### Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures: The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in Bright Futures guidelines (Hogan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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**HISTORY**

### Early Childhood

#### ADULTS

**Infectious**

- Measles
- Mumps
- Rubella

**Vaccines**

- Hepatitis A
- Hepatitis B
- HIB
- IPV
- OPV
- PCV
- Pneumococcal
- Rotavirus
- Varicella

**Pregnancy**

- Disease of the newborn
- Dental health
- Feeding difficulties
- Height/weight/length
- Lead screening
- Vision screening

**Sensory Screening**

- Speech
- Hearing

**Developmental-Behavioral Assessment**

- Developmental screening

**Anticipatory Guidance**

- Gun safety
- Other safety
- Nutrition

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**Incontinence**

- Constipation
- Enuresis
- Incontinence

**Nutrition**

- Exclusive breastfeeding
- Nutritional guidance

**Oral Health**

- Fluoride varnish

**Oral Hygiene**

- Brushing

**Physical Examination**

- Oral examination
- Skin examination

**Screening**

- Albinism screening
- Anemia screening
- Asthma screening
- Eye screening
- Hearing screening
- Height
- History of childhood cancer
- Hip screening
- Hemoglobin screening

**Sensory Screening**

- Speech
- Hearing

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**Lead Exposure**

- Blood lead levels

**Medical Conditions**

- Asthma
- Asthma treatment
- Asthma prevention
- Diabetes
- Diabetes treatment

**Nutrition**

- Nutrition
- Exclusive breastfeeding

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**Every 2 years**

- Dental examination
- Dental fluoride treatment

**Every 3 years**

- Dental fluoride treatment

**Every 4 years**

- Dental examination

**Every 5 years**

- Dental examination

**Every 6 years**

- Dental examination

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**Every Year**

- General health assessment
- Growth and development assessment
- Nutrition assessment
- Skin examination
- Surveillance for developmental delay
- Vision examination
- Weight gain
- Weight loss

**Every 2 years**

- Dental examination
- Dental fluoride treatment

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**Every 3 years**

- Dental examination

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**Every 4 years**

- Dental examination

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**Every 5 years**

- Dental examination

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**Every 6 years**

- Dental examination

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**Every 7 years**

- Dental examination

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**Every 8 years**

- Dental examination

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**Every 9 years**

- Dental examination

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**Every 10 years**

- Dental examination

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**Every 12 years**

- Dental examination

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**Every 15 years**

- Dental examination

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**Every 18 years**

- Dental examination

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**Every 20 years**

- Dental examination

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**Every 21 years**

- Dental examination
Summary of changes made to the
Bright Futures/AAP Recommendations for Preventive Pediatric Health Care
(Periodicity Schedule)

This Schedule reflects changes approved in October 2015 and published in January 2016. For updates, visit www.aap.org/periodicityschedule.

Changes made October 2015
- Vision Screening: The routine screening at age 18 has been changed to a risk assessment.
- Footnote 7 has been updated to read, “A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See 2016 AAP statement, “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/1.51) and “Procedures for Evaluation of the Visual System by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/1.52).

Changes made May 2015
- Oral Health: A subheading has been added for fluoride varnish, with a recommendation from 6 months through 5 years.
- Footnote 25 wording has been edited and also includes reference to the 2014 clinical report, “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/3/626) and 2014 policy statement, “Maintaining and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/6/1224.full).
- Footnote 26 has been added to the new fluoride varnish subheading: See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/3/626).

Changes made March 2014
Changes to Developmental/Behavioral Assessment
- Alcohol and Drug Use Assessment: Information regarding a recommended screening tool (CRAFFT) was added.
- Depression: Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures
- Dyslipidemia screening: An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
- Hematocrit or hemoglobin: A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (http://pediatrics.aappublications.org/content/126/5/1040.full).
- STI/HIV screening: A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled “STI Screening.”
- Cervical dysplasia: Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic exams prior to age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (http://pediatrics.aappublications.org/content/126/3/583.full).
- Critical Congenital Heart Disease: Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement, “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (http://pediatrics.aappublications.org/content/129/1/190.full).

See www.aap.org/periodicityschedule for additional updates made to footnotes and references in March 2014.
2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

Mother’s Stature ___________ Father’s Stature ___________

Date | Age | Weight | Stature | BMI*  
--- | --- | --- | --- | ---  

*To Calculate BMI: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703

Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts
ON TIME EVERY TIME: Keys to Prevention

Protect your children against dangerous diseases by age one

DTaP | Polio | PCV | Hib | HepB
---|---|---|---|---
2 Months

New Jersey's Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. For more information, please contact the New Jersey Vaccine Preventable Disease Program: 609.588.7512.

