

Screening Questionnaire for Child and Teen Immunization

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to latex, medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the child have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past 3 months, has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____

Date: _____

Form reviewed by: _____

Date: _____

Did you bring your child's immunization record card with you?

yes no

It is important to have a personal record of your child's vaccinations. If you don't have a personal record, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep this record in a safe place and bring it with you every time you seek medical care for your child. Your child will need this important document for the rest of his or her life to enter day care or school, for employment, or for international travel.

Information for Health Professionals about the Screening Questionnaire for Child & Teen Immunization

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to latex, medications, food, or any vaccine? [all vaccines]

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) to latex or from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR, MMRV, or varicella vaccine. A local reaction is not a contraindication. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. For an extensive table of vaccine components, see reference 3.

3. Has the child had a serious reaction to a vaccine in the past?

[all vaccines] History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? [LAIV]

Children with any of the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

6. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? [DTaP, Td, Tdap, TIV, LAIV, MCV4, MMRV]

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap and a progressive neurologic disorder in a teen is a precaution to the use of Td. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and varicella vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with TIV if at high risk for severe influenza complications; 3) MCV4: avoid vaccinating persons unless in recommended risk groups.

7. Does the child have cancer, leukemia, AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, Var]

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live, attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ μ L. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. For details, consult the ACIP recommendations (4, 5, 6).

8. In the past 3 months, has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? [LAIV, MMR, MMRV, Var]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy non-pregnant individuals age 2–49 years.

9. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, MMRV, Var]

Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current *Red Book* for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [LAIV, MMR, MMRV, Var]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (5, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (9).

11. Has the child received vaccinations in the past 4 weeks?

[LAIV, MMR, MMRV, Var, yellow fever]

If the child was given either live, attenuated influenza vaccine (LAIV) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

References:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/.
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/down-loads/b_hstc-recs.pdf.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

Questions and answers for parents about pre-teen vaccines

Vaccines are not just for infants. As children get older, the immunity provided by childhood vaccines can wear off. Children also develop risks for more diseases as they enter their pre-teen years. For these reasons, they need vaccinations too. Doctors recommend pre-teens get several vaccines at their 11 or 12 year old check-up.

Q: What vaccines do pre-teens need?

- A:**
- **Tetanus-diphtheria-acellular pertussis vaccine (Tdap).**
 - **Meningococcal conjugate vaccine (MCV4).**
 - **Human papillomavirus (HPV) vaccine, also known as the “cervical cancer vaccine.”**

The Tdap and MCV4 vaccines are recommended for all pre-teens. The HPV vaccine is only recommended for girls. Pre-teens should get the following vaccinations if they did not receive them during childhood: Hepatitis B, varicella (chickenpox), polio, and measles-mumps-rubella (MMR). Pre-teens who were vaccinated against chickenpox as infants should receive a booster shot now.

Q: Why are these vaccines necessary?

- A:** These vaccines prevent serious, sometimes life-threatening diseases. Immunity from some childhood vaccines can decrease over time, so people need to get another dose of the vaccine during their pre-teen years. Also, as children move into adolescence, they are at greater risk of catching certain diseases, like meningitis and HPV.

Q: When should pre-teens be vaccinated?

- A:** Pre-teens can receive all of these vaccines during their 11 or 12 year old check-up. If your child missed that check-up, ask your child’s doctor about getting the vaccines now.

Q: Are these vaccines safe and effective?

- A:** All of these vaccines have been widely studied and are safe and effective. Pre-teens may experience mild side effects such as redness and soreness where they get the injection. These vaccines are recommended by the American Academy for Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention.

Q: Can I get help paying for vaccines?

- A:** For families with health insurance, all or most of the cost of vaccines is usually covered. Children age 18 and younger may be eligible to get vaccines for free through the Vaccines for Children (VFC) program if they are: Medicaid eligible; uninsured; or American Indian or Alaska Native. Doctors can charge a fee to give each shot. However, VFC vaccines cannot be denied to an eligible child if the family cannot afford the fee. To learn more about the VFC program, visit the website at www.cdc.gov/vaccines/programs/vfc/ or contact your State VFC Coordinator. A list of VFC Coordinators is available at www.cdc.gov/vaccines/programs/vfc/contacts.htm.

