# Summary of Recommendations for Child/Teen Immunization (Age birth through 18 years)

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<tr>
<th>Vaccine name and route</th>
<th>Schedule for routine vaccination and other guidelines (any vaccine can be given with another, unless otherwise noted)</th>
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<tr>
<td><strong>Hepatitis B (HepB)</strong></td>
<td>Give IM</td>
<td>• Do not restart series, no matter how long since previous dose.</td>
<td><strong>Contraindication</strong> Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components, including hypersensitivity to yeast.</td>
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<td></td>
<td>• Give HepB dose #1 within 24hrs of birth to all medically stable infants weighing &gt;2000g and born to HBsAg-negative mothers. Give dose #2 at age 1–2m and the final dose at age 6–18m (the last dose in the infant series should not be given earlier than age 24wks). After the birth dose, the series may be completed using 2 doses of single-antigen vaccine (ages 1–2m, 6–18m) or with 3 doses of Pediarix (ages 2m, 4m, 6m), which may result in giving a total of 4 doses of HepB vaccine.</td>
<td>• 3-dose series can be started at any age.</td>
<td><strong>Precautions</strong> Moderate or severe acute illness, with or without fever.</td>
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<td>• If mother is HBsAg-positive: Give HBIG and HepB dose #1 within 12hrs of birth; complete series by age 6m.</td>
<td>• Minimum intervals between doses: 4wks between #1 and #2, 8wks between #2 and #3, and at least 16wks between #1 and #3 (and give dose #3 no earlier than age 24wks).</td>
<td>For infants who weigh less than 2000g, see ACIP recommendations at <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf">www.cdc.gov/mmwr/PDF/rr/rr5416.pdf</a>.</td>
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<td>• If mother’s HBsAg status is unknown: Give HepB dose #1 within 12hrs of birth. If low birth weight (less than 2000g), also give HBIG within 12hrs. For infants weighing 2000g or more whose mother is subsequently found to be HBsAg positive, give the infant HBIG ASAP (no later than age 7d) and follow HepB immunization schedule for infants born to HBsAg-positive mothers.</td>
<td>• Dose #2 and #3 may be given 4wks after previous dose.</td>
<td><strong>Alternative dosing schedule for unvaccinated adolescents age 11 through 15yrs:</strong> Give 2 doses Recombivax HB 1.0 mL (adult formulation) spaced 4–6m apart. (Engerix-B is not licensed for a 2-dose schedule.)</td>
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<td></td>
<td>• Vaccinate all other children and teens who have not completed a series of HepB vaccine.</td>
<td>• Dose #4 may be given 6m after #3.</td>
<td><strong>Other Precautions</strong></td>
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<td>• Give Tdap to pregnant adolescents during each pregnancy (preferred during the early part of gestational weeks 27 through 36wks), regardless of interval since prior Td or Tdap.</td>
<td>• If dose #4 is given before 4th birthday, wait at least 6m for #5 (age 4–6yrs).</td>
<td>A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.</td>
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<tr>
<td><strong>DTaP, DT (Diphtheria, tetanus, acellular pertussis)</strong></td>
<td>Give IM</td>
<td>• If dose #4 is given after 4th birthday, #5 is not needed.</td>
<td>This table is revised periodically. Visit IAC’s website at <a href="http://www.immunize.org/childrules">www.immunize.org/childrules</a> to make sure you have the most current version.</td>
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<td>• Give to children at ages 2m, 4m, 6m, 15–18m, and 4–6yrs.</td>
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<td>For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.</td>
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<td></td>
<td>• May give dose #1 as early as age 6wks.</td>
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<td>A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.</td>
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<tr>
<td></td>
<td>• May give #4 as early as age 12m if 6m have elapsed since #3.</td>
<td></td>
<td>This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, visit CDC’s website at <a href="http://www.cdc.gov/vaccines/hcp/ACIP-recs/index.html">www.cdc.gov/vaccines/hcp/ACIP-recs/index.html</a> or visit the Immunization Action Coalition (IAC) website at <a href="http://www.immunize.org/acip">www.immunize.org/acip</a>.</td>
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<td></td>
<td>• Do not give DTaP/DT to children age 7yrs and older.</td>
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<td>Technical content reviewed by the Centers for Disease Control and Prevention <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a></td>
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<td><strong>Rotavirus (RV)</strong></td>
<td>Give orally</td>
<td>• Do not begin series in infants older than age 14wks 6d.</td>
<td><strong>Contraindications</strong></td>
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<td>• Rotarix (RV1): Give at ages 2m, 4m.</td>
<td>• Intervals between doses may be as short as 4wks.</td>
<td>• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.</td>
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<td>• RotaTeq (RV5): Give at ages 2m, 4m, 6m.</td>
<td>• If prior vaccination included use of different or unknown brand(s), a total of 3 doses should be given.</td>
<td>• Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV).</td>
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<td></td>
<td>• May give dose #1 as early as age 6wks.</td>
<td>• For RV1 only, spina bifida or bladder extrophy.</td>
<td>• Children on high-dose immunosuppressive therapy or who are immunocompromised because of malignancy or primary or acquired immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte percentages are 15% or greater in children age 1 through 8yrs or 200 cells/µl in children age 9yrs and older).</td>
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<td></td>
<td>• Give final dose no later than age 8m–0d.</td>
<td>• Moderate or severe acute illness, with or without fever.</td>
<td>• For MMRV only, personal or family (i.e., sibling or parent) history of seizures.</td>
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<tr>
<td><strong>Varicella (Var) (Chickenpox)</strong></td>
<td>Give Subcut</td>
<td>• If younger than age 13yrs, space dose #1 and #2 at least 3m apart.</td>
<td><strong>Precautions</strong></td>
</tr>
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<td></td>
<td>• Give dose #1 at age 12–15m.</td>
<td>If age 13yrs or older, space at least 4wks apart.</td>
<td>• Moderate or severe acute illness, with or without fever.</td>
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<td>• Give dose #2 at age 4–6yrs. Dose #2 of Var or MMRV may be given earlier if at least 3m since dose #1. If dose #2 was given at least 4wks after dose #1, it can be accepted as valid.</td>
<td>• May use as postexposure prophylaxis if given within 5d.</td>
<td>• Altered immunocompetence other than SCID.</td>
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<td></td>
<td>• Give a 2nd dose to all older children/teens with history of only 1 dose.</td>
<td>If Var and either MMR, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. (If yellow fever vaccine, space by 30d.)</td>
<td>• Chronic gastrointestinal disease.</td>
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<td></td>
<td>• MMRV may be used in children age 12m through 12yrs (see note below).</td>
<td>• If allergy to latex, use RV5.</td>
<td>• For RV1 only, spina bifida or bladder extrophy.</td>
</tr>
<tr>
<td><strong>MMR (Measles, mumps, rubella)</strong></td>
<td>Give Subcut</td>
<td>• If MMR and either Var, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. (If yellow fever vaccine, space by 30d.)</td>
<td><strong>Contraindications</strong></td>
</tr>
<tr>
<td></td>
<td>• Give dose #1 at age 12–15m.</td>
<td>When using MMR for both doses, minimum interval is 4wks.</td>
<td>• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.</td>
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<td>• Give MMR at age 6–11m if traveling internationally; revaccinate with 2 doses of MMR at age 12–15m and at least 4wks later. The dose given at younger than 12m does not count toward the 2-dose series.</td>
<td>When using MMRV for both doses, minimum interval is 4wks.</td>
<td>• Pregnancy or possibility of pregnancy within 4wks.</td>
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<td>• Give dose #2 at age 4–6yrs. Dose #2 may be given earlier if at least 4wks since dose #1. For MMRV: dose #2 may be given earlier if at least 3m since dose #1.</td>
<td>• When using MMRV for both doses, minimum interval is 3m.</td>
<td>• Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV).</td>
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<td>• Give a 2nd dose to all older children and teens with history of only 1 dose.</td>
<td>• May use as postexposure prophylaxis if given within 3d.</td>
<td>• Note: HIV infection is NOT a contraindication to MMR for children who are not severely immunocompromised (see ACIP recommendations at <a href="http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf">www.cdc.gov/mmwr/pdf/rr/rr6204.pdf</a>). Vaccination is recommended if indicated for 1) children age 12m through 5yrs whose CD4+ T-lymphocyte percentage has been greater than 15% for at least 6m or 2) for children age 6yrs and older whose CD4+ T-lymphocyte counts have been 200 cells/µl or greater for at least 6m.</td>
</tr>
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<td>• MMRV may be used in children age 12m through 12yrs (see note above).</td>
<td>• For MMV only, personal or family (i.e., sibling or parent) history of seizures.</td>
<td><strong>Precautions</strong></td>
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**NOTE:** For the first dose of MMR and varicella given at age 12–47m, either MMR and Var or MMRV may be used. Unless the parent or caregiver expresses a preference for MMRV, CDC recommends that MMR and Var be used for the first doses in this age group.

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IAC • www.immunize.org/catg.d/p2010.pdf • (6/17)
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<td><strong>Pneumococcal conjugate (PCV13)</strong>&lt;br&gt;Give IM</td>
<td>• Give at ages 2m, 4m, 6m, 12–15m (booster dose).&lt;br&gt;• Dose #1 may be given as early as age 6wks.&lt;br&gt;• For age 24 through 59m and healthy: If unvaccinated or any incomplete schedule of 3 doses of PCV 13 was received previously, give 1 supplemental dose of PCV13 at least 8 wks after the most recent dose.&lt;br&gt;• For high-risk** children ages 2 through 5 yrs: Give 2 doses at least 8 wks apart if they previously received an incomplete schedule of fewer than 3 doses; give 1 dose at least 8 wks after the most recent dose if they previously received 3 doses.&lt;br&gt;• For high-risk** children: All recommended PCV13 doses should be given prior to PPSV vaccination.</td>
<td>• When children are behind on PCV13 schedule, minimum interval for doses given to children younger than age 12m is 4wks; for doses given at 12m and older, it is 8wks.&lt;br&gt;• For age 7 through 11m: If history of 0 doses, give 2 doses of PCV13, 4wks apart, with a 3rd dose at age 12–15m; if history of 1 or 2 doses, give 1 dose of PCV13 with a 2nd dose at age 12–15m at least 8wks later.&lt;br&gt;• For age 12 through 23m: If unvaccinated or history of 1 dose before age 12m, give 2 doses of PCV13 8wks apart; if history of 1 dose at or after age 12m or 2 or 3 doses before age 12m, give 1 dose of PCV13 at least 8wks after most recent dose.&lt;br&gt;• For age 2 through 5yrs and at high risk**: If unvaccinated or any incomplete schedule of 1 or 2 doses, give 2 doses of PCV13, 1 at least 8wks after the most recent dose and another dose at least 8wks later; if any incomplete series of 3 doses, give 1 supplemental dose of PCV13 at least 8wks after the most recent dose.&lt;br&gt;• For children ages 6 through 18yrs with functional or anatomic asplenia (including sickle cell disease), HIV infection or other immunocompromising condition, cochlear implant, or CSF leak, give 1 dose of PCV13 if no previous history of PCV13.</td>
<td><strong>Contraindication</strong>&lt;br&gt;Previous severe allergic reaction (e.g., anaphylaxis) to a PCV vaccine, to any of its components, or to any diphtheria toxoid-containing vaccine.&lt;br&gt;&lt;br&gt;&lt;br&gt;<strong>Precaution</strong>&lt;br&gt;Moderate or severe acute illness, with or without fever.</td>
</tr>
<tr>
<td><strong>Pneumococcal polysaccharide (PPSV)</strong>&lt;br&gt;Give IM or Subcut</td>
<td>• Give 1 dose at least 8wks after final dose of PCV13 to high-risk** children age 2yrs and older.&lt;br&gt;• For children who have sickle cell disease, functional or anatomic asplenia, HIV infection, or other immunocompromising condition, give a 2nd dose of PPSV 5 yrs after previous PPSV. (See ACIP pneumococcal recommendations at <a href="http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf">www.cdc.gov/mmwr/pdf/rr/rr5911.pdf</a>.)&lt;br&gt;<strong>For PPSV23 only in children ages 6–18yrs, alcoholism and/or chronic liver disease.</strong></td>
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| **Human papillomavirus (HPV)**<br>(4vHPV or 9vHPV, Gardasil 9)<br>Give IM | • Give a 2-dose series of either 4vHPV or 9vHPV to girls and boys at age 11–12yrs on a 0, 6–12m schedule. (May give as early as age 9yrs.)<br>• Give a 3-dose series of 4vHPV or 9vHPV to girls and boys age 15yrs or older or who are immunocompromised on a 0, 1–2, 6m schedule. (May give as early as age 9yrs.)<br>• Give a 3-dose series of any 4vHPV or any 9vHPV to all older girls/women (through age 26yrs) and boys/men (through age 21yrs) who were not previously vaccinated. | With the exception of immunocompromised persons, or persons with autoimmune disease, a 2-dose schedule may be followed for all persons initiating the HPV vaccine series before age 15yrs.<br>• A 3-dose schedule must be followed for all persons initiating the series at age 15yrs or older, as well as for immunocompromised persons or persons with autoimmune disease ages 9 through 26yrs.<br>• Minimum intervals between doses: 2-dose schedule: 5m; 3-dose schedule: 4wks between #1 and #2, 12wks between #2 and #3 and 5m between #1 and #3. | **Contraindication**<br>Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.<br><br><br>**Precautions**<br>• Moderate or severe acute illness, with or without fever.<br>• Pregnancy.
