

New Jersey Department of Health Vaccine Preventable Disease Program Childhood and Adolescent Recommended Vaccines



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New Jersey Department of Health Vaccine Preventable Disease Program Childhood and Adolescent Recommended Vaccines

| <i>Antigens</i> | <i>Vaccine</i> | <i>Approved Age</i> | <i>CDC/AAP/AAFP Recommended Schedule</i> | <i>NJ Requirements</i> |
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| Diphtheria, Tetanus, and acellular Pertussis (DTaP) | Daptacel (Sanofi Pasteur) | 6 wks through 6 yrs (prior to 7 th birthday) | 5 dose series recommended to be administered at 2, 4, 6, 15-20 months of age, and 4 to 6 years of age. | <p style="text-align: center;"><u>DTaP</u></p> <p><u>Age 1-6 years:</u> 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses.</p> <p><u>Age 7-9 years:</u> 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.</p> <p><u>Comments</u> Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses and a booster dose after the 4th birthday for Kindergarten attendance requirements.</p> <p>Pupils after the seventh birthday should receive adult type Td.</p> <p><i>Please note: There is no acceptable titer test for pertussis.</i></p> |
| Diphtheria, Tetanus, and acellular Pertussis (DTaP) | Infanrix (GSK) | 6 wks through 6 yrs (prior to 7 th birthday) | 5 dose series recommended to be administered at 2, 4, 6, 15-20 months of age, and 4 to 6 years of age. | |
| Diphtheria, Tetanus, and acellular Pertussis (DTaP), Hepatitis B and inactivated Polio (IPV) | Pediarix (GSK) | 6 wks through 6 yrs (prior to 7 th birthday) | <ul style="list-style-type: none"> • 3 dose series recommended to be administered at 2, 4, and 6 months of age. • Recommended to be used as the first 3 doses of the primary series. Recommended to not be used for 4th dose. | |
| Diphtheria, Tetanus, and acellular Pertussis (DTaP), inactivated Polio (IPV), and Haemophilus influenzae tybe b (Hib) | Pentacel (Sanofi Pasteur) | 6 wks through 4 yrs (prior to 5 th birthday) | 4 dose series recommended to be administered at 2, 4, 6, and 15-18 months of age. | |

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| Diphtheria, Tetanus, and acellular Pertussis (DTaP), inactivated Polio (IPV) | Kinrix (GSK) | 4 through 6 yrs (prior to 7 th birthday) | A single dose to be used as the fifth dose in the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine series and the fourth dose in the inactivated poliovirus vaccine (IPV) series in children 4 through 6 years of age whose previous DTaP vaccine doses have been with INFANRIX and/or PEDIARIX for the first three doses and INFANRIX for the fourth dose. | |
| Diphtheria and Tetanus (DT) | DT (Sanofi Pasteur) | 6 wks through 6 yrs (prior to 7 th birthday) | <ul style="list-style-type: none"> Recommended to be used as a 3 or 4 dose series separated by 4-8 wks. Those who receive all four primary doses before the fourth birthday should receive a booster dose. This booster dose is not necessary if the fourth dose in the primary series was given after the fourth birthday. | |
| Tetanus diphtheria (Td) | Td (Generic) (Mass Biologics) | ≥ 7 yrs | <ul style="list-style-type: none"> Td may be used in persons 7 years of age and older who have not been previously immunized against tetanus and diphtheria, as a primary immunization series consisting of three 0.5 ml doses. The first two doses are administered 4-8 weeks apart and the third dose is administered 6-12 months after the second dose. | <p style="text-align: center;"><u>Td</u></p> <p><u>Age 7-9 years:</u> 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.</p> <p>Pupils after the seventh birthday should receive adult type Td.</p> |

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| Tetanus diphtheria (Td) | Tenivac (Sanofi Pasteur) | ≥ 7 yrs | <ul style="list-style-type: none"> • Primary immunization with TENIVAC consists of 3 doses. The first 2 doses are administered 2 months apart and the third dose is administered 6-8 months after the second dose. • TENIVAC may be used for booster immunization against tetanus and diphtheria. Routine booster immunization against tetanus and diphtheria is recommended at 11-12 years of age and every 10 years thereafter. | <p style="text-align: center;"><u>Tdap</u></p> <p><u>Grade 6</u> Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose.</p> <p><u>Comments</u> For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.</p> |
| Tetanus diphtheria, acellular Pertussis (Tdap) | Boostrix (GSK) | ≥ 10 years | <ul style="list-style-type: none"> • One time booster dose. • Tdap can be administered regardless of interval since the most recent tetanus or diphtheria toxoid-containing vaccine. | |
| Tetanus diphtheria, acellular Pertussis (Tdap) | Adacel (Sanofi Pasteur) | 11 through 64 yrs | <ul style="list-style-type: none"> • One time booster dose. • Tdap can be administered regardless of interval since the most recent tetanus or diphtheria toxoid-containing vaccine. | |

