NRS 392.435 Immunization of pupils: Certificate prerequisite to enrollment; conditional enrollment; effect of military transfer of parent of child; consequences for failure to immunize; report to Division of Public and Behavioral Health; inclusion of certificate in pupil’s record.

1. Unless excused because of religious belief or medical condition and except as otherwise provided in subsection 5, a child may not be enrolled in a public school within this State unless the child’s parents or guardian submit to the board of trustees of the school district in which the child resides or the governing body of the charter school in which the child has been accepted for enrollment a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:

(a) Diphtheria;
(b) Tetanus;
(c) Pertussis if the child is under 6 years of age;
(d) Poliomyelitis;
(e) Rubella;
(f) Rubeola; and
(g) Such other diseases as the local board of health or the State Board of Health may determine.

2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or the physician’s designee or a registered nurse or the nurse’s designee, attesting that the certificate accurately reflects the child’s record of immunization.

3. If the requirements of subsection 1 can be met with one visit to a physician or clinic, procedures for conditional enrollment do not apply.

4. A child may enter school conditionally if the parent or guardian submits a certificate from a physician or local health officer that the child is receiving the required immunizations. If a certificate from the physician or local health officer showing that the child has been fully immunized is not submitted to the appropriate school officers within 90 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was conditionally admitted, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 432.0999 to 432.130, inclusive, and chapter 432B of NRS.
5.  A child who transfers to a school in this State from a school outside this State because of the military transfer of the parent or legal guardian of the child must be enrolled in school in this State regardless of whether the child has been immunized. Unless a different time frame is prescribed pursuant to NRS 392C.010, the parent or legal guardian shall submit a certificate from a physician or local health officer showing that the child:

(a) If the requirements of subsection 1 can be met with one visit to a physician or clinic, has been fully immunized within 30 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled; or

(b) If the requirements of subsection 1 cannot be met with one visit to a physician or clinic, is receiving the required immunizations within 30 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled. A certificate from the physician or local health officer showing that the child has been fully immunized must be submitted to the appropriate school officers within 120 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled.

If the parent or legal guardian fails to submit the documentation required pursuant to this subsection, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 432.0999 to 432.130, inclusive, and chapter 432B of NRS.

6.  Before December 31 of each year, each school district and the governing body of each charter school shall report to the Division of Public and Behavioral Health of the Department of Health and Human Services, on a form furnished by the Division, the exact number of pupils who have completed the immunizations required by this section.

7.  The certificate of immunization must be included in the pupil’s academic or cumulative record and transferred as part of that record upon request.

(Added to NRS by 1971, 1040; A 1973, 267; 1975, 1324; 1979, 314; 1985, 1400; 1987, 1334; 1995, 807; 1997, 1876; 2003, 3218; 2009, 2623)

NRS 392.437  Immunization of pupils: Exemption if prohibited by religious belief.  A public school shall not refuse to enroll a child as a pupil because the child has not been immunized pursuant to NRS 392.435 if the parents or guardian of the child has submitted to the board of trustees of the school district or the governing body of a charter school in which the child has been accepted for enrollment a written statement indicating that their religious belief prohibits immunization of such child or ward.

(Added to NRS by 1971, 1040; A 1997, 1876)

NRS 392.439  Immunization of pupils: Exemption if prevented by medical condition.  If the medical condition of a child will not permit the child to be immunized to the extent required
by NRS 392.435 and a written statement of this fact is signed by a licensed physician and by the
parents or guardian of the child, the board of trustees of the school district or governing body of
the charter school in which the child has been accepted for enrollment shall exempt the child
from all or part of the provisions of NRS 392.435, as the case may be, for enrollment purposes.

(Added to NRS by 1971, 1040; A 1997, 1877)

NRS 392.443  Immunization of pupils: Additional requirements imposed after enrollment;
additional certificate required. If, after a child has been enrolled in a public school and before
registration for any subsequent school year additional immunization requirements are provided
by law, the child’s parents or guardian shall submit an additional certificate or certificates to the
board of trustees or the governing body of the charter school in which the child is enrolled
stating that the child has met the new immunization requirements.