Screenings
- Anemia: 9 months or 12 months
- Lead: 9–12 months and again at 18–24 months
- TB: 12 months if high risk
- Hearing/Vision: Birth and 6 months
### 2016 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>1 month</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>2 months</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>4 months</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>6 months</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>12 months</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>15 months</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>18 months</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>19–23 months</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>2–3 years</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
<tr>
<td>4–6 years</td>
<td>HepB, RV, DTaP, PCV, Hib, Polio, RV, Influenza</td>
</tr>
</tbody>
</table>

- **Hib**
- **PCV**
- **IPV**
- **DTaP**
- **Influenza (Yearly)**
- **MMR**
- **Varicella**
- **HepA**

**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

**NOTE:** If your child misses a shot, you don’t need to start over, just go back to your child’s doctor for the next shot. Talk with your child’s doctor if you have questions about vaccines.

**FOOTNOTES:**
- *Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- †Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

**See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.**

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine protects against chickenpox.</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headache, fever</td>
<td>Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>DTaP* vaccine protects against diphtheria.</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>Swelling of the heart muscle, heart failure, coma, paralysis, death</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib vaccine protects against <em>Haemophilus influenzae</em> type b.</td>
<td>Air, direct contact</td>
<td>May be no symptoms unless bacteria enter the blood</td>
<td>Meningitis (infection of the covering around the brain and spinal cord, intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA vaccine protects against hepatitis A.</td>
<td>Direct contact, contaminated food or water</td>
<td>May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine</td>
<td>Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>HepB vaccine protects against hepatitis B.</td>
<td>Contact with blood or body fluids</td>
<td>May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
<td>Chronic liver infection, liver failure, liver cancer</td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td>Flu vaccine protects against influenza.</td>
<td>Air, direct contact</td>
<td>Fever, muscle pain, sore throat, cough, extreme fatigue</td>
<td>Pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Measles</td>
<td>MMR** vaccine protects against measles.</td>
<td>Air, direct contact</td>
<td>Rash, fever, cough, runny nose, pinkeye</td>
<td>Encephalitis (brain swelling), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR** vaccine protects against mumps.</td>
<td>Air, direct contact</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness</td>
</tr>
<tr>
<td>Pertussis</td>
<td>DTaP* vaccine protects against pertussis (whooping cough).</td>
<td>Air, direct contact</td>
<td>Severe cough, runny nose, apnea (a pause in breathing in infants)</td>
<td>Pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV vaccine protects against polio.</td>
<td>Air, direct contact, through the mouth</td>
<td>May be no symptoms, sore throat, fever, nausea, headache</td>
<td>Paralysis, death</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV vaccine protects against pneumococcus.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, pneumonia (infection in the lungs)</td>
<td>Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RV vaccine protects against rotavirus.</td>
<td>Through the mouth</td>
<td>Diarrhea, fever, vomiting</td>
<td>Severe diarrhea, dehydration</td>
</tr>
<tr>
<td>Rubella</td>
<td>MMR** vaccine protects against rubella.</td>
<td>Air, direct contact</td>
<td>Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes</td>
<td>Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
<tr>
<td>Tetanus</td>
<td>DTaP* vaccine protects against tetanus.</td>
<td>Exposure through cuts in skin</td>
<td>Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever</td>
<td>Broken bones, breathing difficulty, death</td>
</tr>
</tbody>
</table>

* DTaP combines protection against diphtheria, tetanus, and pertussis.  
** MMR combines protection against measles, mumps, and rubella.
Talk to your child’s doctor or nurse about the vaccines recommended for their age.

<table>
<thead>
<tr>
<th></th>
<th>Flu Influenza</th>
<th>Tdap Tetanus, diphtheria, pertussis</th>
<th>HPV Human papillomavirus</th>
<th>Meningococcal</th>
<th>Pneumococcal</th>
<th>Hepatitis B</th>
<th>Hepatitis A</th>
<th>Inactivated Polio</th>
<th>MMR Measles, mumps, rubella</th>
<th>Chickenpox Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-8 Years</td>
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<td>9-10 Years</td>
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<td>11-12 Years</td>
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<td>13-15 Years</td>
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<td>16-18 Years</td>
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</tbody>
</table>

More information:
- Preteens and teens should get a flu vaccine every year.
- Preteens and teens should get one shot of Tdap at age 11 or 12 years.
- Both girls and boys should receive 3 doses of HPV vaccine to protect against HPV-related disease. HPV vaccination can start as early as age 9 years.
- All 11-12 year olds should be vaccinated with a single dose of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.
- Teens, 16-18 years old, may be vaccinated with a MenB vaccine.

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.

