother’s HBsAg status as soon as possible. If mother is HBsAg-positive, give 0.5 mL of HBIG to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

**Routine Series:**
- A complete series is 3 doses at 0, 1–2, and 6–18 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (3rd or 4th) dose: 24 weeks.
- **Minimum Intervals:** Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute “Dose 4” for “Dose 3” in these calculations.)

**Catch-up vaccination:**
- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

#### 2. Rotavirus vaccines. (minimum age: 6 weeks)

**Routine vaccination:**
- 5-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.
  - **Prospectively:** A 4th dose may be given as early as age 12 months if at least 6 months have elapsed since the 3rd dose.
  - **Retrospectively:** A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since the 3rd dose.

**Catch-up vaccination:**
- The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
- For other catch-up guidance, see Figure 2.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

4. *Haemophilus influenzae* type b (Hib) vaccine.  
   (minimum age: 6 weeks)
   **Routine vaccination:**
   - *ActHIB, Hiberix, or Pentacel:* 4-dose series at 2, 4, 6, and 12–15 months.
   - *PedvaxHIB:* 3-dose series at 2, 4, and 12–15 months.
   **Catch-up vaccination:**
   - *1st dose at 7–11 months:* Give 2nd dose at least 4 weeks later and 3rd (final) dose at 12–15 months or 8 weeks after 2nd dose (whichever is later).
   - *1st dose at 12–14 months:* Give 2nd (final) dose at least 8 weeks after 1st dose.
   - *1st dose before 12 months and 2nd dose before 15 months:* Give 3rd (final) dose 8 weeks after 2nd dose.
   - *2 doses of PedvaxHIB before 12 months:* Give 3rd (final) dose at 12–59 months and at least 8 weeks after 2nd dose.
   - *Unvaccinated at 15–59 months:* 1 dose.
   - *For other catch-up guidance, see Figure 2.*
   **Special Situations:**
   - *Chemotherapy or radiation treatment*: 12–59 months
     - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart
     - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.
     *Doses given within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.*
   - *Hematopoietic stem cell transplant (HSCT)*
     - 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant (regardless of Hib vaccination history).
   - *Anatomic or functional asplenia (including sickle cell disease)*
     - 12–59 months
       - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart
       - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.
   - *Cerebrospinal fluid leak; cochlear implant:*
     - Age 2–5 years:
       - Any incomplete* schedules with:
         - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
         - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
     - *No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).*
   - *Sickle cell disease and other hemoglobinopathies: anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:*
     - Age 2–5 years:
       - Any incomplete* schedules with:
         - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
         - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
     - *No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose)* and a 2nd dose of PPSV23 5 years later.
     - Age 6–18 years:
       - *No history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.*
       - Any PCV13 but no PPSV23: 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13
       - PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

5. *Pneumococcal vaccines.* (minimum age: 6 weeks)*[PCV13], 2 years [PPSV23]*)
   **Routine vaccination with PCV13:**
   - 4-dose series at 2, 4, 6, and 12–15 months.
   **Catch-up vaccination with PCV13:**
   - 1 dose for healthy children aged 24–59 months with any incomplete* PCV13 schedule
   - For other catch-up guidance, see Figure 2.
   **Special situations: High-risk conditions:**
   - *Administer PCV13 doses before PPSV23 if possible.*
   - *Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral, corticosteroids); diabetes mellitus:*
     - Age 2–5 years:
       - Any incomplete* schedules with:
         - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
         - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
     - *No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).*
     - Age 6–18 years:
       - *No history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.*
       - Any PCV13 but no PPSV23: 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13
       - PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

*Unimmunized* = Less than routine series (through 14 months)* schedules with:
- <3 PCV13 doses: 2 doses of PCV13, 8 weeks apart.
- 3 PCV13 doses: 1 dose of PCV13 at least 8 weeks after previous dose.
- >3 PCV13 doses: 1 dose of PCV13, at least 8 weeks after previous dose.

For other catch-up guidance, see Figure 2.