(Added to NRS by 1971, 1041; A 1997, 1877)

NRS 392.446  Immunization of pupils: Protection of child exempt from immunization if
dangerous disease exists in school. Whenever the State Board of Health or a local board of
health determines that there is a dangerous contagious disease in a public school attended by a
child for whom exemption from immunization is claimed pursuant to the provisions of NRS
392.437 or 392.439, the board of trustees of the school district or the governing body of the
charter school in which the child is enrolled shall require either:

1. That the child be immunized; or

2. That the child remain outside the school environment and the local health officer be
   notified.

(Added to NRS by 1979, 314; A 1997, 1877)

NRS 392.448  Immunization of pupils: Penalty for refusal to remove child from school
when required by law. Any parent or guardian who refuses to remove his or her child from the
public school in which the child is enrolled when retention in school is prohibited under the
provisions of NRS 392.435, 392.443 or 392.446 is guilty of a misdemeanor.

(Added to NRS by 1979, 314)
Childcare, School, and College Immunization Requirements

- Childcare and Preschool Immunization Requirements
- Kindergarten Entry Immunization Requirements
- State of Nevada Entry Immunization Requirements for New Students Grades K-12th
- 7th Grade Entry Immunization Requirement
- College Immunization Requirements

Childcare and Preschool Immunization Requirements

Childcare and preschool vaccine & dosage requirements depend upon the child's age.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Protects Against</th>
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<tbody>
<tr>
<td>DTaP/DT</td>
<td>Diphtheria, Tetanus, Pertussis</td>
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<tr>
<td>IPV</td>
<td>Polio</td>
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<tr>
<td>Hib</td>
<td>Haemophilus Influenzae type b</td>
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<tr>
<td>PCV-13 (Prevnar)</td>
<td>Streptococcus Pneumoniae</td>
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<tr>
<td>HBV</td>
<td>Hepatitis B</td>
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<td>HAV</td>
<td>Hepatitis A</td>
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<tr>
<td>MMR</td>
<td>Measles, Mumps, Rubella</td>
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<tr>
<td>VZV (Varicella)</td>
<td>Chickenpox</td>
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</tbody>
</table>

Kindergarten Entry Immunization Requirements

- 5 DTap (Diphtheria, Tetanus, and Pertussis)
  - 4 OK if last one given after age 4
- 4 IPV or OPV (polio)
  - 3 OK if last one given after age 4 and all 3 are the same type (OPV or IPV)
- 3 Hepatitis B
- 2 Hepatitis A
- 2 MMR (Measles, Mumps, Rubella)
- 2 Varicella (or History of Chickenpox)

State of Nevada Entry Immunization Requirements for New Students Grades K-12th

- 5 DTap (Diphtheria, Tetanus, and Pertussis)
  - 4 OK if last one given after age 4
- 4 IPV or OPV (Polio)
• 3 OK if last one given after age 4 and all 3 are the same type (OPV or IPV)
  • 3 Hepatitis B
  • 2 Hepatitis A
  • 2 MMR (Measles, Mumps, Rubella)
  • 2 Varicella (or History of Chickenpox)

**7th Grade Entry Immunization Requirement**

• 1 Tdap (Tetanus, Diphtheria, Pertussis) at 7th grade entry

**College Immunization Requirements**

• 1 Tdap (Tetanus, Diphtheria, Pertussis) or Td (Tetanus, Diphtheria) within the past 10 years
• 2 MMR (Measles, Mumps, Rubella)
• Meningococcal (Freshman less than 23 years of age residing in on-campus housing facility)

**Other immunizations may be required depending upon the student's major.**
Recommended Immunization Schedules for Persons Aged 0 Through 18 Years
UNITED STATES, 2016

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967).

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the

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

American Academy of Pediatrics
(http://www.aap.org)

American Academy of Family Physicians
(http://www.aafp.org)

American College of Obstetricians and Gynecologists
(http://www.acog.org)
Figure 1. Recommended immunization schedule for persons aged 0 through 18 years—United States, 2016.

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.