American Academy of Pediatrics

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Indicated to the Health of All Children

American Academy of Family Physicians

Strong Medicine for America
**Vaccine-Preventable Diseases and the Vaccines that Prevent Them**

**Diphtheria** *(Can be prevented by Tdap vaccination)*
Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In serious cases, the illness can cause coma, paralysis, and even death.

**Hepatitis A** *(Can be prevented by HepA vaccination)*
Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain, and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

**Hepatitis B** *(Can be prevented by HepB vaccination)*
Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. Symptoms of acute hepatitis B include fever, fatigue, loss of appetite, nausea, vomiting, pain in joints and stomach, dark urine, grey-colored stools, and jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

**Human Papillomavirus** *(Can be prevented by HPV vaccination)*
Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

**Influenza** *(Can be prevented by annual flu vaccination)*
Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

**Mumps** *(Can be prevented by MMR vaccination)*
Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes swollen salivary glands under the ears or jaw, fever, muscle aches, tiredness, abdominal pain, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely results in decreased fertility.

**Polio** *(Can be prevented by IPV vaccination)*
Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the stool of an infected person and through droplets from a sneeze or cough. Symptoms typically include sore throat, fever, tiredness, nausea, headache, or stomach pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, about 2 to 10 children out of 100 die because the virus affects the muscles that help them breathe.

**Rubella** *(German Measles)* *(Can be prevented by MMR vaccination)*
Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

**Tetanus** *(Lockjaw)* *(Can be prevented by Tdap vaccination)*
Tetanus is caused by bacteria found in soil, dust, and manure. The bacteria enter the body through a puncture, cut, or sore on the skin. When people are infected, the bacteria produce a toxin (poison) that causes muscles to become tight, which is very painful. Tetanus mainly affects the neck and belly. This can lead to “locking” of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. One out of five people who get tetanus die from the disease.

**Varicella** *(Chickenpox)* *(Can be prevented by varicella vaccination)*
Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

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If you have any questions about your child’s vaccines, talk to your healthcare provider.
This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967).
These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2).

To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

NOTE: The above recommendations must be read along with the footnotes of this schedule.

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at [http://www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html). Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online ([http://www.vaers.hhs.gov](http://www.vaers.hhs.gov)) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online ([http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm](http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm)) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices ([http://www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)), the American Academy of Pediatrics ([http://www.aap.org](http://www.aap.org)), the American Academy of Family Physicians ([http://www.aafp.org](http://www.aafp.org)), and the American College of Obstetricians and Gynecologists ([http://www.acog.org](http://www.acog.org)).

**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2016.**

(For those who fall behind or start late, see the catch-up schedule [Figure 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

| Vaccine | 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 |
|---------|-------|------|-------|-------|-------|-------|-------|-------|-------|-----------|---------|--------|--------|-----------|------------|-----------|-----------|
| Hepatitis B (HepB) | 1st dose | ≤2nd dose | 3rd dose | | | | | | | | | | | | |
| Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series) | 1st dose | 2nd dose | | | | | | | | | | | | | |
| Diphtheria, tetanus, & acellular pertussis (DTaP; <7 yrs) | 1st dose | 2nd dose | 3rd dose | | | | | | | | | | | | |
| Haemophilus influenzae type b (Hib) | 1st dose | 2nd dose | | | | | | | | | | | | | |
| Pneumococcal conjugate (PCV13) | 1st dose | 2nd dose | 3rd dose | | | | | | | | | | | | |
| Inactivated poliovirus (IPV; <18 yrs) | 1st dose | 2nd dose | | | | | | | | | | | | | |
| Influenza a (IIV; LAIV) | Annual vaccination (IIV only) 1 or 2 doses | Annual vaccination (LAIV or IIV) 1 or 2 doses | Annual vaccination (LAIV or IIV) 1 dose only | | | | | | | | | | | | |
| Measles, mumps, rubella (MMR) | See footnote 8 | | | | | | | | | | | | | | |
| Varicella (VAR) | | | | | | | | | | | | | | |
| Hepatitis A (HepA) | | | | | | | | | | | | | | |
| Meningococcal (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos) | See footnote 11 | | | | | | | | | | | | | | |
| Tetanus, diphtheria, & acellular pertussis (Tdap; ≥7 yrs) | | | | | | | | | | | | | | |
| Human papillomavirus (2vHPV: females only; 4vHPV, 9vHPV: males and females) | | | | | | | | | | | | | | |
| Meningococcal B | | | | | | | | | | | | | | |
| Pneumococcal polysaccharide (PPSV23) | | | | | | | | | | | | | | |

| Range of recommended ages for all children | Range of recommended ages for catch-up immunization | Range of recommended ages for certain high-risk groups | Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making | No recommendation |

This schedule is approved by the Advisory Committee on Immunization Practices ([http://www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)), the American Academy of Pediatrics ([http://www.aap.org](http://www.aap.org)), the American Academy of Family Physicians ([http://www.aafp.org](http://www.aafp.org)), and the American College of Obstetricians and Gynecologists ([http://www.acog.org](http://www.acog.org)).