*Unimmunized* persons 5–18 years
- 1 dose for healthy children aged 6–18 years with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

*Unimmunized* persons 5–18 years
- 1 dose for healthy children aged 6–18 years with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

*Unimmunized* persons 5–18 years
- 1 dose for healthy children aged 6–18 years with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

*Unimmunized* persons 5–18 years
- 1 dose for healthy children aged 6–18 years with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

*Unimmunized* persons 5–18 years
- 1 dose for healthy children aged 6–18 years with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

*Unimmunized* persons 5–18 years
- 1 dose for healthy children aged 6–18 years with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

*Unimmunized* persons 5–18 years
- 1 dose for healthy children aged 6–18 years with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

• PPV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent PPV23 dose and a 2nd dose of PPV23 to be given 5 years after the 1st dose of PPV23 and at least 8 weeks after a dose of PCV13.

**Chronic liver disease, alcoholism:**

**Age 6–18 years:**

• No history of PPV23: 1 dose of PPV23 (at least 8 weeks after any prior PCV13 dose).

*Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the age at first vaccination. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

6. **Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)**

   **Routine vaccination:**
   - 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.

   **Catch-up vaccination:**
   - In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
   - If 4 or more doses were given before the 4th birthday, give 1 more dose at age 4–6 years and at least 6 months after the previous dose.
   - A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
   - IPV is not routinely recommended for U.S. residents 18 years and older.

   **Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series:**
   - Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/rr/mm6601a6.htm?c_id=mm6601a6_w.
   - Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV” see www.cdc.gov/mmwr/volumes/66/rr/mm6606a7.htm?c_id=mm6606a7_w.
   - For other catch-up guidance, see Figure 2.

7. **Influenza vaccines. (minimum age: 6 months)**

   **Routine vaccination:**
   - Administer an age-appropriate formulation and dose of influenza vaccine annually.
   - **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2017 should receive 2 doses separated by at least 4 weeks.
   - **Persons 9 years and older** 1 dose
   - Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.

   (For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

8. **Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months for routine vaccination)**

   **Routine vaccination:**
   - 2-dose series at 12–15 months and 4–6 years.
   - The 2nd dose may be given as early as 4 weeks after the 1st dose.

   **Catch-up vaccination:**
   - Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.

   **International travel:**
   - **Infants 6–11 months:** 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose as early as 4 weeks later.
   - **Unvaccinated children 12 months and older:** 2 doses at least 4 weeks apart before departure.

   **Mumps outbreak:**
   - Persons ≥12 months who previously received ≤2 doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.

9. **Varicella (VAR) vaccine. (minimum age: 12 months)**

   **Routine vaccination:**
   - 2-dose series: 12–15 months and 4–6 years.
   - The 2nd dose may be given as early as 3 months after the 1st dose (a dose given after a 4-week interval may be counted).

   **Catch-up vaccination:**
   - Ensure persons 7–18 years without evidence of immunity (see MMWR 2007;56[No. RR-4], at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine:
     - **Ages 7–12:** routine interval 3 months (minimum interval: 4 weeks).
     - **Ages 13 and older:** minimum interval 4 weeks.

10. **Hepatitis A (HepA) vaccine. (minimum age: 12 months)**

    **Routine vaccination:**
    - 2 doses, separated by 6-18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)

    **Catch-up vaccination:**
    - Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses is 6 months.

   **Special populations:**
   - Previously unvaccinated persons who should be vaccinated:
     - Persons traveling to or working in countries with high or intermediate endemicity
     - Men who have sex with men
     - Users of injection and non-injection drugs
     - Persons who work with hepatitis A virus in a research laboratory or with non-human primates
     - Persons with clotting-factor disorders
     - Persons with chronic liver disease
     - Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the 1st dose as soon as the adoption is planned—ideally at least 2 weeks before the adoptee’s arrival).

11. **Serogroup A, C, W, Y meningococcal vaccines. (Minimum age: 2 months [Menveo], 9 months [Menactra].**

    **Routine:**
    - 2-dose series: 11-12 years and 16 years.

    **Catch-Up:**
    - Age 13-15 years: 1 dose now and booster at age 16-18 years. Minimum interval 8 weeks.
    - Age 16-18 years: 1 dose.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Special populations and situations:
Anatomic or functional asplenia, sickle cell disease, HIV infection, persistent complement component deficiency (including eculizumab use):

- Mencevax
  - 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
  - 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
  - 1st dose at 24 months or older: 2 doses at least 8 weeks apart.

