

Vermont Recommended Child & Teen Vaccination Schedule

2011

							Prior to Kindergarten	Prior to 7th Grade		
							4-6 Years	11-12 Years	13-18 Years	
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Required for child care Required for school	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		
	Poliovirus (Polio) (IPV)		IPV	IPV	IPV			IPV		
	Measles, Mumps, Rubella (MMR)					MMR		MMR		
	Varicella (Chicken pox)*					Varicella		Varicella		
Recommended	Tetanus, Diphtheria, Pertussis (Tdap)								Tdap	
	Meningococcal (MCV4)**								MCV4	MCV4 second dose, after age 16
	Hepatitis A (HepA)					HepA	HepA			
	Rotavirus (RV)		RV	RV						
	Human Papillomavirus (HPV)								HPV 3 doses over 6 months	
	Influenza				Influenza	Every flu season				

Assure your child is up to date by age 2

* Vaccine or documentation of history of disease.

** Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.

Vermont's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

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**