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
**FIGURE 2.** Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind — United States, 2016.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

### Children age 4 months through 6 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose 1 to Dose 2</td>
<td>Dose 2 to Dose 3</td>
</tr>
<tr>
<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Birth</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Rotavirus&lt;sup&gt;1&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis&lt;sup&gt;1&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Haemophilus influenza type b&lt;sup&gt;1&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks if first dose was administered before the 1&lt;sup&gt;st&lt;/sup&gt; birthday.</td>
</tr>
<tr>
<td>Pneumococcal&lt;sup&gt;2&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks if first dose administered before the 1&lt;sup&gt;st&lt;/sup&gt; birthday.</td>
</tr>
<tr>
<td>Inactivated poliovirus&lt;sup&gt;2&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Measles, mumps, rubella&lt;sup&gt;3&lt;/sup&gt;</td>
<td>12 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Varicella&lt;sup&gt;3&lt;/sup&gt;</td>
<td>12 months</td>
<td>3 months</td>
</tr>
<tr>
<td>Hepatitis A&lt;sup&gt;3&lt;/sup&gt;</td>
<td>12 months</td>
<td>6 months</td>
</tr>
<tr>
<td>Meningococcal&lt;sup&gt;17&lt;/sup&gt; (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)</td>
<td>6 weeks</td>
<td>8 weeks&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td>Meningococcal&lt;sup&gt;17&lt;/sup&gt; (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)</td>
<td>Not Applicable (N/A)</td>
<td>8 weeks&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
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<td>Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis&lt;sup&gt;1&lt;/sup&gt;</td>
<td>7 years&lt;sup&gt;2&lt;/sup&gt;</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Human papillomavirus&lt;sup&gt;13&lt;/sup&gt;</td>
<td>9 years</td>
<td>Routine dosing intervals are recommended.&lt;sup&gt;17&lt;/sup&gt;</td>
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<tr>
<td>Hepatitis A&lt;sup&gt;3&lt;/sup&gt;</td>
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<td>6 months</td>
</tr>
<tr>
<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt;</td>
<td>N/A</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Inactivated poliovirus&lt;sup&gt;2&lt;/sup&gt;</td>
<td>N/A</td>
<td>4 weeks&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Measles, mumps, rubella&lt;sup&gt;3&lt;/sup&gt;</td>
<td>N/A</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Varicella&lt;sup&gt;3&lt;/sup&gt;</td>
<td>N/A</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
</tr>
</tbody>
</table>

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2016
For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

Additional information
- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see MMWR, General Recommendations on Immunization and Reports / Vol. 60 / No. 2; Table 1. Recommended and minimum ages and intervals between vaccine doses available online at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
- Information on travel vaccine requirements and recommendations is available at http://wwwnc.cdc.gov/travel/destinations/list.

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

Routine vaccination:
- At birth;
- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 ml of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 18 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series if the series was delayed; CDC recently recommended testing occur at age 9 through 12 months; see http://www.cdc.gov/mmwr/preview/mmwrhtml/nn6439a6.htm.
- If mother’s HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother’s HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

Doses following the birth dose:
- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

Catch-up vaccination:
- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

Routine vaccination:
- Administer a series of RV vaccine to all infants as follows:
  1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
  2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
  3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

Catch-up vaccination:
- The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks.

Exception: DTaP-IPV [Kinrix, Quadracel]; 4 years)

Routine vaccination:
- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Inadvertent administration of 4th DTaP dose early: If the fourth dose of DTaP was administered at least 4 months, but less than 6 months, after the third dose of DTaP, it need not be repeated.
- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.

Catch-up vaccination:
- If dose 1 was administered before the first birthday and second dose administered at younger than 12 months following therapy completion.
- If both doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.

Vaccination of persons with high-risk conditions:
Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency or who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
- For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
4. *Haemophilus influenzae* type b (Hib) conjugate vaccine (cont’d)

- Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* patients 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with HIV infection.
- *Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.

5. Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)

**Routine vaccination with PCV13:**
- Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
- For children aged 14 through 15 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

**Catch-up vaccination with PCV13:**
- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- For other catch-up guidance, see Figure 2.

**Recommendation of persons with high-risk conditions with PCV13 and PPSV23:**
- All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
- For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; coarctation of the aorta; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
  1. Administer 1 dose of PCV13 if any incomplete schedule of 3 doses of PCV (PCV7 and/or PCV13) were received previously.
  2. Administer 1 dose of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.
  3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.