**For more information on vaccines,
ask your child’s healthcare provider
or call 800-CDC-INFO (800-232-4636)
Website: www.cdc.gov/vaccines/preteen/**

**Ask your child’s doctor
about these vaccines today.**



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Hepatitis B (HepB) <i>Give IM</i>	<ul style="list-style-type: none"> Vaccinate all children age 0 through 18yrs. Vaccinate all newborns with monovalent vaccine prior to hospital discharge. 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 or up to 3 doses of Comvax (ages 2m, 4m, 12–15m) or Pediarix (ages 2m, 4m, 6m), which may result in giving a total of 4 doses of hepatitis B vaccine. If mother is HBsAg-positive: give the newborn HBIG + dose #1 within 12hrs of birth; complete series at age 6m or, if using Comvax, at age 12–15m. If mother’s HBsAg status is unknown: give the newborn dose #1 within 12hrs of birth. If mother is subsequently found to be HBsAg positive, give infant HBIG within 7d of birth and follow the schedule for infants born to HBsAg-positive mothers. 	<ul style="list-style-type: none"> Do not restart series, no matter how long since previous dose. 3-dose series can be started at any age. Minimum intervals between doses: 4wks between #1 and #2, 8wks between #2 and #3, and at least 16wks between #1 and #3 (e.g., 0-, 2-, 4m; 0-, 1-, 4m). <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Special Notes on Hepatitis B Vaccine (HepB) Dosing of HepB: Monovalent vaccine brands are interchangeable. For people age 0 through 19yrs, give 0.5 mL of either Engerix-B or Recombivax HB. Alternative dosing schedule for unvaccinated adolescents age 11 through 15yrs: Give 2 doses Recombivax HB 1.0 mL (adult formulation) spaced 4–6m apart. (Engerix-B is not licensed for a 2-dose schedule.) For preterm infants: Consult ACIP hepatitis B recommendations (<i>MMWR</i> 2005; 54 [RR-16]).*</p> </div>	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>
DTaP, DT (Diphtheria, tetanus, acellular pertussis) <i>Give IM</i>	<ul style="list-style-type: none"> Give to children at ages 2m, 4m, 6m, 15–18m, 4–6yrs. May give dose #1 as early as age 6wks. May give #4 as early as age 12m if 6m have elapsed since #3 and the child is unlikely to return at age 15–18m. Do not give DTaP/DT to children age 7yrs and older. If possible, use the same DTaP product for all doses. 	<ul style="list-style-type: none"> #2 and #3 may be given 4wks after previous dose. #4 may be given 6m after #3. If #4 is given before 4th birthday, wait at least 6m for #5 (age 4–6yrs). If #4 is given after 4th birthday, #5 is not needed. 	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylaxis to this vaccine or to any of its components. For DTaP/Tdap only: encephalopathy within 7d after DTP/DTaP. <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. History of Arthus reaction following a prior dose of tetanus- and/or diphtheria-toxoid-containing vaccine, including MCV4. Guillain-Barré syndrome (GBS) within 6wks after previous dose of tetanus-toxoid-containing vaccine.
Td, Tdap (Tetanus, diphtheria, acellular pertussis) <i>Give IM</i>	<ul style="list-style-type: none"> Give 1-time Tdap dose to adolescents age 11–12yrs if 5yrs have elapsed since last dose DTaP; then boost every 10yrs with Td. Give 1-time dose of Tdap to all adolescents who have not received previous Tdap. Special efforts should be made to give Tdap to people age 11yrs and older who are 1) in contact with infants younger than age 12m and 2) healthcare workers with direct patient contact. In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period. 	<ul style="list-style-type: none"> If never vaccinated with tetanus- and diphtheria-containing vaccine: give Td dose #1 now, dose #2 4wks later, and dose #3 6m after #2, then give booster every 10yrs. A 1-time Tdap may be substituted for any dose in the series, preferably as dose #1. If previously received Td booster, an interval of 2yrs or less between Td and Tdap may be used. 	<ul style="list-style-type: none"> For DTaP only: Any of these events following a previous dose of DTP/DTaP: 1) temperature of 105°F (40.5°C) or higher within 48hrs; 2) continuous crying for 3hrs or more within 48hrs; 3) collapse or shock-like state within 48hrs; 4) convulsion with or without fever within 3d. For DTaP/Tdap only: Unstable neurologic disorder. For Td in teens: Progressive neurologic disorder. <p>Note: Tdap may be given to pregnant women at the provider’s discretion.</p>
Polio (IPV) <i>Give SC or IM</i>	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 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. 	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness. Pregnancy.