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| Haemophilus influenzae type b (Hib) | ActHib (Sanofi Pasteur) | 2 mos through 18 mos | 4 dose series recommended to be administered at 2, 4, 6, and 15-18 months of age. | <p style="text-align: center;"><u>HIB</u></p> <p><u>Age 2-11 Months:</u> 2 doses</p> <p><u>Age 12-59 Months:</u> 1 dose</p> <p><u>Comments</u> Mandated for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months.</p> <p>Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday.</p> |
| Haemophilus influenzae type b (Hib) | Hiberix (GSK) | 15 mos through 4 yrs (prior to 5 th birthday) | Used as a booster dose in children who have received a primary series with a Hib conjugate vaccine. | |
| Haemophilus influenzae type b (Hib) | PedvaxHIB (Merck) | 2 mos through 5 yrs (prior to 6 th birthday) | <ul style="list-style-type: none"> Two doses recommended to be administered at 2 and 4 months of age. A dose at 6 months is not indicated. In infants completing the primary two-dose regimen before 12 months of age, a booster dose should be administered at 12 to 15 months of age, but not earlier than 2 months after the second dose. | |
| Hepatitis A | Havrix (GSK) | ≥ 12 mos | 2 dose series with the second dose administered 6-12 months later. | <p style="text-align: center;"><u>Hepatitis A</u></p> <p>There is no Hepatitis A vaccine requirement for school entry in NJ.</p> |
| Hepatitis A | Vaqtia (Merck) | ≥ 12 mos | 2 dose series with the second dose administered 6-18 months later. | |

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| <p>Hepatitis A Hepatitis B</p> | <p>Twinrix (GSK)</p> | <p>≥ 18 yrs</p> | <ul style="list-style-type: none"> • 3 dose series recommended to be administered on a 0, 1, and 6 month schedule. • Alternatively, a 4-dose schedule, given on days 0, 7 and 21 to 30 followed by a booster dose at month 12 may be used. | <p><u>Hepatitis A/Hepatitis B</u></p> <p>There is no Hepatitis A vaccine requirement for school entry in NJ.</p> <p>Please refer to NJ requirements for Hepatitis B vaccines.</p> |
| <p>Hepatitis B</p> | <p>Engerix-B (GSK)</p> | <p>≥ 0 mos</p> | <ul style="list-style-type: none"> • 3 dose series recommended to be administered on a 0, 1, and 6 month schedule. • <u>The minimum interval between the first and second dose:</u> <i>Wks after first dose-1 month or 4 wks or 28 days</i> • <u>There are three minimum intervals that must be met for the third dose:</u> <i>Wks after first dose-4 mos or 16 wks or 112 days Wks after second dose- 2 mos or 8 wks or 56 days Wks after birth-6 mos or 24 wks or 168 days</i> | <p><u>Hepatitis B</u></p> <p><u>K-Grade 12:</u> 3 doses or <u>Age 11-15 years:</u> 2 doses</p> <p><u>Comments</u> If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B adolescent formulation.</p> |
| <p>Hepatitis B</p> | <p>Recombivax- HB (Merck) <i>Available as Pediatric and Adult Formulations.</i></p> | <p>≥ 0 mos</p> | <ul style="list-style-type: none"> • 3 dose series recommended to be administered on a 0, 1, and 6 month schedule. • <u>The minimum interval between the first and second dose:</u> <i>Wks after first dose-1 month or 4 wks or 28 days</i> • <u>There are three minimum intervals that must be met for the third dose:</u> <i>Wks after first dose-4 mos or 16 wks or 112 days Wks after second dose- 2 mos or 8 wks or 56 days Wks after birth-6 mos or 24 wks or 168 days</i> | <p>Laboratory evidence of immunity is acceptable.</p> |

