



2020 Recommended Pediatric and Adolescent Vaccine Schedule (Maintains CPP Eligibility)

Manufacturer	Brand Name	Vaccine	Age	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Merck	Recombivax HB®	Hepatitis B		1st dose	2nd dose			3rd dose											
Merck	RotaTeq®	Rotavirus (oral)			1st dose	2nd dose	3rd dose												
Sanofi	Daptacel® Pentacel® Quadracel®	Diphtheria, Tetanus, Acellular Pertussis (DTaP)			1st dose	2nd dose	3rd dose			4th dose				5th dose					
Sanofi	ActHIB® Pentacel®	Haemophilus Influenzae Type B			1st dose	2nd dose	3rd dose			4th dose									
Pfizer	Pprevnar 13®	Pneumococcal Conjugate			1st dose	2nd dose	3rd dose			4th dose									
Sanofi	IPOL® Pentacel® Quadracel®	Inactivated Polio			1st dose	2nd dose		3rd dose					4th dose						
Sanofi	Fluzone®	Influenza (IIV)						Annual Vaccination 1 or 2 doses							Annual Vaccination 1 dose only				
OR				OR															
Astra Zeneca	FluMist®	Influenza (LAIV)												Annual Vaccination 1 or 2 doses		Annual Vaccination 1 dose only			
Merck	MMRII® ProQuad®	Measles, Mumps, Rubella								1st dose				2nd dose					
Merck	Varivax® ProQuad®	Varicella								1st dose				2nd dose					
Merck	Vaqa®	Hepatitis A								2 dose series									
Sanofi	Adacel®	Tetanus, Diptheria, Acellular Pertussis (Tdap)														Tdap			
Merck	Gardasil 9®	Human Papillomavirus														2 dose series			
Sanofi	Menactra®	Meningococcal ACWY														1st dose		2nd dose	
Pfizer	Trumenba®	Meningococcal B																	
Merck	Pneumovax23®	Pneumococcal Polysaccharide																	

Range of recommended ages

Catch-up vaccination

High risk population

Non-high-risk groups may receive vaccine, subject to shared clinical decision making

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