## IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required							
	Less than 4		ition schedule, but contains the minimum requirements for participation in licensed child car							
Center	months of age	Routine vaccination begins at 2 months of age.								
	4 months	Diphtheria/Tetanus/Pertussis	1 dose							
	through 5	Polio	1 dose							
	months of age	haemophilus influenzae type B	1 dose							
		Pneumococcal	1 dose							
		Diphtheria/Tetanus/Pertussis	2 doses							
	6 months through 11	Polio	2 doses							
	months of age	haemophilus influenzae type B	2 doses							
		Pneumococcal	2 doses							
		Diphtheria/Tetanus/Pertussis	3 doses							
	12 months through 18	Polio	2 doses							
		haemophilus influenzae type B	2 doses if the applicant received 1 dose before 15 months of age; or							
Ö	months of age		1 dose if received when the applicant is 15 months of age or older.							
icensed Child Care (	-	Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.							
		Diphtheria/Tetanus/Pertussis	4 doses							
		Polio	3 doses							
		haemophilus Influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.							
	19 months through 23 months of age	Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.							
		Measles/Rubella 1	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella a U.S. laboratory.							
		Varicella	1 dose received on or after 12 months of age, unless the applicant has a reliable his of natural disease.							
ë		Diphtheria/Tetanus/Pertussis	4 doses							
4)		Palio	3 doses							
Lice		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; of 2 doses if only 1 dose received before 15 months of age; or 1 dose if received what applicant is 15 months of age or older.  Hib vaccine is not required for persons 60 months of age or older.							
	24 months of age and older	Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant did not receive any doses before 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or of							
		Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.							
		Varicella	1 dose received on or after 12 months of age, unless the applicant has had a relia history of natural disease.							
Elementary or Secondary School (K-12)		Diphtheria/Tetanus/ Pertussis <sup>4, 5</sup>	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine or or after 4 years of age if the applicant was born on or before September 15, 2000 <sup>2</sup> ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but on or before September 15, 2003 <sup>2</sup> ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine on or after 4 years of age if the applicant was born after September 15, 2003 <sup>2</sup> . <sup>3</sup> 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000;							
		Polio	regardless of the interval since the last tetanus/diphtheria-containing vaccine.  3 doses, with at least 1 dose received on or after 4 years of age if the applicant with born on or before September 15, 20037; or  4 doses, with at least 1 dose received on or after 4 years of age if the applicant with born after 5 petember 15, 20036.  Polio vaccine is not required for persons 18 years of age or older.							
	4 years of age and older	Measles/Rubella	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.							
		Hepatitis B	3 doses							
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease.							
		Meningococcal (A, C, W, Y)	1 dose of meningococcal vaccine received on or after 10 years of age for the applica grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcivaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older.							

Mumps vaccine may be included in measles/rubella-containing vaccine.

DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

The 5<sup>th</sup> dose of DTaP is not necessary if the 4<sup>th</sup> dose was administered on or after 4 years of age.

Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

5 Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3

doses, with one of those doses administered on or after 4 years of age.

6 If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4<sup>th</sup>dose is not necessary if the 3<sup>rd</sup> dose was administered on or after 4 years of age. If both OPV and IPV were administered as part of the series, a total of 4 doses are required.

Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2<sup>nd</sup> dose if administered 28 days or greater from the 1<sup>st</sup> dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1<sup>st</sup> and 2<sup>nd</sup> dose of varicella for an applicant 13 years of age or older is 28 days.

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017.

(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.

Vaccine	Birth	1 mo	2 mas	4 mos	6 mas	9 mos	12 mos	15 mos	18 mas	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 y
Hepatitis B' (HepB)	1" dose	<b>≺</b> 2™0	dose >		<		3™ dose		>								
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)		248	1# dose	2 <sup>-4</sup> dose	See footnote 2	) = 71 e								E			
Diphtheria, tetanus, & acellular pertussis <sup>1</sup> (DTaP: <7 yrs)		1 12	1 <sup>st</sup> dose	2 <sup>-d</sup> dose	3 <sup>-‡</sup> dase			< 4 <sup>th</sup> ,	lose >			5 <sup>th</sup> dase					
Haemophilus influenzae type b <sup>‡</sup> (Hib)		- 3. [1]	1º dose	2 <sup>rd</sup> dose	See footnote 4		< 3 <sup>rd</sup> or 4 See for	tnote 4									
Pneumococcal conjugate <sup>s</sup> (PCV13)	FIF		1" dose	2 <sup>rd</sup> dose	3 <sup>rd</sup> dose		≺ 4 <sup>th</sup>	iose >									
Inactivated pollovirus <sup>6</sup> (IPV: <18 yrs)		- 15.0	1#dose	2 <sup>nd</sup> dase	<b>*</b>		3 <sup>rd</sup> dase		<b>,</b>			4th dose					
Influenza' (IIV)			200				Ar	nual vaccin	ition (IIV) 1 c	or 2 doses	Jan 30		i a da	Ar	nual vaccina 1 dose o	ition (IIV) nly	
Aeasles, mumps, rubella <sup>‡</sup> (MMR)					See foo	itnote 8	< 1 <sup>st</sup> (	lose >				2 <sup>-4</sup> dose					
Varicella <sup>a</sup> (VAR)		m.					<b>≺</b> ]#(	lose >	21 - 2			2 <sup>-4</sup> dose		Date:			
Hepatitis A <sup>18</sup> (HepA)						- 112	₹ 2	dase series,	see footnate	10 >				11/257			
Meningococcal <sup>11</sup> (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)						See foo	itnate (1							1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Tetanus, diphtheria, & acellular pertussis <sup>11</sup> (Tdap: ≥7 yrs)							4-	11,997						Tdap			
Human papillomavirus <sup>(1</sup> (HPV)							10 3							See footnote 13	2		
Meningococcal B <sup>††</sup>				I-I		11+1			4				8		See footn	ote 11	
Pneumococcal polysaccharides (PPSV23)				***************************************									in the s	ee faatnote	5.		

NOTE: The above recommendations must be read along with the footnotes of this schedule.

## Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2017

This schedule includes recommendations in effect as of January 1, 2017. 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 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 (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 (www.cdc.gov/vaccines/hcp/admin/contraindications.html) or by telephone (800-CDC-INFO [800-232-4636]).

The Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger are 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)



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