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Cdc immunization schedule 2018 pdf

Baby Easy To Read Vaccine Birth Schedule 1 Month 2 Months 4 Months 6 Months 12 Months 15 Months 18 Months 19-23 Months 2-3 Years 4-6 Years HepB HepB RV RV DTaP DTaP DTaP DTaPa PP DTaP DTaP Hib Hib Hib Hib PCV13 PCV13 PCV13 PCV13 IPV IPV Flu (annually) MMR MMR Varicella Varicella HeellapA' Note: If your child misses a shot, you don't need to start all over again. Just go back to your child's doctor for the next shot. Talk to your child's doctor if you have questions about vaccines. Footnotes Two doses, given at least four weeks apart is recommended for children between the ages of 6 months and 8 years who receive the flu vaccine (flu) for the first time and for some other children in this age group. Two doses of the hepA vaccine are needed for long-term protection. The first dose of the Hepa vaccine must be given between the ages of 12 months and 23 months. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of the Hep vaccine. If your child has any medical conditions that put him or her at risk for infection or travels outside the United States, talk to your child's doctor about the additional vaccines that he or she may need. Vaccine preventable diseases and vaccines that prevent their childhood vaccine preventable disease easily read disease disease spreads symptoms of disease complications Chicken pox Varicella vaccine protects against chickenpox. Air, direct contact rush, fatigue, headache, fever Infected blisters, bleeding disorder, encephalitis (brain swelling), pneumonia (infection in the lungs) DTaP's diphtheria vaccine protects against diphtheria. The air, Direct contact Sore throat, mild fever, weakness, swollen glands in the neck swelling of the heart muscle, heart failure, coma, paralysis, death Hib Hib vaccine protects against hemophilic influenza type b. Air, direct contact can be no symptoms if bacteria enter the blood meningitis (infection coating around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection) , pneumonia (infection in the lungs), death hepatitis Hepa vaccine protects against hepatitis A. Direct contact, contaminated food or water may not be any symptoms, fever, abdominal pain, loss of appetite, fatigue, vomiting, jaundice (yellow skin and eyes), dark liver failure, arthralgia (joint pain), kidneys, pancreas and blood disease Hepatitis B Hepb protects the vaccine against hepatitis B. Contact with blood or body fluids may be no symptoms fever, headache, weakness, vomiting, jaundice, flu vaccine (flu) protects against Air, direct contact fever, muscle aches, pains, throat, cough, extreme fatigue Pneumonia (infection in the lungs) vaccine against MMR measles' protects against measles. Air, direct contact Rush, fever, cough, runny nose, pink eye encephalitis (brain swelling), pneumonia (infection in the lungs), death of Mumps MMR vaccine protects against mumps. Air, direct contact swollen salivary glands (under the jaw), fever, headache, fatigue, muscle pain meningitis (infection coating around the brain and spinal cord), encephalitis (brain swelling), inflammation of the testicles or ovaries, deafness whooping cough DTaP, the vaccine protects against whooping cough. Air, direct contact Severe cough, runny nose, apnea (pause in breathing in infants) Pneumonia (infection in the lungs), polio vaccine IPV protects against polio. Air, direct contact, through the mouth can be no symptoms, sore throat, fever, nausea, headache paralysis, death of pneumococcal vaccine PCV13 protects against pneumococcal. Air, direct contact May be no symptoms, pneumonia (infection in the lungs) Bacteremia (blood infection), meningitis (infection coating around the brain and spinal cord), death Rotavirus RV vaccine protects against rotavirus. Through mouth Diarrhea, fever, vomiting Severe diarrhea, dehydration rubella MMR' vaccine protects against rubella. Air, direct contact Sometimes rash, fever, swollen lymph nodes Very serious in pregnant women - can lead to miscarriage, stillbirth, premature birth, birth defects tetanus vaccine DTaPH protects against tetanus. Exposure through cuts in skin Stiffness in the neck and abdominal muscles, difficulty swallowing, muscle spasms, broken bone fever, shortness of breath, death and DTaP combines protection against diphtheria, tetanus and whooping cough. MMR combines protection against measles, mumps and rubella. This timetable is recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). Always stick out recommendations by identifying the necessary vaccines based on age (table 1), assessing health status and other indicators (table 2) and looking at special situations (Notes). Legend Recommended vaccination for adults who meet age requirements, lack of vaccination documents, or lack of evidence of past infection Recommended vaccination for adults with additional risk factor or other indication Of Recommended Vaccination based on general clinical decisions No recommendation / Not applied adult vaccine schedule Vaccine 19-26 years 27-4 9 years 50-64 years 65 years Influenza inactivated (IIV) or influenza recombinant (RIV) 1 dose of annual flu live attenuated (LAIV) 1 dose of diphtheria, whooping cough (Tdap or Td) 1 dose Of Tdap, then Td or Tdap booster every 10 years measles, mumps, rubella (MMR) 1 or 2 doses depending on the indication (if born in 1957 or later) Varicella (if born in 1980 or later) 2 doses of zoster recombinant (RV) (preferred) 2 doses of zoster live (ERL) 1 dose of human papillomavirus (HPV) 2 or 3 doses depending on age at initial vaccination or condition of 27 to 45 years of Pneumococococ pc Conjugation (PCV13) 1 dose 65 years and older pneumocococ pc polysaccharide (PPSV23) 1 or 2 doses depending on indication 1 dose of hepatitis A (Gepa) 2 or 3 doses depending on the hepatitis B (Gep) 2 or 3 vaccine doses depending on the Meningocococcal A, C, W, Y (MenACWY) 1 or 2 doses depending on the indication, see notes for the booster recommendation Meningococcal B (MenB) 2 or 3 doses depending on the vaccine and indication, see the notes for the booster recommendation of 19 to 23 years of haemophilic influenza type B (Hib) 1 or 3 doses depending on the vaccine if the vaccination history is incomplete or unknown. Do not restart or add doses in a series of vaccines if there are extended intervals between doses. The use of trade names only for identification purposes does not imply approval by ACIP or CDC. Notes Recommended Adult Immunization Schedule for Ages 19 and Older, United States, 2020 For Vaccine Recommendations for Persons Aged 0 to 18 Years, See Vaccination Against Hemophilic Influenza Type B Special Situations Anatomical or Functional Aspen (including sickle cell disease): 1 dose if previously not received Hib; if optional splenectomy, 1 dose, preferably at least 14 days before the splenectomy of hemathopetic stem cell transplantation (HSCT): 3-dose series 4 weeks apart, Starting 6-12 months after successful transplantation, regardless of the history of vaccination Hib hepatitis A Regular vaccination is not in danger, but want protection from hepatitis A (identification of risk factor is required): 2-dose series HepA (Havrix 6-12 months apart or Vaqta 6-18 months apart minimum interval : 6 months) or 3-dose of the HepA-HepB series (Twinrix by 0, 1, 6 months minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3) Special Situations In case of hepatitis A virus infection: 2-dose series HepA or 3-dose series HepA-HepB as higher chronic liver disease (e.g. individuals with hepatitis B, hepatitis C, cirrhosis of the liver, fatty liver disease, fatty liver disease Alcohol liver disease, autoimmune hepatitis, Alanina aminotransferase ALT or aspartate of aminotransferase AST level more than twice the upper limit of normal) HIV-infected Men who have sex with men injections or non-injection of drug use Individuals experience homelessness Working with hepatitis A virus in a research laboratory or with non-human primates with hepatitis A viral infection Personal contact with international (e.g. household or ordinary nanny) in the first 60 days after arriving from a country with a high or intermediate intermediate Hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before the arrival of the adoptive parent) Pregnancy if the risk of infection or severe results of infection during pregnancy Settings for exposure, including medical facilities focused on services for injection or non-injection of drug users or group homes and non-residential day care facilities for disabled people with developmental disabilities (individual screening of risk factors is not required) but want protection against hepatitis B (identification of risk factor is required): 2- or 3-dose series (2-dose Series Hepilisav-B at least 4 weeks apart 2-dose series HepB applies only then, when 2 doses of Hepilisav-B are used at least 4 weeks apart or 3-dose series Engerix-B or Recombivax HB at 0, 1, 6 months minimum intervals : 4 weeks between doses 1 and 2, 8 weeks between doses 2 and 3, 16 weeks between doses 1 and 3) or 3-dose hepA-HepB series (Twinrix at 0, 1, 6 months minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3) Special situations with the risk of contracting hepatitis B virus: 2-dose (Hepilisav-B) or 3-dose (Engerix-B) , Recombivax HB) series or 3-dose series HepA-HepB (Twinrix) as higher chronic liver disease (e.g. individuals with hepatitis C, people with hepatitis C cirrhosis of the liver, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, aminotransferase alanine (ALT) or aspartate aminotransferase (ACT level) more than twice the limit of the norm) the risk of HIV infection (e.g., sexual partners of surface antigen hepatitis B (HBs) Not in a mutually beneficial relationship; Individuals seeking assessment or treatment of sexually transmitted infections; men who have sex with men) Current or recent injectable drug use Percutaneous or risk of exposure to blood mucosa (e.g. Domestic contacts of hiv-infected people; residents and staff of facilities for people with developmental disabilities; medical staff and public safety personnel with a reasonably expected risk of exposure to blood or blood-contaminated bodily fluids; hemodialysis, peritoneal dialysis, home dialysis and predialysis of patients; persons with diabetes under the age of 60 and At the direction of physicians, persons aged 60 and over) Prisoners travel to countries with high or intermediate endemic hepatitis B pregnancy if they have a risk of infection. Hepilisav-B is not currently recommended due to a lack of safety data in pregnant women vaccination against human papillomavirus Regular HPV vaccination is recommended for all adults under 26 years of age: or 3-dose series depending on age at initial vaccination or condition: Age 15 years or older at initial vaccination: 3-dose series in 0, 1-2, 6 months (minimum intervals: 4 weeks between doses 1 and 2/12 weeks doses of 2 and 3/5 months between doses 1 and 3; re-dose if administered too early) Age 9 to 14 years at initial vaccination and received 1 dose or 2 doses less than 5 months apart: 1 dose Age 9 to 14 years at initial vaccination and received 2 doses at least 5 months apart: HPV vaccination completed, no additional dose required. If a valid series of vaccinations with any HPV vaccine is completed, no additional doses required by General Clinical Solutions Age 27 to 45 years based on general clinical decisions: 2- or 3-dose series, as above Special Pregnancy Situations before the age of 26: HPV vaccination is not recommended until after pregnancy; No intervention required for vaccination during pregnancy; Pregnancy testing is not required prior to influenza vaccination Regular Vaccination Special Situation Allergy to Eggs, hives only: 1 dose of any flu vaccine suitable for age and health annually allergy to eggs more severe than hives (e.g. angioedema, respiratory failure: 1 dose of any flu vaccine suitable for age and health annually in health facilities under the supervision of a health care provider that can recognize and manage severe LAIV allergic reactions should not be used in persons with the following conditions or situations: History of severe allergic reaction to any component of the vaccine (except the egg) or the previous dose of any influenza vaccine Immunocompromised for any reason (including medication and HIV infection) Anatomical or functional asplenic cochlear implant Cerebroal liquid-orpharyeal connections Close contacts or caregivers are severely immunodepressants That require environmentally protected Pregnancy Received flu antiviral drugs during the previous 48 hours history of Guillain-Barre syndrome within 6 weeks of the previous dose of the flu vaccine : Generally should not be vaccinated if vaccination benefits outweigh the risks for those with a higher risk of severe complications from measles influenza, Epidemic mumps and rubella regular vaccination No evidence of immunity to measles, mumps or rubella: 1 dose Immunity Evidence: Born before 1957 (medical staff, see below), documentation of receiving the MMR vaccine, laboratory immunity evidence or disease (diagnosis of disease without laboratory confirmation is not proof of immunity) Special situations Pregnancy without signs of immunity to redness: MMR after pregnancy (before discharge from medical establishment), 1 dose of unrecognition of women of childbearing age with no signs of immunity to rubella: 1 HIV infection with cd4 count of 200 cells / OL for at least 6 months and no evidence of immunity to measles, mumps or rubella: 2-dose series at least 4 weeks apart; MMR contraindicated in HIV infection with CD4 count of 200 cells / IL Severe immunopromothic conditions: MMR MMR Students in higher education institutions, international travelers, and domestic or close, personal contacts of persons with weakened immunity, without any signs of