- Menactra
  - Persistent complement component deficiency:
    - 9–23 months: 2 doses at least 12 weeks apart
    - 24 months or older: 2 doses at least 8 weeks apart
  - Anatomic or functional asplenia, sickle cell disease, or HIV infection:
    - 24 months or older: 2 doses at least 8 weeks apart
  - Menactra must be administered at least 4 weeks after completion of PCV13 series.

Children who travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj, or exposure to an outbreak attributable to a vaccine serogroup:
- Children <24 months of age:
  - Mencevax (2-23 months):
    - 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
    - 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
  - Menactra (9-23 months):
    - 2 doses (2nd dose at least 12 weeks after the 1st dose. 2nd dose may be administered as early as 8 weeks after the 1st dose in travelers).
- Children 2 years or older: 1 dose of Mencevax or Menactra.

Note: Menactra should be given either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under “Special populations and situations” above, and additional meningococcal vaccination information, see meningococcal MMWR publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

12. Serogroup B meningococcal vaccines (minimum age: 10 years [Bexsero, Trumenba]).
Clinical discretion: Adolescents not at increased risk for meningococcal B infection who want MenB vaccine.
MenB vaccines may be given at clinical discretion to adolescents 16–23 years (preferred age 16–18 years) who are not at increased risk.
- Bexsero: 2 doses at least 1 month apart.
- Trumenba: 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.

Special populations and situations:
Anatomic or functional asplenia, sickle cell disease, persistent complement component deficiency (including eculizumab use), serogroup B meningococcal disease outbreak
- Bexsero: 2-dose series at least 1 month apart.
- Trumenba: 3-dose series at 0, 1-2, and 6 months.

Note: Bexsero and Trumenba are not interchangeable.
For additional meningococcal vaccination information, see meningococcal MMWR publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

13. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. (minimum age: 11 years for routine vaccinations, 7 years for catch-up vaccination)
Routine vaccination:
- Adolescents 11–12 years of age: 1 dose.
- Pregnant adolescents: 1 dose during each pregnancy (preferably during the early part of gestational weeks 27–36).
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination:
- Adolescents 13–18 who have not received Tdap: 1 dose, followed by a Td booster every 10 years.
- Persons aged 7–18 years not fully immunized with DTaP: 1 dose of Tdap as part of the catch-up series (preferably the first dose). If additional doses are needed, use Td.
- Children 7–10 years who receive Tdap inadvertently or as part of the catch-up series may receive the routine Tdap dose at 11–12 years.
- DTaP inadvertently given after the 7th birthday:
  - Child 7–10: DTaP may count as part of catch-up series. Routine Tdap dose at 11-12 may be given.
  - Adolescent 11–18: Count dose of DTaP as the adolescent Tdap booster.
  - For other catch-up guidance, see Figure 2.

14. Human papillomavirus (HPV) vaccine (minimum age: 9 years)
Routine and catch-up vaccination:
- Routine vaccination for all adolescents at 11–12 years (can start at age 9) and through age 18 if not previously adequately vaccinated. Number of doses dependent on age at initial vaccination:
  - Age 9–14 years at initiation: 2-dose series at 0 and 6–12 months. Minimum interval: 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
  - Age 15 years or older at initiation: 3-dose series at 0, 1–2 months, and 6 months. Minimum intervals: 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).
- Persons who have completed a valid series with any HPV vaccine do not need any additional doses.

Special situations:
- History of sexual abuse or assault: Begin series at age 9 years.
- Immunocompromised* (including HIV) aged 9–26 years: 3-dose series at 0, 1–2 months, and 6 months.
- Pregnancy: Vaccination not recommended, but there is no evidence the vaccine is harmful. No intervention is needed for women who inadvertently received a dose of HPV vaccine while pregnant. Delay remaining doses until after pregnancy. Pregnancy testing not needed before vaccination.

*See MMWR, December 16, 2016;65(49):1405–1408, at: www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf.