Recommended Immunization Schedules for Children and Adolescents—United States, 2007
Committee on Infectious Diseases
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http://www.pediatrics.org/cgi/content/full/119/1/207
The annual recommended immunization schedules for children and adolescents in the United States for 2007 were approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians. These schedules reflect current recommendations for use of vaccines licensed by the US Food and Drug Administration. In view of the increasing complexity of the immunization schedule, the 2007 recommendations for children and adolescents have been divided into 2 separate schedules: one for children 0 to 6 years of age and one for those 7 to 18 years of age.

The 2007 schedules reflect the following major changes:

- The addition of oral live rotavirus vaccine for routine administration to all infants at ages 2, 4, and 6 months of age.1
- Routine administration of a second dose of varicella vaccine at 4 to 6 years of age.
- The addition of human papillomavirus vaccine for girls 11 to 12 years of age, with catch-up immunization of girls 13 to 18 years of age. This vaccine, administered intramuscularly in a 3-dose series at 0, 2, and 6 months is expected to prevent most cases of cervical cancer and genital warts.
- The age range for annual administration of influenza vaccine has been expanded to children 6 to 59 months old. Vaccine is also recommended for close contacts of children 0 to 59 months old.2

Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be obtained on the Internet at www.vaers.hhs.gov or by calling 800-822-7967. Information on new vaccine releases, vaccine supplies, and statements on specific vaccines can be found at www.aap.org and www.cdc.gov/nip. Vaccine-related updates are available online at www.aapredbook.org.
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REFERENCES
# Recommended Immunization Schedule for Ages 0–6 Years

**United States • 2007**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
<th>19–23 months</th>
<th>2–3 years</th>
<th>4–6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>HepB</td>
<td>HepB</td>
<td></td>
<td></td>
<td>HepB</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td>Rota</td>
<td>Rota</td>
<td>Rota</td>
<td>Rota</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria, Tetanus, Pertussis</strong></td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
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</tr>
<tr>
<td><strong>Haemophilus influenzae type b</strong></td>
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<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
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</tr>
<tr>
<td><strong>Pneumococcal</strong></td>
<td></td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
<td>PCV</td>
<td>PPV</td>
</tr>
<tr>
<td><strong>Inactivated Poliovirus</strong></td>
<td></td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td></td>
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<td>IPV</td>
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</tr>
<tr>
<td><strong>Influenza</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Flu (Yearly)</td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella</strong></td>
<td></td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Varicella</strong></td>
<td></td>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td></td>
<td>HepA (2 doses)</td>
<td>HepA Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Meningococcal</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MPSV4</td>
<td></td>
</tr>
</tbody>
</table>

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children through age 6 years. For additional information see www.cdc.gov/vaccines/schedules/downloads/child-schedule.htm. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

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

**At birth:**
- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is HBsAg-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mothers' negative HBsAg laboratory report documented in the infant's medical record.

**Following the birth dose:**
- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of 3 of more doses in a licensed HepB series, at age 9–18 months (generally the next well-child visit).

**4-month dose of HepB:**
- It is permissible to administer 4 doses of HepB when combination vaccines are given after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4–6 months is not needed.

### 2. Rotavirus vaccine (Rota).

**Minimum age: 6 weeks**
- Administer the first dose between 6 and 12 weeks of age. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by 32 weeks of age. Do not administer a dose later than age 32 weeks.
- There are insufficient data on safety and efficacy outside of these age ranges.

### 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

**Minimum age: 6 weeks**
- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

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

**Minimum age: 6 weeks**
- If PRP-OMP (PedvaxHIB® or ConVax® [Merkel]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- If HibIT™ (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in ≥12 months old.

### 5. Pneumococcal vaccine. (Minimum age: 6 weeks for Pneumococcal Conjugate Vaccine [PCV]; 2 years for Pneumococcal Polysaccharide Vaccine [PPV])

- Administer PCV at ages 2–4 months in certain high-risk groups. Administer PPV to certain high-risk groups aged 2–5 years. See MMWR 2000; 49(RR-9):1-35.

### 6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk. See MMWR 2006; 55(RR-10):1-41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged 6–9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

### 7. Measles, mumps, and rubella vaccine (MMR).

**Minimum age: 12 months**
- Administer the second dose of MMR at age 4–6 years. MMR may be administered prior to age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

### 8. Varicella vaccine.

**Minimum age: 12 months**
- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered prior to age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

### 9. Hepatitis A vaccine (HepA).

**Minimum age: 12 months**
- HepA is recommended for all children at 1 year of age (i.e., 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children including in areas where vaccination programs target older children. See MMWR 2005; 54(RR-7):1-23.

### 10. Meningococcal polysaccharide vaccine (MPSV4).

**Minimum age: 2 years**
- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups. See MMWR 2005; 54(RR-7):1-21.
**Recommended Immunization Schedule for Persons Aged 7–18 Years**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>7–10 years</th>
<th>11–12 years</th>
<th>13–14 years</th>
<th>15 years</th>
<th>16–18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, Pertussis¹</td>
<td>see footnote 1</td>
<td>see footnote 1</td>
<td>Tdap</td>
<td>Tdap</td>
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</tr>
<tr>
<td>Human Papillomavirus²</td>
<td>see footnote 2</td>
<td>HPV (3 doses)</td>
<td>HPV Series</td>
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</tr>
<tr>
<td>Meningococcal³</td>
<td>MPSV4</td>
<td>MCV4</td>
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<td></td>
</tr>
<tr>
<td>Pneumococcal⁴</td>
<td>PPV</td>
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</tr>
<tr>
<td>Influenza⁵</td>
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<td>Influenza (Yearly)</td>
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<td></td>
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<tr>
<td>Hepatitis A⁶</td>
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<tr>
<td>Hepatitis B⁷</td>
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<td></td>
</tr>
<tr>
<td>Inactivated Poliovirus⁸</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella⁹</td>
<td></td>
<td></td>
<td>MMR Series</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella¹⁰</td>
<td></td>
<td></td>
<td>Varicella Series</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Certain high-risk groups, catch-up immunization, and range of recommended ages.*

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1. **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** *(Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)*
   - Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
   - Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series.

2. **Human papillomavirus vaccine (HPV).** *(Minimum age: 9 years)*
   - Administer the first dose of the HPV vaccine series to females at age 11–12 years.
   - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
   - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. **Meningococcal vaccine.** *(Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])*
   - Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
   - Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
   - Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See MMWR 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.

4. **Pneumococcal polysaccharide vaccine (PPV).** *(Minimum age: 2 years)*

5. **Influenza vaccine.** *(Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])*
   - Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See MMWR 2006;55(No. RR-10):1–41.
   - For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
   - Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

6. **Hepatitis A vaccine (HepA).** *(Minimum age: 12 months)*
   - The 2 doses in the series should be administered at least 6 months apart.
   - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See MMWR 2006;55(No. RR-7):1–23.

7. **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.

8. **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 the 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.

9. **Measles, mumps, and rubella vaccine (MMR).** *(Minimum age: 12 months)*
   - If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥4 weeks between the doses.

10. **Varicella vaccine.** *(Minimum age: 12 months)*
    - Administer 2 doses of varicella vaccine to persons without evidence of immunity.
    - Administer 2 doses of varicella vaccine to persons aged <13 years at least 3 months apart. Do not repeat the second dose, if administered ≥28 days after the first dose.
    - Administer 2 doses of varicella vaccine to persons aged ≥13 years at least 4 weeks apart.

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*Additional information is available at [http://www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm). This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at [http://www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.*
# Recommended Immunization Schedule for Children and Adolescents Who Start Late or Who Are More Than 1 Month Behind

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the table appropriate for the child's age.

## CATCH-UP SCHEDULE FOR AGES 4 MONTHS THROUGH 6 YEARS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Rotavirus</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria, Tetanus, Pertussis</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Haemophilus influenzae type b</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella</strong></td>
<td>12 mos</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>12 mos</td>
<td>3 months</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>12 mos</td>
<td>6 months</td>
<td></td>
</tr>
</tbody>
</table>

### Notes
- **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 11–15 year olds.
- **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 32 weeks of age. Do not administer a dose later than age 32 weeks.
  - There are insufficient data on safety and efficacy outside of these age ranges.
- **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 ≥4 years.
  - DTaP® is not indicated for persons aged >7 years.
- **Haemophilus influenzae type b conjugate vaccine** (Hib). (Minimum age: 6 weeks)
  - Vaccine is generally not recommended for children aged ≥5 years.
  - If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHB® or Comvax® [Menve2])
  - 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 given at age 7–11 months, give 2 doses separated by 4 weeks plus a booster at age 12–15 months.
- **Pneumococcal conjugate vaccine** (PCV). (Minimum age: 6 weeks)
  - Vaccine is generally not recommended for children aged ≥5 years.
- **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 primary series, a fourth dose should be given, regardless of the child's current age.
  - 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 ≥4 weeks between the doses.
- **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 following the first dose.
- **Hepatitis A** vaccine (HepA). (Minimum age: 12 months)
  - HepA is recommended for certain groups of children including those WHERE VACCINATION PROGRAMS TREAT CENTER FOR INFECTIOUS AND RESPIRATORY DISEASES AT WWW.CDC.GOV/PNEUMOCOCCUS OR CONTACT RDI-CDC-INF@HHS.GOV/2006; SS (R3) 232 4895.
  - 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 five-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (4th) dose is needed if any of the previous doses were administered at age <12 months. Refer to AAI recommendations for further information. See MMWR 2006; SS (R3) 232 4895.
  - 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.

## CATCH-UP SCHEDULE FOR AGES 7–18 YEARS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis</strong></td>
<td>7 yrs**</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Human Papillomavirus</strong></td>
<td>9 yrs</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>12 mos</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Inactivated Poliovirus</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella</strong></td>
<td>12 mos</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>12 mos</td>
<td>3 months</td>
<td></td>
</tr>
</tbody>
</table>

### Notes
- **Tetanus, Diphtheria/ Pertussis** vaccine (PDPV). (Minimum age: 7 years)
  - IF current age <12 months and the first 2 doses were PRP-OMP (PedvaxHB® or Comvax® [Menve2]), 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 given at age 7–11 months, give 2 doses separated by 4 weeks plus a booster at age 12–15 months.

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For information on reporting reactions following immunization, visit [www.vaccines.gov](http://www.vaccines.gov) or call the 24-hour national toll-free information line (800-232-2522). Report suspected cases of vaccine-preventable diseases to your state or local health department. For additional information including precautions and contraindications for immunization, visit the National Immunization Program's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).
ERRATA


An error occurred in one of the immunization schedules accompanying the AAP policy statement “Recommended Immunization Schedules for Children and Adolescents—United States, 2007,” which appeared in the January 2007 issue of Pediatrics (doi:10.1542/peds.2006-3309). In the second immunization schedule, titled “Recommended Immunization Schedule for Ages 7–18 Years,” in footnote 10, the first sentence of the second bullet should read as follows: “Administer 2 doses of varicella vaccine to persons aged <13 years at least 3 months apart.”

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