*This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of the recommendations, call the CDC-INFO Contact Center at (800) 232-4636; visit CDC’s website at www.cdc.gov/vaccines/pubs/ACIP-list.htm; or visit the Immunization Action Coalition (IAC)

website at www.immunize.org/acip. This table is revised periodically. Visit IAC’s website at www.immunize.org/childrules to make sure you have the most current version.

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www.immunize.org/catg.d/p2010.pdf • Item #P2010 (4/10)

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
<p>Seasonal Influenza Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i> Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i></p>	<ul style="list-style-type: none"> • Vaccinate all children and teens age 6m through 18yrs. • LAIV may be given to healthy, non-pregnant people age 2–49yrs. • Give 2 doses to first-time vaccinees age 6m through 8yrs, spaced 4wks apart. • For TIV, give 0.25 mL dose to children age 6–35m and 0.5 mL dose if age 3yrs and older. 		<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine, to any of its components, or to eggs. • For LAIV only: age younger than 2yrs; pregnancy; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV); for children and teens ages 6m through 18yrs, current long-term aspirin therapy; for children age 2 through 4yrs, wheezing or asthma within the past 12m, per healthcare provider statement. <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • History of Guillain-Barré syndrome (GBS) within 6wks of a previous influenza vaccination. • For LAIV only: <ul style="list-style-type: none"> - Close contact with an immunosuppressed person when the person requires protective isolation. - Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48hrs before vaccination. Avoid use of these antiviral drugs for 14d after vaccination.
<p>Varicella (Var) (Chickenpox) <i>Give SC</i></p>	<ul style="list-style-type: none"> • Give dose #1 at age 12–15m. • Give dose #2 at age 4–6yrs. Dose #2 may be given earlier if at least 3m since dose #1. • Give a 2nd dose to all older children and adolescents with history of only 1 dose. • MMRV may be used in children age 12m through 12yrs. • MMRV generally is preferred over separate injections of its separate components in children receiving their first dose at ages 4 through 12yrs or their second dose at any age through 12yrs. 	<ul style="list-style-type: none"> • If younger than age 13yrs, space dose #1 and #2 at least 3m apart. If age 13yrs or older, space at least 4wks apart. • May use as postexposure prophylaxis if given within 5d. • If Var and either MMR, LAIV, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Children on high-dose immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired cellular immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte percentages are either 15% or greater in children ages 1 through 8yrs or 200 cells/μL or greater in children age 9yrs and older). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination. • For MMRV only, personal or family (i.e., sibling or parent) history of seizures. <p>Note: For patients with humoral immunodeficiency or leukemia, see ACIP recommendations*.</p>
<p>MMR (Measles, mumps, rubella) <i>Give SC</i></p>	<ul style="list-style-type: none"> • Give dose #1 at age 12–15m. • Give dose #2 at age 4–6yrs. Dose #2 may be given earlier if at least 4wks since dose #1. • Give a 2nd dose to all older children and teens with history of only 1 dose. • MMRV may be used in children age 12m through 12yrs. • MMRV generally is preferred over separate injections of its separate components in children receiving their first dose at ages 4 through 12yrs or their second dose at any age through 12yrs. 	<ul style="list-style-type: none"> • If MMR and either Var, LAIV, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. • When using MMR for both doses, minimum interval is 4wks. • When using MMRV for both doses, minimum interval is 3m. • Within 72hrs of measles exposure, give 1 dose of MMR as postexposure prophylaxis to susceptible healthy children age 12m and older. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV). Note: HIV infection is NOT a contraindication to MMR for children who are not severely immunocompromised (consult ACIP MMR recommendations [MMWR 1998;47 [RR-8] for details*). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, or immune globulin given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. • History of thrombocytopenia or thrombocytopenic purpura. • For MMRV only, personal or family (i.e., sibling or parent) history of seizures. <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>Note: MMR is not contraindicated if a TST (tuberculosis skin test) was recently applied. If TST and MMR are not given on same day, delay TST for at least 4wks after MMR.</p> </div>