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| | | | <ul style="list-style-type: none"> An alternate two-dose series recommended to be administered to adolescents (11 through 15 years of age) with the first dose given on elected date and second dose: 4-6 months later. | |
| Hepatitis B and Haemophilus influenzae type b (Hib) | Comvax (Merck) | 6 wks through 14 mos (prior to 15 months) | 3 dose series recommended to be administered at 2, 4, and 12 through 15 months of age. | <p align="center"><u>Hepatitis B/Hib</u></p> <p>Please refer to NJ requirements for Hepatitis B and Hib vaccines.</p> |
| Human Papillomavirus (HPV) | Gardasil (Merck) | 9 through 26 yrs | <ul style="list-style-type: none"> 3 dose series recommended to be administered with the first dose given on elected date; second dose 1-2 months later, and the last dose 6 months after the first dose. Recommended for preteen girls and boys at age 11 or 12 years. The vaccine is also recommended for 13-26 year old girls/women and 13-21 year-old boys and men who have not yet received or completed the full series of shots. The vaccine may be considered for men 22-26 years of age. | <p align="center"><u>HPV</u></p> <p>There is no HPV vaccine requirement for school entry in NJ.</p> |
| Human Papillomavirus (HPV) | Cervarix (GSK) | 9 through 25 yrs | <p>3 dose series recommended to be administered in females with the first dose given on elected date; second dose 1-2 months later, and the last dose 6 months after the first dose.</p> <p><i>Note: Not approved for use in males.</i></p> | |

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| Influenza (flu) | Various | ≥ 6 mos | <ul style="list-style-type: none"> Recommended seasonally for individuals 6 months of age and older. Please refer to www.cdc.gov/flu for the current flu season recommendations for children ≤ 8 years. | <p style="text-align: center;"><u>Influenza</u></p> <p><u>Ages 6-59 Months:</u> 1 dose annually.</p> <p><u>Comments</u> For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08, 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season.</p> |
| Measles, Mumps, Rubella (live) (MMR) | M-M-R II (Merck) | ≥ 12 mos | <ul style="list-style-type: none"> Two dose schedule recommended to be administered with the 1st dose at 12-15 months and the 2nd dose at age 4 through 6 years. <p><i>Note: The 2nd dose may be given before age 4, provided at least 28 days have elapsed since the first dose was given</i></p> <p>Adults are recommended to receive 2 doses if previously not vaccinated. The minimum interval between the two doses is 28 days.</p> | <p style="text-align: center;"><u>MMR</u></p> <p>2 doses of a live measles-containing vaccine and 1 dose each of live mumps and rubella-containing vaccine on or after the first birthday.</p> <p><u>Comments</u> Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles, mumps, and rubella vaccine.</p> <p>Kindergarten entry requires 2 doses of measles-containing vaccine.</p> <p>Intervals between first and second measles-containing vaccine doses recommended to not be less than 28 days.</p> <p>Laboratory evidence of immunity is acceptable.</p> |

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| Measles, Mumps, Rubella and Varicella (MMRV) | ProQuad (Merck) | 12 mos through 12 yrs (prior to 13 th birthday) | <p>Two dose series with the 1st dose recommended to be administered at 12-15 months and the second dose for 4 through 6 years. <i>Note: At least 28 days should elapse between a dose of a measles-containing vaccine such as M-M-R® II (measles, mumps, and rubella virus vaccine live) and a dose of ProQuad. At least 3 months should elapse between a dose of varicella-containing vaccine and ProQuad.</i></p> <p><i>Note: For the first dose at age 12-47 months, either the trivalent MMR vaccine and varicella vaccine can be given in separate injections, or the quadrivalent MMRV vaccine may be used. Clinicians considering MMRV vaccine administration should discuss the benefits and risks of both vaccination options with parents. Unless parents express a preference for MMRV vaccine, the CDC recommends that MMR vaccine and varicella vaccine should be administered for the first dose in this age group.</i></p> | <p><u>Measles, Mumps, Rubella and Varicella</u></p> <p>Please refer to NJ requirements for MMR and Varicella vaccines.</p> |
| Meningococcal (serogroups C and Y) and Haemophilus influenzae type b (Hib) Conjugate Vaccine | Menhibrix (GSK) | 6 weeks through 18 months (prior to 19 months) | Four doses at 2, 4, 6, and 12 through 15 months of age. The first dose may be given as early as 6 weeks of age. The fourth dose may be given as late as 18 months of age. | <p><u>Meningococcal</u></p> <p>Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose</p> |
| Meningococcal Conjugate Vaccine (MCV4) (serogroups A,C, Y, W-135) | Menveo (Novartis) | 2 through 55 yrs | 1 dose recommended to be administered for 2-10 years olds if high risk, otherwise routinely recommended for age 11 and older. | |