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| **Hepatitis A** (HepA) Give IM | • Give 2 doses spaced 6–18m apart to all children at age 1yr (12–23m). 
• Vaccinate all previously unvaccinated children and adolescents age 2yrs and older who 
  – Want to be protected from HAV infection and lack a specific risk factor. 
  – Live in areas where vaccination programs target older children. 
  – Travel anywhere except U.S., W. Europe, N. Zealand, Australia, Canada, or Japan. 
  – Have chronic liver disease, clotting factor disorder, or are adolescent males who have sex with other males. 
  – Use illicit drugs (injectable or non-injectable). 
  – Anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60d following the adoptee's arrival in the U.S. | • Minimum interval between doses is 6m. 
• Children who are not fully vaccinated by age 2yrs can be vaccinated at a subsequent visit. 
• Administer 2 doses at least 6m apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. 
• Give 1 dose as postexposure prophylaxis to incompletely vaccinated children and teens age 12m and older who have recently (during the past 2wks) been exposed to hepatitis A virus. | **Contraindication** 
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. 
**Precautions** 
• Moderate or severe acute illness, with or without fever. |
| **Inactivated polio** (IPV) Give Subcut or IM | • Give to children at ages 2m, 4m, 6–18m, 4–6yrs. 
• May give dose #1 as early as age 6wks. 
• Not routinely recommended for U.S. residents age 18yrs and older (except certain travelers). For information on polio vaccination for international travelers, see wwwnc.cdc.gov/travel/diseases. 
• The final dose should be given on or after the 4th birthday and at least 6m from the previous dose. 
• If dose #3 is given after 4th birthday, dose #4 is not needed if dose #3 is given at least 6m after dose #2. | **Contraindication** 
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components. 
**Precautions** 
• Moderate or severe acute illness, with or without fever. 
• Pregnancy. |
| **Influenza** Inactivated influenza* vaccine (IIV) Give IM | • Vaccinate all children and teens age 6m and older. 
• For children age 6m through 8yrs, give 2 doses of age-appropriate vaccine, spaced 4 wks apart, who 1) are first-time vaccinees, or 2) have received only one lifetime dose previous to this current season (season runs July to June) 
• For IIV in children age 6–35m: Give either Fluzone 0.25 mL dose or FluLaval 0.5 mL dose. 
• For IIV in children age 3yrs and older: Give 0.5 mL dose of any age-appropriate influenza vaccine. 
• For teens age 18yrs and older, intradermal vaccine (Fluzone Intradermal) may be used. | **Contraindications** 
• Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine, to any of its components, including egg protein. 
**NOTE:** People age 18yrs and older with egg allergy of any severity can receive any influenza vaccine, including the recombinant influenza vaccine (RIV3) (Flublok). RIV3 does not contain any egg protein. 
**Precautions** 
• Moderate or severe acute illness, with or without fever. 
• History of Guillain-Barré syndrome (GBS) within 6wks of a previous influenza vaccination. 
• Previous severe reaction to eggs involving symptoms other than hives. These people may receive any age-appropriate influenza vaccine. The vaccine should be administered in a medical setting (e.g., a health department or physician office) and should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions. 
• For children/teens who experience only hives with exposure to eggs, give any age-appropriate influenza vaccine. |

* includes recombinant influenza vaccine (RIV3) for teens ages 18yrs and older
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| **Hib** (Haemophilus influenzae type b)  
*Give IM* | | | |
| • ACThB (PRP-T), MenHibrix, Hiberix, or Pentacel: Give at age 2m, 4m, 6m, 12–15m (booster dose).  
• PedvaxHIB (containing PRP-OMP): Give at age 2m, 4m, 12–15m (booster dose).  
• Dose #1 of Hib vaccine should not be given earlier than age 6wks.  
• Give final dose (booster dose) no earlier than age 12m and a minimum of 8wks after the previous dose.  
• Hib vaccines are interchangeable; however, if different brands of Hib vaccines are administered for dose #1 and dose #2, a total of 3 doses is necessary to complete the primary series in infants, followed by a booster after age 12m.  
