Catch-up Immunization Schedule

for Persons Aged 4 Months-18 Years Who Start Late or Who Are More Than 1 Month Behind

The table 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.

		CATCH-UP SCHEDULE FOR PER	SONS AGED 4 MONTHS-6 YEARS		
Vaccine	Minimum Age	Minimum Interval Between Doses			
	for Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis³	6 wks	4 weeks	4 weeks	6 months	6 months ³
Haemophilus influenzae type b⁴	6 wks	4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age ≥15 months	4 weeks⁴ if current age <12 months 8 weeks (as final dose)⁴ if current age ≥12 months and second dose administered at age <15 months No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months-5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at age <12 months and current age <24 months 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months-5 years who received 3 doses before age 12 months	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months		***************************************	
		CATCH-UP SCHEDULE FOR	PERSONS AGED 7–18 YEARS		
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis¹º	7 yrs¹º	4 weeks	8 weeks if first dose administered at age <12 months 6 months if first dose administered at age ≥12 months	6 months if first dose administered at age <12 months	
Human Papillomavirus ¹¹	9 yrs	4 weeks	12 weeks		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks if first dose administered at age ≥13 years 3 months if first dose administered at age <13 years			

- 1. Hepatitis B vaccine (HepB). (Minimum age: birth)
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB[®] is licensed for children aged 11–15 years.
- 2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)
 - Do not start the series later than age 12 weeks.
 - Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
 - Data on safety and efficacy outside of these age ranges are insufficient.
- 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)
 - The fifth dose is not necessary if the fourth dose was administered at age \geq 4 years.
 - DTaP is not indicated for persons aged ≥7 years.
- 4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)
 - Vaccine is not generally recommended for children aged ≥5 years.
 - If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
 - If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.
- 5. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - Vaccine is not generally recommended for children aged ≥ 5 years.
- 6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years.
 - 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.

- 7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)
 - The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - If not previously vaccinated, administer 2 doses of MMR during any visit with \geq 4 weeks between the doses.
- 8. Varicella vaccine. (Minimum age: 12 months)
 - The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - Do not repeat the second dose in persons aged <13 years if administered ≥28 days after the first dose.
- 9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)
 - HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See MMWR 2006;55(No. RR-7):1–23.
- 10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum ages: 7 years for Td, 10 years for BOOSTRIX®, and 11 years for ADACEL™)
 - Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at age <12 months. Refer to ACIP recommendations for further information. See MMWR 2006;55(No. RR-3).
- 11. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)
 - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at http://www.vaers.hhs.gov or by telephone via the 24-hour national toll-free information line 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 immunization, is available from the National Center for Immunization and Respiratory Diseases at http://www.cdc.gov/nip/default.htm or telephone, 800-CDC-INFO (800-232-4636).