immunity to measles, mumps or rubella: 2-dose series at least 4 weeks apart, if previously did not receive any MMR or 1 dose, if previously received 1 dose of MMR medical staff: Born in 1957 or later without any evidence of measles , epidemic mumps, or rubella: 2-dose series at least 4 weeks apart for measles or mumps or at least 1 dose of MMR for rubella Born before 1957 without any evidence of immunity to measles, Epidemic mumps or rubella: Consider 2-dose series at least 4 weeks apart for measles or mumps or 1 dose for rubella meningococcal vaccination Special Situation for MenACWY Anatomical or Functional Aspen (including sickle cell) , HIV infection, persistent deficiency of supplement components, supplement inhibitor (e.g. ekulyzumab, ravulizumab) use: 2-dose series MenACWY (Menactra, Menveo) at least 8 weeks apart and revaccinate every 5 years if the risk remains traveling in countries with hyperendemic or epidemic meningococcal infection, microbiologists are regularly exposed to Neisseria meningitidis: 1 dose of MenACWY (Menactra, Menveo) and revaccinate every 5 years if the risk remains the first year of college students who live in an apartment building (if not previously vaccinated at the age of 16) : 1 dose menACWY (Menactra, Menveo) Common Clinical Solutions for MenB Adolescents and Young Adults Aged 16 to 23 (Ages 16 to 18 Preferred) is not with an increased risk of meningococcal disease: Based on common clinical decisions, the 2-dose MenB-4C series is at least 1 month apart , or 2-dose series MenB-FHbp at 0, 6 months (if dose 2 injected less than 6 months after dose 1 , administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use the same product for all doses in the series) Special situations for MenB Anatomical or Functional Aspen (including sickle cell disease), persistent deficiency of supplement components, supplement inhibitor (e.g. eculizumab, ravulizumab) use, microbiologists regularly exposed to Neisseria meningitidis: 2-dose primary series MenB-4C (Bexsero) at least 1 month apart, or 3-dose primary series MenB-FHbp (Trumenba) at 0 1-2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 is not required); MenB-4C and MenB-FHbp are not interchangeable (use the same product for all doses in the series); 1 dose of MenB booster 1 year after primary series and revaccinate every 2-3 years if risk remains Pregnancy: MenB delay up Pregnancy if at increased risk and vaccination benefits outweigh the potential risks of pneumococcal vaccination Regular Vaccination General Clinical Solutions Age 65 years and older (immunocompetent): 1 dose of PCV13 based on general clinical decision-making solutions and PPSV23 should be introduced, PCV13 should be introduced the first PCV13 and PPSV23 should be introduced at least 1 year apart. PCV13 and PPSV23 should not be entered during the same Special Situations visit see (New pneumocococ cell vaccine Recommendations for adults aged 65 years) Age 19 to 64 years with chronic diseases (chronic heart (excluding hypertension), lung disease, liver, diabetes), alcoholism or cigarette smoking: 1 dose ppSV23 Age 19 years and older with immunocomprometrical conditions (congenital or acquired immunodeficiency including B- and T-lymphocyte deficiency deficiencies, phagocyte disorders, HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin's disease, generalized malignancy, jatrogenic immunosuppression (e.g., drug or radiation therapy), solid organ transplantation, multiple myeloma) or anatomical or functional aspen (including sickle cell disease and other hemoglobinopathy): 1 dose of PCV13 followed by 1 dose of PPSV23 at least 8 weeks later, followed by another dose of PPSV23 at least 5 years after the previous PPSV23; at age 65 and older, administer 1 dose of PPSV23 at least 5 years after the last PPSV23 (note: only 1 dose of PPSV23 is recommended at age 65 and older) Age 19 years or older with a cerebroal fluid leak or cochlear implant: 1 dose of PCV13 followed by 1 PPSV23 at least 8 weeks later; at age 65 and older, administer another dose of PPSV23 at least 5 years after PPSV23 (note: only 1 dose of PPSV23 is recommended at age 65 and older) tetanus, diphtheria, and vaccination against whooping cough Regular vaccination Previously did not receive Tdap at the age of or after 11 years: 1 dose of Tdap, then Td or Tdap every 10 years Special Situation Vaccination Varicella Regular Vaccination No evidence of immunity to chicken lash : 2-dose series 4-8 weeks apart if you have not previously received a chicken vaccine (VAR or MMRV (measles-mumps-rubella-chickenpox vaccine) for children); if previously received 1 dose of