• For vaccination of children 12 through 59m who are immunocompromised (immunoglobulin deficiency, complement component deficiency, HIV infection, receipt of chemotherapy or radiation therapy for cancer) or asplenic: if previously received no doses or only 1 dose before age 12m, give 2 additional doses at least 8wks apart; if previously received 2 or more doses before age 12m, give 1 additional dose.  
• Hib is not routinely given to healthy children age 5yrs and older.  
• 1 dose of Hib vaccine should be administered to children age 5yrs and older who have anatomic or functional asplenia (including sickle cell disease) and who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after age 14m.  
• 1 dose of Hib vaccine should be administered to unvaccinated persons 5 through 18yrs of age with HIV infection.  
| | **All Hib vaccines:**  
• If dose #1 was given at 12–14m, give booster in 8wks.  
• Give only 1 dose to unvaccinated children ages 15–59m.  
• **ActHib:**  
• Dose #2 and #3 may be given 4wks after previous dose.  
• If dose #1 was given at age 7–11m, only 3 doses are needed; #2 is given at least 4wks after #1, then final dose at age 12–15m (wait at least 8wks after dose #2).  
• **PedvaxHIB:**  
• Dose #2 may be given 4wks after #1.  
| Contraindications  
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
• Age younger than 6wks.  
Precaution  
Mild or severe acute illness, with or without fever. |
| **Meningococcal conjugate, quadrivalent (MenACYW)**  
Menactra and Menveo  
*Give IM*  
Men Hibrix  
(contains Hib vaccine)  
*Give IM*  
Meningococcal polysaccharide (MPSV4)  
Menomune  
*Give Subcut* | | | |
| • Give a 2-dose series of MenACWY with dose #1 at age 11–12yrs and dose #2 at age 16yrs.  
• If unvaccinated at 11–12yrs, give dose #1 at age 13 through 15yrs. Give dose #2 at 16 through 18yrs with a minimum interval of at least 8wks between doses.  
• If unvaccinated at 11 through 15yrs, give dose #1 at 16 through 18yrs.  
• For college students, give 1 (initial) dose to unvaccinated first-year students age 19 through 21yrs who live in a residence hall; give dose #2 if most recent dose given when younger than age 16yrs.  
• Give MenHibrix or Menveo to children age 2–18m with persistent complement component deficiency, HIV infection, or anatomic/functional asplenia; give at ages 2, 4, 6, 12–15m.  
• For unvaccinated or partially vaccinated children age 7–23m with persistent complement component deficiency, HIV infection, or anatomic/functional asplenia; give at ages 2, 4, 6, 12–15m.  
• For unvaccinated or partially vaccinated children age 7–23m with persistent complement component deficiency, HIV infection, or anatomic/functional asplenia; give at ages 2, 4, 6, 12–15m.  
• If unvaccinated or partially vaccinated children age 7–23m with persistent complement component deficiency, HIV infection, or anatomic/functional asplenia; give at ages 2, 4, 6, 12–15m.  
| | **If previously vaccinated and risk of meningococcal disease persists, revaccinate with MenACWY in 3yrs (if previous dose given when younger than age 7yrs) or in 5yrs (if previous dose given at age 7yrs or older). Then, give additional booster doses every 5yrs if risk continues.**  
| | **Minimum ages for MCV: 6wks Men Hibrix; 2m Menveo; 9m Menactra. See ACIP schedule footnote for additional information on catch-up vaccination of high-risk persons and for MenHibrix.**  
| | **If using Menactra in a high-risk child, it should be given before or at the same visit as DTaP is administered.**  
| **Meningococcal serogroup B (MenB)**  
Bexsero and Trumenba  
*Give IM* | | | |
| • Teens age 16 through 18yrs may be vaccinated routinely as a Category B recommendation (provider-patient discussion). Give 2 doses of either MenB vaccine: Bexsero, spaced 1m apart; Trumenba, spaced 6m apart. MenB brands are not interchangeable.  
| Contraindications  
Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components.  
| | | |
| | **For children age 10yrs and older with persistent complement component deficiencies, functional or anatomic asplenia, including sickle cell disease, or who are at risk during a community outbreak of serotype B, give either 2 doses of Bexsero, 1m apart, or 3 doses of Trumenba on a 0, 1–2, and 6m schedule. MenB brands are not interchangeable.**  
| | | |
| | **MenB vaccine may be given concomitantly with MCV4 vaccine.**  
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