**Other vaccination:**
- The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
- For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.
- For children aged 6 through 18 years who have cerebrospinal fluid leak; coarctation of the aorta; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
  1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
  2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
  3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
- For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PCV13, administer 1 dose of PCV13. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
- A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

**Routine vaccination:**
- Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

**Catch-up vaccination:**
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk of imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.

7. Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])

**Routine vaccination:**
- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV SHOULD NOT be administered to some persons, including 1) patients who have experienced severe allergic reactions to LAIV or any of its components, or to a previous dose of any other influenza vaccine; 2) children 2 through 17 years receiving aspirin or aspirin-containing products; 3) persons who are allergic to eggs; 4) pregnant women; 5) immunosuppressed persons; 6) children 2 through 4 years of age with asthma or who had wheezing in the past 12 months; or 7) persons who have taken influenza antiviral medications in the previous 48 hours. For all other contraindications and precautions to use of LAIV, see MMWR August 7, 2015 / 64(30):818-25 available at http://www.cdc.gov/mmwr/pdf/ww/mm6430.pdf.

For children aged 6 months through 8 years:
- For the 2015-16 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2015-16 ACIP influenza vaccine recommendations, MMWR August 7, 2015 / 64(30):818-25, available at http://www.cdc.gov/mmwr/pdf/ww/mm6430.pdf.
- For the 2016-17 season, follow dosing guidelines in the 2016 ACIP influenza vaccine recommendations.

**For persons aged 9 years and older:**
- Administer 1 dose.

8. Measles, rubella, and mumps (MMR) vaccine. (Minimum age: 12 months for routine vaccination)

**Routine vaccination:**
- Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

**Catch-up vaccination:**
- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

9. Varicella (VAR) vaccine. (Minimum age: 12 months)

**Routine vaccination:**
- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Catch-up vaccination:
  - Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

10. Hepatitis A (HepA) vaccine. (Minimum age: 12 months)

**Routine vaccination:**
- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months. Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

**Catch-up vaccination:**
- The minimum interval between the 2 doses is 6 months.
10. Hepatitis A (HepA) vaccine (cont’d)

Special populations:
- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after leaving the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

11. Meningococcal vaccines (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo], 10 years for serogroup B meningococcal [MenB] vaccines: MenB-4C [Bexsero] and MenB-4F/Hbp [Trumenba])

Routine vaccination:
- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 months through 18 years with high-risk conditions, see below.

Catch-up vaccination:
- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

Clinical discretion:
- Young adults aged 16 through 23 years (preferred age range is 16 through 18 years) may be vaccinated with either a 2-dose series of Bexsero or a 3-dose series of Trumenba vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

Vaccination of persons with high-risk conditions and other persons at increased risk of disease: Children with anatomic or functional asplenia (including sickle cell disease):

Meningococcal conjugate ACWY vaccines:
1. Menveo
   - Children who initiate vaccination at 8 weeks: Administer doses at 2, 4, 6, and 12 months of age.
   - Unvaccinated children who initiate vaccination at 7 through 23 months: Administer 2 doses, with the second dose at least 12 weeks after the first dose AND after the first birthday.
   - Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.
2. MenHibrix
   - Children who initiate vaccination at 6 weeks: Administer doses at 2, 4, 6, and 12 through 15 months of age.
   - If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
3. Menactra
   - Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.

Meningococcal B vaccines:
1. Bexsero or Trumenba
   - Persons 10 years or older who have not received a complete series. Administer a 2-dose series of Bexsero, at least 1 month apart. Or a 3-dose series of Trumenba, with the second dose at least 2 months after the first and the third dose at least 6 months after the first. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.

Children with persistent complement component deficiency (includes persons with inherited or chronic deficiencies in C3, C5-9, properdin, factor D, factor H, or having eczulizumab [Soliris™]):

Meningococcal conjugate ACWY vaccines:
1. Menveo
   - Children who initiate vaccination at 8 weeks: Administer doses at 2, 4, 6, and 12 months of age.
   - Unvaccinated children who initiate vaccination at 7 through 23 months: Administer 2 doses, with the second dose at least 12 weeks after the first dose AND after the first birthday.
   - Children 24 months and older who have not received a complete series: Administer 2 primary doses at least 8 weeks apart.
2. MenHibrix
   - Children who initiate vaccination at 6 weeks: Administer doses at 2, 4, 6, and 12 through 15 months of age.
   - If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.

12. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for both Boostrix and Adacel)

Routine vaccination:
- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

Catch-up vaccination:
- Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.

