

Recommended Childhood AND Adolescent Immunization Schedule



Birth	.....	Hepatitis B #1
1 to 2 months (Only if Mother HBsAg(-))	.....	Hepatitis B #1
1 to 4 months	.....	Hepatitis B #2
2 months	.....	DTaP Hib #1 IPV #1 PCV #1
4 months	.....	DTaP Hib #2 IPV #2 PCV #2
6 months	.....	DTaP Hib #3 PCV #3
6 to 18 months	.....	Hepatitis B #3 IPV #3
6 months to 18 years	.....	Influenza yearly
12 to 15 months	.....	Hib Varicella MMR #1 PCV
15 to 18 months	.....	DTaP
24 months to 5 years	.....	(if not given prior) PCV
24 months to 18 years	.....	(if not given prior) Hepatitis B Series (if not given prior) Varicella MMR #2 (if indicated) PCV Hepatitis A Series
11 to 12 years	Td
11 to 18 years	(if not given prior) MMR #2
13 to 18 years	(if not given prior) Td

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