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<tr>
<th>Vaccine</th>
<th>Birth</th>
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<th>6 mos</th>
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<th>18 mos</th>
<th>19–23 mos</th>
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<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13–15 yrs</th>
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<td>Hepatitis B’ (HepB)</td>
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<td>Pneumococcal polysaccharide’ (PPSV23)</td>
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<tr>
<td>See footnote 5</td>
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</tbody>
</table>

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (http://www.aap.org), the American Academy of Family Physicians (http://www.aafp.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).

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 through 18 years who start late or who are more than 1 month behind — United States, 2016.

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.

### Children age 4 months through 6 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to Dose 2</td>
</tr>
<tr>
<td>Hepatitis B²</td>
<td>Birth</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Rotavirus²</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis⁴</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Haemophilus influenzae type b⁶</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Pneumococcal³</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Inactivated poliovirus⁵</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Measles, mumps, rubella⁴</td>
<td>12 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Varicella⁴</td>
<td>12 months</td>
<td>3 months</td>
</tr>
<tr>
<td>Hepatitis A⁰</td>
<td>12 months</td>
<td>6 months</td>
</tr>
<tr>
<td>Meningococcal⁷</td>
<td>(Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Tuberculosis, diphtheria; tetanus, diphtheria, and acellular pertussis⁵</td>
<td>7 years⁵</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Human papillomavirus¹²</td>
<td>9 years</td>
<td>Routine dosing intervals are recommended.¹²</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to Dose 2</td>
</tr>
<tr>
<td>Meningococcal⁷</td>
<td>(Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis⁵</td>
<td>7 years⁵</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Human papillomavirus¹²</td>
<td>9 years</td>
<td>6 months</td>
</tr>
</tbody>
</table>

### Critical Points

- Always use this table in conjunction with Figure 1 and the footnotes that follow.
- The above recommendations must be read along with the footnotes of this schedule.
Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2016

For further guidance on the use of the vaccines mentioned below, see: 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 contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

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

• Vaccine doses administered 4 days or less before the minimum 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 doses 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 MMWR, General Recommendations on Immunization and Reports / Vol. 60 / No. 2; Table 1. Recommended and minimum ages and intervals between vaccine doses available online at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.

• Information on travel vaccine requirements and recommendations is available at http://www.wncdc.gov/travel/destinations/list.


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

   **Routine vaccination:**
   
   At birth:
   
   • Administer monovalent HepB vaccine to all newborns before hospital discharge.

   • For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 18 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series if the series was delayed; CDC recently recommended testing occur at age 9 through 12 months; see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm.

   • If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

   **Doses following the birth dose:**
   
   • The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.

   • Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.

   • Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

   **Catch-up vaccination:**
   
   • Unvaccinated persons should complete a 3-dose series.

   • A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.

   • For other catch-up guidance, see Figure 2.

2. **Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])**

   **Routine vaccination:**
   
   Administer a series of RV vaccine to all infants as follows:
   
   1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.

   2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.

   3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

   **Catch-up vaccination:**
   
   • The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.

   • The maximum age for the final dose in the series is 8 months, 0 days.

   • For other catch-up guidance, see Figure 2.

3. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks. Exception: DTaP-IPV [Kinxiv, Quadracel]; 4 years)**

   **Routine vaccination:**
   
   • Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years.

   • The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

   • Inadvertent administration of 4th DTaP dose early: If the fourth dose of DTaP was administered at least 4 months, but less than 6 months, after the third dose of DTaP, it need not be repeated.

   **Catch-up vaccination:**
   
   • The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at 4 years or older.

   • For other catch-up guidance, see Figure 2.

4. **Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [AC-THIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP (PevaxHib or COMVAX), 12 months for PRP-T [Hiberix])**

   **Routine vaccination:**
   
   • Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.

   • The primary series with ActHIB, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PevaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.

   • One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

   • For recommendations on the use of MenHibrix in patients who have received meningococcal disease, please refer to the meningococcal vaccine footnotes and also to MMWR February 28, 2014 / 63(RR01);1-13, available at http://www.cdc.gov/mmwr/PDF/rr/rr6301.pdf.