a vaccine containing chickenpox, 1 dose at least 4 weeks after the first dose of immunity Proof: born in the U.S. before 1980 (except pregnant women and medical staff (see below), documentation of 2 doses of chickenpox containing the vaccine at least 4 weeks apart, diagnosis or verification of the history of chickenpox or herpes apomy , laboratory evidence of immunity or disease Special Pregnancy situations without any evidence of immunity to varicella : VAR is contraindicated during pregnancy; after pregnancy (before discharge from medical establishment), 1 dose if previously received 1 dose of wind-containing vaccine or doses of 1 of 2-dose series (dose 2: 4-8 later) if previously did not receive chickenpox containing the vaccine, regardless of whether those born in the U.S. before 1980 medical professionals without any evidence of immunity to chickenpox: 1 dose if received 1 dose of wind-containing vaccine; 2 doses series 4-8 weeks apart if not previously received any chickenpox containing the vaccine, regardless of whether the U.S. born before 1980 HIV infection with CD4 count 200 cells / l without any evidence of immunity: Vaccination can be considered (2 doses, administered 3 months apart); VAR is contraindicated in HIV infection with CD4 count of 200 cells / ZL Severe immunocompaic conditions: VAR is not suitable for vaccination Regular vaccination Age 50 years and older: 2-dose series of RSV (Singrix) 2-6 months apart (minimum interval: 4 weeks; re-dose, if administered too early) regardless of the previous herpes slinging or the history of vaccination of the SLE (zostavax) (administer RW at least 2 months after the ERL) Age 60 years and older: 2-dose series of RVV 2-6 months apart (minimum interval: 4 weeks; repeat if administered too early) or 1 dose of ERL, if not previously vaccinated. RES is preferable to the AVL (if previously received the AVL, manage the RWW at least 2 months after the AVL) Special Situations Of Pregnancy: zVL is not contraindicated; consider the delay of RVD until the end of pregnancy, if the RWW is otherwise indicated severe immunocompetal conditions (including HIV infection with cd4 count of 200 cells / ZL): VSL is not contraindicated; recommended use of RZV under review Vaccines in the Adult Immunization Schedule adult vaccine schedule Vaccines Abbreviations Trade names Haemophilus influenzae type b Hib ActHIB® Hiberix® PedvaxHIB® Hepatitis A vaccine HepA Havrix® Vaqta® Hepatitis B vaccine HepA-HepB Twinrix® Hepatitis B vaccine HepB Engerix-B® Recombivax HB® Hepilisav-B® Human papillomavirus vaccine HPV vaccine Gardasil 9® Influenza vaccine, inactivated LAIV FluMist® Quadrivalent Influenza vaccine, recombinant RIV Flublok Quadrivalent® Measles, mumps, and rubella vaccine MMR M-M-R® II Meningococcal serogroups A, C, W, Y vaccine MenACWY Menactra® Menveo® Meningococcal serogroup B vaccine MenB-4C MenB-FHbp Bexsero® Trumenba® Pneumococcal 13-valent conjugate vaccine PCV13 Pevnra 13® Pneumococcal 23-valent polysaccharide vaccine PPSV23 Pneumovax® 23 Tetanus and diphtheria toxoids Td Tenivac® Tdvax™ Tetanus and diphtheria toxoids and acellular pertussis vaccine Tdap Adacel® Boostrix® Varicella vaccine VAR Varivax® Zoster vaccine Recombinant RW Singrix Soster Vaccine Live SOURCE® This schedule is recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC), the American College of Physicians (ACPexternal), the American Academy of Family Physicians (AAFPexternal), the American College of Obstetricians and Gynaecologists (ACOGexternal) Comprehensive ACIP recommended changes made to adult adults The schedule can be found in February 6, 2020 MMWR. Report suspected cases of reported vaccine-preventable diseases or outbreaks of disease to the local or State Department of Health Clinically Significant Post-Vaccination Reactions to The Vaccine Adverse Events Reporting Systemexternal or 800-822-7967 Injury Claims All Vaccines included in the adult immunization schedule, with the exception of pneumococcal 23-valent polysaccharide and zoster vaccine, are covered by the injury compensation program. Information on how to apply for a vaccine injury is available at www.hrsa.gov/vaccinecompensation or 800-338-2382. Clinically Significant Post-Vaccination Reactions to Vaccine Adverse Events Reporting Systemexternal or 800-822-7967 Useful Information cdc child immunization schedule 2018. cdc recommended immunization schedule 2018. cdc catch up immunization schedule 2018. cdc immunization schedule 2018 adults. cdc immunization schedule 2018 pdf. cdc recommended immunization schedule for adults 2018

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