Inadverted doses of DTaP vaccine:
- If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
- If inadvertently administered to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

13. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for 2vHPV [Cervarix], 4vHPV [Gardasil] and 9vHPV [Gardasil 9])

Routine vaccination:
- Administer 3-dose series of HPV vaccine on a schedule of 0, 2- and 6-months to all adolescents aged 11 through 12 years. 9vHPV, 4vHPV or 2vHPV may be used for females, and only 9vHPV or 4vHPV may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks); administer the third dose 16 weeks after the second dose (minimum interval of 12 weeks) and 24 weeks after the first dose.
- Administer HPV vaccine beginning at age 9 years to children and youth with any history of sexual abuse or assault who have not initiated or completed the 3-dose series.

Catch-up vaccination:
- Administer the vaccine series to females (2vHPV or 4vHPV or 9vHPV) and males (4vHPV or 9vHPV) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see Routine vaccination above) for vaccine series catch-up.

For further guidance on the use of the vaccines mentioned above, see: [http://www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
If you are
this age, talk to your healthcare professional about these vaccines

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Flu Influenza</th>
<th>Td/Tdap Tetanus, diphtheria, pertussis</th>
<th>Shingles Zoster</th>
<th>Pneumococcal</th>
<th>Meningococcal</th>
<th>MMR Measles, mumps, rubella</th>
<th>HPV Human papillomavirus</th>
<th>Chickenpox Varicella</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hib Haemophilus influenzae type b</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 - 21 years</td>
<td></td>
<td></td>
<td></td>
<td>PCV13</td>
<td>PPSV23 or MPSV4</td>
<td>MenACWY</td>
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<tr>
<td>22 - 26 years</td>
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<td>27 - 49 years</td>
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<td>50 - 59 years</td>
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<td>60 - 64 years</td>
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<td>65+ year</td>
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</table>

More Information:
- You should get flu vaccine every year.
- You should get a Td booster every 10 years. You also need 1 dose of Tdap. Women should get a Tdap vaccine during every pregnancy to protect the baby.
- You should get shingles vaccine even if you have had shingles before.
- You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.
- You should get this vaccine if you did not get it when you were a child.
- You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

Recommended For You: This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines. Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines
2016 Recommended Immunizations for Adults: By Health Condition

### If you have this health condition, talk to your healthcare professional about these vaccines

<table>
<thead>
<tr>
<th>Condition</th>
<th>Flu (Influenza)</th>
<th>Td/Tdap (Tetanus, diphtheria, pertussis)</th>
<th>Shingles (Zoster)</th>
<th>Pneumococcal</th>
<th>Meningococcal</th>
<th>MMR (Measles, mumps, rubella)</th>
<th>HPV (Human papillomavirus)</th>
<th>Chickenpox (Varicella)</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hib (Haemophilus influenzae type b)</th>
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<tbody>
<tr>
<td>Pregnancy</td>
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<tr>
<td>Weakened Immune System</td>
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<td>HIV: CD4 count less than 200</td>
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<td>HIV: CD4 count 200 or greater</td>
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<td>Kidney disease or poor kidney function</td>
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<td>Asplenia (if you do not have a spleen or if it does not work well)</td>
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<td>Heart disease Chronic lung disease Chronic alcoholism</td>
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<tr>
<td>Diabetes (Type 1 or Type 2)</td>
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<tr>
<td>Chronic Liver Disease</td>
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</tbody>
</table>

**More Information:**
- You should get flu vaccine every year.
- You should get Td booster every 10 years. You also need 1 dose of Tdap vaccine. Women should get Tdap vaccine during every pregnancy.
- You should get shingles vaccine if you are age 60 years or older, even if you have had shingles before.
- You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.
- You should get this vaccine if you did not get it when you were a child.
- You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.
- You should get Hib vaccine if you do not have a spleen, have sickle cell disease, or received a bone marrow transplant.

**Recommended For You:** This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.

**May Be Recommended For You:** This vaccine is recommended for you if you have certain other risk factors due to your age, health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

**YOU SHOULD NOT GET THIS VACCINE**

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

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**U.S. Department of Health and Human Services**
**Centers for Disease Control and Prevention**

CS262412
**FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: CHILD CARE/PRESCHOOL IMMUNIZATION REQUIREMENTS**

**NJ Department of Health**

**Vaccine Preventable Disease Program**

New Jersey Minimum Immunization Requirements for Child Care/Preschool Attendance

N.J.A.C. 8:57-4 Immunization of Pupils in School

Listed in the chart below are the minimum required number of doses your child must have in order to enroll/attend a child care/preschool facility in NJ. Additional vaccines are recommended by the Advisory Committee on Immunization Practices (ACIP), but only the following are required for child care/preschool attendance in NJ. For the complete ACIP Recommended Immunization Schedule, please visit [http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).