Summary of Recommendations for Childhood and Adolescent Immunization

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
<p>Hib (<i>Haemophilus influenzae</i> type b) Give IM</p>	<ul style="list-style-type: none"> • ActHib (PRP-T): give at age 2m, 4m, 6m, 12–15m (booster dose). • PedvaxHIB or Comvax (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. • The last dose (booster dose) is given 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 are necessary to complete the primary series in infants. • Any Hib vaccine may be used for the booster dose. • Hib is not routinely given to children age 5yrs and older. • Hiberix is approved ONLY for the booster dose at age 15m through 4yrs. 	<p>All Hib vaccines:</p> <ul style="list-style-type: none"> • If #1 was given at 12–14m, give booster in 8wks. • Give only 1 dose to unvaccinated children ages 15 through 59m. <p>ActHib:</p> <ul style="list-style-type: none"> • #2 and #3 may be given 4wks after previous dose. • If #1 was given at age 7–11m, only 3 doses are needed; #2 is given 4–8wks after #1, then boost at age 12–15m (wait at least 8wks after dose #2). <p>PedvaxHIB and Comvax:</p> <ul style="list-style-type: none"> • #2 may be given 4wks after dose #1. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylaxis to this vaccine or to any of its components. • Age younger than 6wks. <p>Precaution Moderate or severe acute illness.</p>
<p>Pneumococcal conjugate (PCV13) Give IM</p>	<p>As soon as feasible, replace existing stock of PCV7 with PCV13.</p> <ul style="list-style-type: none"> • Give at ages 2m, 4m, 6m, 12–15m. • Dose #1 may be given as early as age 6wks. • When children are behind on PCV schedule, minimum interval for doses given to children younger than age 12m is 4wks; for doses given at 12m and older is 8wks. • Give 1 dose to unvaccinated healthy children age 24–59m. • For high-risk** children ages 24–71m: Give 2 doses at least 8wks apart if they previously received fewer than 3 doses; give 1 dose at least 8wks after the most recent dose if they previously received 3 doses. • PCV13 is not routinely given to healthy children age 5yrs and older. <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>**High-risk: Those with sickle cell disease; anatomic or functional asplenia; chronic cardiac, pulmonary, or renal disease; diabetes; cerebrospinal fluid leaks; HIV infection; immunosuppression; diseases associated with immunosuppressive and/or radiation therapy; or who have or will have a cochlear implant.</p> </div>	<ul style="list-style-type: none"> • For minimum intervals, see bullet #3 at left. • For age 7–11m: If history of 0 doses, give 2 doses 4wks apart, with a 3rd dose at age 12–15m; if history of 1 or 2 doses, give 1 dose with a 2nd dose at age 12–15m. • For age 12–23m: If unvaccinated or history of 1 dose before age 12m, give 2 doses 8wks apart; if history of 1 dose at or after age 12m or 2 or 3 doses before age 12m, give 1 dose at least 8wks after most recent dose. • For age 24–59m and healthy: If unvaccinated or any incomplete schedule or if 4 doses of PCV7 or any other age-appropriate complete PCV7 schedule, give 1 dose at least 8wks after the most recent dose. • For age 24–71m and at high risk**: If unvaccinated or any incomplete schedule of 1 or 2 doses, give 2 doses, 1 at least 8wks after the most recent dose and another dose at least 8wks later; if any incomplete series of 3 doses, or if 4 doses of PCV7 or any other age-appropriate complete PCV7 schedule, give 1 dose at least 8wks after the most recent dose. • 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, consider giving 1 dose of PCV13 regardless of previous history of PCV7 or PPSV. 	<p>Contraindication Previous anaphylaxis to a PCV vaccine, to any of its components, or to any diphtheria toxoid-containing vaccine.</p> <p>Precaution Moderate or severe acute illness.</p>
<p>Pneumococcal polysaccharide (PPSV) Give IM or SC</p>	<ul style="list-style-type: none"> • Give 1 dose at least 8wks after final dose of PCV to high-risk children age 2yrs and older. • For children who are immunocompromised or have sickle cell disease or functional or anatomic asplenia, give a 2nd dose of PPSV 5yrs after previous PPSV (consult ACIP PPSV recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm). 		<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precaution Moderate or severe acute illness.</p>