   **Catch-up vaccination:**
   
   • If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.

   • If both doses were PRP-OMP (PevaxHib or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.

   • If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.

   • If first dose is administered before the first birthday and second dose administered at younger than 15 months, a third (and final) dose should be administered 8 weeks later.

   • For unvaccinated children aged 15 months or older, administer only dose.

   • For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also MMWR February 28, 2014 / 63(RR01);1-13, available at http://www.cdc.gov/mmwr/PDF/rr/rr6301.pdf.

   **Vaccination of persons with high-risk conditions:**
   
   • Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.

   • For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.

   • Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.

   • A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older under an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
For further guidance on the use of the vaccines mentioned below, see: [http://www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

### 4. Haemophilus influenzae type b (Hib) conjugate vaccine (cont’d)

- Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with HIV infection.

* Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.

### 5. Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPV23)

**Routine vaccination with PCV13:**
- Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.

For children 14 through 23 months who have received a primary series of a 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

**Catch-up vaccination with PCV13:**
- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions with PCV13 and PPV23:
- All recommended PCV13 doses should be administered prior to PPV23 vaccination if possible.

- For children aged 2 through 5 months, if any of the doses are missed, administer 1 dose of PPV23 at any time after the missed dose.
- For children aged 6 through 18 months who have received 3 doses of PCV7:
  - If both PCV7 and PPV23 were given before age 12 months, PCV13 should be given at 12 through 15 months.
  - If only PCV7 was given before age 12 months, PCV13 should be given at age 12 through 15 months or 8 weeks after the most recent dose of PCV7.

For children with no history of PPV23 vaccination, administer PPV23 at least 8 weeks after the most recent dose of PCV13.

- For children aged 18 through 23 months who have received one or more doses of PCV7:
  - If more than 3 years have elapsed since the most recent dose of PCV7, administer a single dose of PPV23.

- For children aged 24 through 59 months:
  - If more than 3 years have elapsed since the most recent dose of PCV7, administer 2 doses of PPV23 at least 8 weeks apart.
  - If less than 8 weeks have elapsed since the most recent dose of PCV7, do not administer PPV23.

- For children aged 6 through 23 months who have not been vaccinated with PCV7:
  - If PCV13 has been received previously but PPV23 has not, administer 1 dose of PCV13 at least 8 weeks later.

**Routine vaccination with PPV23:**
- Administer 2 doses of PPV23 at ages 12 through 15 months and 4 through 6 years.

For children aged 6 through 18 years who have received 3 doses of PCV7 and 1 dose of PPV23 and are at risk for pneumococcal disease (particularly pneumonia), administer 1 dose of PPV23 at age 12 through 15 months or 8 weeks after the most recent dose of PCV7.

- For children aged 18 through 23 months who have received one or more doses of PCV7:
  - If more than 3 years have elapsed since the most recent dose of PCV7, PPV23 should be administered at least 8 weeks after any prior PCV13 dose.

- For children aged 24 through 59 months who have received one or more doses of PCV7:
  - If 1 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.

### 6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks) (cont’d)

- 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. If only OPV were administered, and all doses were given prior to 4 years of age, one dose of IPV should be given at 4 years or older, at least 4 weeks after the last OPV dose.

- IPV is not routinely recommended for U.S. residents aged 18 years or older.

- For other catch-up guidance, see Figure 2.

**Minimum age: 6 months for inactivated influenza vaccine (IV, 2 years for live, attenuated influenza vaccine [LAIV])**

**Routine vaccination:**
- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including: 1) persons who have experienced severe allergic reactions to LAIV, any of its components, or to a previous dose of any other influenza vaccine; 2) children 2 through 17 years receiving aspirin or aspirin-containing products; 3) persons who are allergic to eggs; 4) pregnant women; and 5) immunosuppressed persons.

**Catch-up vaccination:**
- For the 2015-16 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2015-16 ACIP influenza vaccine recommendations, MMWR August 7, 2015 / 64(30):818-25, available at [http://www.cdc.gov/mmwr/pdf/wk/mm6430.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6430.pdf).