<table>
<thead>
<tr>
<th>At this age the child should have received the following vaccines:</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19 months</th>
<th>20-59 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus &amp; acellular pertussis (DTaP)</td>
<td>Dose #1</td>
<td>Dose #2</td>
<td>Dose #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dose #4</td>
</tr>
<tr>
<td>Inactivated Poliovirus (Polio)</td>
<td>Dose #1</td>
<td>Dose #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dose #3</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b (Hib)</td>
<td>Dose #1</td>
<td>Dose #2</td>
<td></td>
<td>1-4 doses* (see footnote)</td>
<td></td>
<td></td>
<td>At least 1 dose given on or after the first birthday</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV 13)</td>
<td>Dose #1</td>
<td>Dose #2</td>
<td></td>
<td>1-4 doses* (see footnote)</td>
<td>At least 1 dose given on or after the first birthday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Dose #1†</td>
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<tr>
<td>Varicella (VAR)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Dose #1 ³</td>
</tr>
<tr>
<td>Influenza (IIV; LAIV)</td>
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<td></td>
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<td></td>
<td></td>
<td>One dose due each year ⁵</td>
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</tr>
</tbody>
</table>

**Interpretation:** Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.
* Haemophilus influenzae type b (Hib) and pneumococcal (PCV) vaccines are special cases. If a child started late with these vaccines he/she may need fewer doses. One dose of each is required on or after the first birthday in all cases. Please Note: The use of combination vaccines may allow students to receive the 1st birthday booster dose of Hib between 15-18 months of age.

† MMR vaccine may be given as early as 12 months of age, but NJ requires children to receive the vaccine by 15 months of age. Prior to age 15 months, a child may enter preschool/child care without a documented dose of MMR.

‡ Varicella vaccine may be given as early as 12 months of age, but NJ requires children to receive the vaccine by 19 months of age. Prior to age 19 months, a child may enter preschool/child care without a documented dose of varicella. A child will not have to receive the varicella vaccine if he/she previously had chickenpox as long as the parent can provide the school with one of the following: 1. Documented laboratory evidence showing immunity (protection) from chickenpox, 2. A physician’s written statement that the child previously had chickenpox, or 3. A parent’s written statement that the child previously had chickenpox.

¶ The current seasonal influenza vaccine is required every year for those children 6 months through 59 months of age. Students who have not received the flu vaccine by December 31 must be excluded (not allowed to attend child care/preschool) for the duration of influenza season (through March 31), until they receive at least one dose of the influenza vaccine or until they turn 60 months of age. Children enrolling in child care/preschool after December 31, must provide documentation of receiving the current seasonal flu vaccine before being allowed to enter school. Students enrolling in school after March 31 are not required to receive the flu vaccine; however, flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

NJ accepts valid medical and religious exemptions (reasons for not showing proof of immunizations) as per the NJ Immunization of Pupils in School regulations, N.J.A.C. 8:57-4. Children without proof of immunity as defined by ACIP, including those with medical and religious exemptions, may be excluded from a school, preschool, or child care facility during a vaccine preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee. In addition, anybody having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable disease, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school. The Department of Health shall provide guidance to the school of the appropriateness of any such prohibition.

For more information, please visit “NJ Immunization Requirements Frequently Asked Questions”, at the following link: http://nj.gov/health/cd/imm.shtml.

**Interpretation:** Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.
**Guide for checking compliance**

Step 1: Each child attending/enrolling must present documentation of immunizations or valid medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.

Step 2: Determine child’s present grade level.

Step 3: Compare the child’s record with the requirements listed on the chart below.

<table>
<thead>
<tr>
<th>Grade/level child enters school:</th>
<th>Minimum Number of Doses for Each Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kindergarten – 1st grade</strong></td>
<td>DTaP Diphtheria, Tetanus, acellular Pertussis</td>
</tr>
<tr>
<td></td>
<td>A total of 4 doses with one of these doses on or after the 4th birthday OR any 5 doses*</td>
</tr>
<tr>
<td><strong>2nd – 5th grade</strong></td>
<td>3 doses</td>
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<tr>
<td><strong>6th grade and higher</strong></td>
<td>3 doses</td>
</tr>
</tbody>
</table>
Additional vaccines are recommended by the Centers for Disease Control and Prevention (CDC). The chart above lists only the vaccines that are required for school attendance in NJ. Please note that unvaccinated children, including those with medical and/or religious exemptions, may be excluded from school during a vaccine preventable disease outbreak or threatened outbreak to ensure public health safety.

For the complete CDC Recommended Immunization Schedule, please visit [http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).

