

IMMUNIZATIONS CURRENTLY RECOMMENDED FOR CHILDREN UNDER THE AGE OF SIX

TYPE OF SHOT	DOSE	RECOMMENDED AT AGE
Polio (or DPV, TOPV, IPV, Sabin, Salk)	1st 2nd 3rd 4th	2 months 4 months 6-18 months Before starting school (4-6 years)
DTaP (DTP) (diphtheria, tetanus, and pertussis)	1st 2nd 3rd 4th 5th	2 months 4 months 6 months 15-18 months Before starting school (4-6 years)
MMR (measles, mumps, and rubella)	1st 2nd	12-15 months Before starting school (4-6 years)
Varicella Virus Vaccine* (or VAR, VZV)(chicken pox)	1st	12-18 months
Hepatitis B	1st 2nd 3rd	At birth - 3 months 1-5 months 6-18 months
Hemophilus Influenzae type b (or Hib)	1st 2nd 3rd 3rd or 4th	2 months 4 months 6 months (<i>may not be required</i>) 12-18 months

Recommended Childhood Immunization Schedule (United States), approved (January, 1998) by the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics, and the American Academy of Family Physicians (AAFP).

(*The varicella virus vaccine is only required for susceptible children, i.e., those who have not had the chickenpox. This vaccine may not be universally available at the present time.)

RECOMMENDED IMMUNIZATION SCHEDULE FOR CHILDREN NOT IMMUNIZED IN THE FIRST YEAR OF LIFE

- This schedule is recommended for children who have not received any immunizations in the first year of life.
- If the child has received some but not all of the recommended immunizations by his or her first birthday, the recommended schedule will depend on which immunizations the child is missing and the child's age.
- A health care provider should be consulted to determine the appropriate immunizations.

VISIT	WHEN	VACCINES WHICH MIGHT BE GIVEN
First Visit		<ul style="list-style-type: none"> • Hepatitis B • DTaP (or DTP) • Hib • Polio (or DPV, TOPV, IPV, Sabin, Salk) • MMR • Varicella (or VAR, VZV) (chicken pox)
Second Visit	1 - 2 months after 1st visit	<ul style="list-style-type: none"> • Hepatitis B • DTaP (or DTP) • Hib • Polio (or DPV, TOPV, IPV, Sabin, Salk)
Third Visit	1 - 2 months after 2nd visit	<ul style="list-style-type: none"> • DTaP (or DTP) • Polio (or DPV, TOPV, IPV, Sabin, Salk)
Fourth Visit	6 months after 3rd visit	<ul style="list-style-type: none"> • Hepatitis B • DTaP (or DTP)

This schedule is approved by the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics, and the American Academy of Family Physicians (AAFP). This schedule will be updated when necessary by the California Department of Health Services, Immunization Branch. (Note: Delays between doses does not require repeating doses or re-starting series. Hib schedules vary by age when series started.)