- For the 2016-17 season, follow dosing guidelines in the 2016 ACIP influenza vaccine recommendations.

For persons aged 9 years and older:
- Administer 1 dose.

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

**Routine vaccination:**
- Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months if the child remains in an area where disease risk is high, and the second dose at least 4 weeks later.

- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

**Catch-up vaccination:**
- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

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

**Routine vaccination:**
- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

**Catch-up vaccination:**
- Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007 / 56 [No. RR-4], available at [http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf)) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

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

**Routine vaccination:**
- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.

- Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.

- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

**Catch-up vaccination:**
- The minimum interval between the 2 doses is 6 months.
10. Hepatitis A (HepA) vaccine (cont’d)

Special populations:
- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and 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. The first dose should be administered as soon as the indication is planned, ideally 2 or more weeks before the arrival of the adoptee.

11. Meningococcal vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo], 10 years for serogroup B meningococcal [MenB] vaccines: MenB-4C [Bexsero] and MenB-FHbp [Trumenba])

Routine vaccination:
- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 through 18 months with high-risk conditions, see below.

Catch-up vaccination:
- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

Clinical discretion:
- Young adults aged 16 through 23 years (preferred age range is 16 through 18 years) may be vaccinated with either a 2-dose series of Bexsero or a 3-dose series of Trumenba vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

Vaccination of persons with high-risk conditions and other persons at increased risk of disease:
- Children with anatomic or functional asplenia (including sickle cell disease):
  - Meningococcal conjugate ACWY vaccines:
    1. Menveo
      - Children who initiate vaccination at 8 weeks: Administer doses at 2, 4, 6, and 12 months of age.
      - Vaccinated children who initiate vaccination at 7 through 23 months: Administer 2 doses, with the second dose at least 12 weeks after the first dose AND after the first birthday.
    2. MenHibrix
      - Children who initiate vaccination at 6 weeks: Administer doses at 2, 4, 6, and 12 through 15 months of age.
      - If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
  - Menactra
    - Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.
    - If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
  - Meningococcal B vaccines:
    1. Bexsero or Trumenba
      - Persons 10 years or older who have not received a complete series. Administer a 2-dose series of Bexsero, at least 1 month apart. Or a 3-dose series of Trumenba, with the second dose at least 2 months after the first and the third dose at least 6 months after the first. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.
    2. MenHibrix
      - Children who initiate vaccination at 6 weeks: Administer doses at 2, 4, 6, and 12 through 15 months of age.
      - If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.

11. Meningococcal vaccines (cont’d)

3. Menactra
  - Children 9 through 23 months: Administer 2 primary doses at least 12 weeks apart.
  - Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.

Meningococcal B vaccines:
- Bexsero or Trumenba
  - Persons 10 years or older who have not received a complete series. Administer a 2-dose series of Bexsero, at least 1 month apart. Or a 3-dose series of Trumenba, with the second dose at least 2 months after the first and the third dose at least 6 months after the first. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

13. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for 2vHPV [Cervarix], 4vHPV [Gardasil] and 9vHPV [Gardasil 9])

Routine vaccination:
- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. 9vHPV, 4vHPV or 2vHPV may be used for females, and only 9vHPV or 4vHPV may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks); administer the third dose 16 weeks after the second dose (minimum interval of 12 weeks) and 24 weeks after the first dose.
- Administer HPV vaccine beginning at age 9 years to children and youth with any history of sexual abuse or assault who have not initiated or completed the 3-dose series.

Catch-up vaccination:
- Administer the vaccine series to females (2vHPV or 4vHPV or 9vHPV), males (4vHPV or 9vHPV) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see Routine vaccination above) for vaccine series catch-up.

For other catch-up recommendations for these persons, and complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see MMWR March 22, 2013 / 62(RR02):1-22, and MMWR October 23, 2015 / 64(41):1171-1176 available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf, and http://www.cdc.gov/cmmwr/pdf/mm6441.pdf.

Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for both Boostrix and Adacel)

Routine vaccination:
- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

Catch-up vaccination:
- Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

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