* **DTaP:** Children who previously attended child care/preschool should have received 4 doses since the requirement to receive the fourth birthday booster dose (5th dose) does not apply until the child attends Kindergarten. However, if one of these 4 doses was given after the 4th birthday, this child will not need an additional dose for Kindergarten. Children will need 5 doses if all doses were administered prior to the 4th birthday in order to enter Kindergarten.

**Polio:** Children who previously attended child care/preschool should have 3 doses since the requirement to receive the fourth birthday booster dose (4th dose) does not apply until the child attends Kindergarten. However, if one of these 3 doses was given after the 4th birthday, this child will not need an additional dose for Kindergarten. Children will need 4 doses if all doses were administered prior to the 4th birthday.

† A child is required to receive two doses of measles, one dose of mumps, and one dose of rubella once he/she enters Kindergarten. Since single antigen (separate components of the vaccine) is not readily available, most children will have two MMR vaccines.


§ Varicella vaccine is only required for children born on or after January 1, 1998. A child will not have to receive the varicella vaccine if he/she previously had chickenpox as long as a parent can provide the school with one of the following: 1) Documented laboratory evidence showing immunity (protection) from chickenpox, 2) A physician’s written statement that the child previously had chickenpox, or 3) A parent’s written statement that the child previously had chickenpox.

¶ Two doses of hepatitis B vaccine is acceptable if child received the vaccine between 11 – 15 yrs. of age AND the vaccine is identified as Adolescent Formulation. Children who present documented laboratory evidence of hepatitis B disease or immunity, constituting a medical exemption, shall not be required to receive hepatitis B vaccine.

** Tdap and Meningococcal vaccines are required for all entering 6th graders who are 11 years of age or older; 6th graders < 11 years must receive Tdap and meningococcal vaccines once age 11 is reached.

N.J.A.C. 8:57-4.3 and 4.4 Immunization of Pupils in Schools rule, Religious and Medical Exemption

The New Jersey Department of Health and Senior Services (NJDHSS) has received numerous inquiries regarding enforcement of N.J.A.C. 8:57 – 4, Immunization of Pupils in School. The issue of exemptions to mandatory immunizations has been reviewed by the NJDHSS Office of Legal and Regulatory Affairs and the New Jersey Office of the Attorney General. Below is a summary of the advice received from legal council regarding exemptions to immunization(s).

• Religious Exemptions:
  N.J.S.A. 26:1A – 9.1 provides an exemption for pupils from mandatory immunization “if the parent or guardian of the pupil objects thereto in a written statement signed by the parent or guardian upon the grounds that the proposed immunization interferes with the free exercise of the pupil’s religious rights.” All schools, child care centers, and local health officers may be advised that the religious exemption extends to private, parochial, and public institutions. When a parent or guardian submits their written religious exemption to immunization, which contains some religious reference, those persons charged with implementing administrative rules at N.J.A.C. 8:57 – 4.4, should not question whether the parent’s professed religious statement or stated belief is reasonable, acceptable, sincere and bona fide. In practice, if the written statement contains the word “religion” or “religious” or some reference thereto, then the statement should be accepted and the religious exemption of mandatory immunization(s) granted. The language requiring how the administration of immunizing agents conflicts with the student’s religious beliefs does not mandate specificity as to membership in a recognized church or religious denomination. NJDHSS will seek to amend the rules at N.J.A.C. 8:57 – 4.4 through the Administrative Rules process to be consistent with N.J.S.A. 26:1A – 9.1.

• Medical Exemptions:
  N.J.A.C. 8:57 – 4.3 allows for exemptions to immunizations which are medically contraindicated. A written statement shall be submitted to the school, preschool, or child care center from a physician licensed to practice medicine or osteopathy or an advanced practice nurse (certified registered nurse practitioner or clinical nurse specialist) indicating that an immunization is medically contraindicated for a specific period of time, and the reason(s) for the medical contraindication, based upon valid medical reasons as enumerated by the Advisory Committee on
Immunization Practices (ACIP) or the American Academy of Pediatrics (AAP) guidelines.

Objections to vaccination based on grounds which are not medical or religious in nature and which are of a philosophical, moral, secular, or more general nature continue to be unacceptable.

NJDHSS hopes that the information provided will enable schools, child care facilities, and local health departments to process requests for exemptions in a more uniform and expeditious manner. NJDHSS remains committed to ensuring that our children and communities are protected against vaccine-preventable diseases. The dramatic decrease in the morbidity and mortality of vaccine-preventable diseases is attributed, in large part, to enforcement of school immunization requirements. The Department remains grateful for all the work expended locally to implement and enforce these important health regulations within the proscribed authority.