



Recommended Childhood and Adolescent Immunization Schedule—United States, 2006

Committee on Infectious Diseases

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

The annual recommended childhood and adolescent immunization schedule for January–December 2006 was approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians is issued for 2006. This schedule reflects current recommendations for use of US Food and Drug Administration–licensed vaccines. The 2006 schedule reflects the following major changes.

- The fourth dose of diphtheria and tetanus toxoids and acellular pertussis (DTaP) may be administered as early as 12 months of age, provided 6 months have elapsed since the third dose and the child is unlikely to return at 15 to 18 months of age.
- A single dose of an adolescent preparation of tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) is recommended at 11 to 12 years of age for those who have completed the recommended DTP/DTaP series and have not received a tetanus-diphtheria (Td) booster dose. Adolescents 13 to 18 years of age who missed the 11- to 12-year-old Td or Tdap booster dose or in whom it has been 5 years or more since the Td booster dose also should receive a single dose of Tdap if they have completed the DTP/DTaP series.¹
- A single dose of meningococcal conjugate vaccine (MCV4) is recommended for all 11- to 12-year-olds as well as unimmunized adolescents at high school entry (15 years of age). All college freshman who will be living in a dormitory also should be immunized, preferably with MCV4, although meningococcal polysaccharide vaccine is an acceptable alternative.²
- Influenza vaccine should be administered annually to all high-risk children, including children with conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration.
- Hepatitis A vaccine, licensed for administration to children 12 months of age and older, is now recommended for universal administration to all children at 1 to 2 years (12 to 23 months) of age and for certain high-risk groups. The 2 doses in the series should be separated by at least 6 months.

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

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