

Vermont Recommended Child & Teen Vaccination Schedule

8/2017

							Required		
							Prior to Kindergarten	Prior to 7th Grade	
							4-6 Years	11-12 Years	13-18 Years
Vaccine	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months			
<i>Haemophilus influenzae</i> type b (Hib)		Hib	Hib	Hib	Hib				
Pneumococcal (PCV)		PCV	PCV	PCV	PCV				
Hepatitis B (HepB)	HepB	HepB		HepB					
Diphtheria, Tetanus, Pertussis (DTaP)		DTaP	DTaP	DTaP		DTaP	DTaP		
Poliovirus (Polio) (IPV)		IPV	IPV	IPV			IPV		
Measles, Mumps, Rubella (MMR)					MMR		MMR		
Varicella (Chicken pox) ¹					Varicella		Varicella		
Tetanus, Diphtheria, Pertussis (Tdap)								Tdap	
** Meningococcal ACWY (MCV4) ²								MCV4	MCV4 second dose, after age 16
Meningococcal B (MenB) ³									MenB 2 doses, ages 16-18
Hepatitis A (HepA)					HepA	HepA			
Rotavirus (RV)		RV	RV						
Human Papillomavirus (HPV)								HPV 2 or 3 doses ⁴	
Influenza				Influenza	Every flu season				

Required for child care
Required for school

Children should be up-to-date by age 2

¹ Vaccine or documentation of history of disease.
² Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.
³ Recommendation for MenB vaccine is based on clinical discretion. Beginning at age 16, two doses at least one month apart.
⁴ If you start the series before age 15, only 2 doses are recommended. If you start after age 15 or are immunocompromised, then 3 doses are recommended.

Vermont's immunization schedule is compatible with the current recommendations of the Centers for Disease Control and Prevention (CDC).

For more information, contact the Vermont Department of Health Immunization Program:

Phone: **802-863-7638** toll free (in VT): **800-640-4374** website: **HealthVermont.gov**