Summary of Recommendations for Childhood and Adolescent Immunization

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Rotavirus (RV) <i>Give orally</i>	<ul style="list-style-type: none"> • Rotarix (RV1): give at age 2m, 4m. • RotaTeq (RV5): give at age 2m, 4m, 6m. • May give dose #1 as early as age 6wks. • Give final dose no later than age 8m 0 days. 	<ul style="list-style-type: none"> • Do not begin series in infants older than age 15wks 0 days. • Intervals between doses may be as short as 4wks. • If prior vaccination included use of different or unknown brand(s), a total of 3 doses should be given. 	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components. If allergy to latex, use RV5.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Altered immunocompetence. • Moderate to severe acute gastroenteritis or chronic pre-existing gastrointestinal disease. • History of intussusception.
Hepatitis A (HepA) <i>Give IM</i>	<ul style="list-style-type: none"> • Give 2 doses spaced 6m apart to all children at age 1yr (12–23m). • Vaccinate all previously unvaccinated children and adolescents age 2yrs and older who <ul style="list-style-type: none"> - Want to be protected from HAV infection. - 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. - Are users of 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 60 days following the adoptee’s arrival in the U.S. 	<ul style="list-style-type: none"> • Minimum interval between doses is 6m. • Children who are not fully vaccinated by age 2yrs can be vaccinated at subsequent visits. • Consider routine vaccination of children age 2yrs and older in areas with no existing program. • Give 1 dose as postexposure prophylaxis to incompletely vaccinated children age 12m and older who have recently (during the past 2wks) been exposed to hepatitis A virus. 	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Pregnancy.
Meningococcal conjugate (MCV4) Menactra (ages 2–55yrs) Menveo (ages 11–55yrs) <i>Give IM</i> Meningococcal polysaccharide (MPSV4) <i>Give SC</i>	<ul style="list-style-type: none"> • Give 1-time dose of MCV4 to adolescents age 11 through 18yrs. • Vaccinate all college freshmen living in dorms who have not been vaccinated. • Vaccinate all children age 2yrs and older who have any of the following risk factors: <ul style="list-style-type: none"> - Anatomic or functional asplenia, or persistent complement component deficiency. - Travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of Sub-Saharan Africa). - Military recruits <p>Note: Use MPSV4 ONLY if there is a permanent contraindication or precaution to MCV4.</p>	<p>If previously vaccinated with MPSV4 or MCV4 and risk of meningococcal disease persists, revaccinate with Menactra in 3yrs (if first dose given at age 2 through 6yrs) or revaccinate with either brand of MCV4 after 5yrs (if previous dose given at age 7yrs or older). If the only risk factor is living in a campus dormitory, there is no need to give a 2nd dose if previous dose was MCV4.</p>	<p>Contraindication Previous anaphylaxis to any any meningococcal vaccine or to any of its components, including diphtheria toxoid (for MCV4).</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • For MCV4 only: history of Guillain-Barré syndrome (if not at extremely high risk for meningococcal disease). • In pregnancy, studies of vaccination with MPSV4 have not documented adverse effects so may use MPSV4 if indicated. No data are available on the safety of MCV4 during pregnancy.
Human papillomavirus HPV (HPV2, Cervarix) (HPV4, Gardasil) <i>Give IM</i>	<ul style="list-style-type: none"> • Give 3-dose series to girls at age 11–12yrs on a 0, 1–2, 6m schedule. (May be given as early as age 9yrs.) • Vaccinate all older girls and women (through age 26yrs) who were not previously vaccinated. • Consider giving HPV4 to males age 9 through 26yrs to reduce their likelihood of acquiring genital warts. 	<p>Minimum intervals between doses: 4wks between #1 and #2; 12 wks between #2 and #3. Overall, there must be at least 24wks between doses #1 and #3. If possible, use the same vaccine product for all doses.</p>	<p>Contraindication Previous anaphylaxis to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Pregnancy.