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| Meningococcal Conjugate Vaccine (MCV4) (serogroups A,C, Y, W-135) | Menactra (sanofi pasteur) | 9 months through 55 yrs | <ul style="list-style-type: none"> • Can be administered to children 9-23 months of age if considered high risk. Given as a two dose series three months apart. • 1 dose recommended to be administered for 2-55 years olds, otherwise routinely recommended for age 11 and older. | <p>Comments For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97.</p> <p>This applies to students when they turn 11 years of age AND attending Grade 6.</p> |
| Meningococcal Polysaccharide Vaccine (MPSV4)(serogroups A,C, Y, W-135) | Menomune (sanofi pasteur) | ≥ 2 yrs | <ul style="list-style-type: none"> • One dose recommended to be administered at 2 years of age and older. • The only meningococcal vaccine licensed for people older than 55. | |
| Pneumococcal 13-Valent Conjugate Vaccine (PCV-13) | Prevnar 13 (Wyeth) | 6 wks through 5 yrs (prior to 6 th birthday) and 50 years of age and older | <ul style="list-style-type: none"> • 4 dose series recommended to be administered at 2, 4, 6, and 12-15 months. • Children who have completed infant series with PCV7 should be administered a single PCV13 dose during the second year of life | <p style="text-align: center;"><u>Pneumococcal</u></p> <p><u>Age 2-11 months:</u> 2 doses <u>Age 12-59 months:</u> 1 dose</p> <p>Comments Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten:</p> <p>Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months.</p> <p>Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday.</p> |
| Pneumococcal Polysaccharide (PPSV) | Pneumovax 23 (Merck) | ≥ 2 yrs | The vaccine is recommended for anyone 2 years of age and older if some other risk factor is present including cochlear implants. Risk factors can be based on medical, occupational, lifestyle, or other indications. | |

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| Polio (Inactivated) | IPOL (Sanofi Pasteur) | ≥ 6 wks | <p>4 doses series recommended to be administered at ages 2, 4, 6 to 18 months and 4 to 6 years.</p> <p><i>Note: Routine primary poliovirus vaccination of adults (generally those 18 years of age or older) residing in the US is not recommended.</i></p> | <p style="text-align: center;"><u>Polio</u></p> <p><u>Age 1-6 years:</u> 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses.</p> <p><u>Age 7 or Older:</u> Any 3 doses</p> <p><u>Comments</u> Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses.</p> <p>Kindergarten entry requires a booster dose after the fourth birthday.</p> <p>Either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) separately or in combination is acceptable.</p> <p>Polio vaccine is not required for pupils 18 years or older.</p> |
| Rotavirus Vaccine (RV) Live, Oral | Rotarix (GSK) | 6 through 23 wks (Prior to 24 weeks) | <ul style="list-style-type: none"> Administer first dose to infants beginning at 6 weeks of age. Administer second dose after an interval of at least 4 weeks and prior to 24 weeks of age. | <p style="text-align: center;"><u>Rotavirus</u></p> <p>There is no Rotavirus vaccine requirement for school entry in NJ.</p> |
| Rotavirus Vaccine (RV) Live, Oral, Pentavalent | RotaTeq (Merck) | 6 through 32 wks | <ul style="list-style-type: none"> Administer first dose starting at 6 to 12 weeks of age, with the subsequent doses administered at 4- to 10-weeks intervals. The third dose should not be given after 32 weeks of age | |
| Varicella (Chickenpox) | Varivax (Merck) | ≥ 12 mos | Two doses recommended for individuals 12 months of age and older. | |

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| | | | <p>Second dose recommended between 4-6 years of age.</p> <p><i>Note: Second dose recommended to be administered before age 4 years, with a minimum of a 3 month interval after the first dose.</i></p> <ul style="list-style-type: none"> • Adults are recommended to receive 2 doses if previously not vaccinated. <p><i>Note: Adolescents and adults 13 years of age and older should receive the first dose at elected date and a second dose 4 to 8 wks later.</i></p> | <p style="text-align: center;"><u>Varicella</u></p> <p>1 dose on or after the first birthday</p> <p><u>Comments</u> All children 19 months of age and older enrolled in a child care/ pre-school center or children born on or after 1-1-98 entering school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine.</p> <p>Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.</p> |
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This information is provided to you by the

**New Jersey Department of Health
Vaccine Preventable Disease Program
609-826-4860**

For Additional Information:

New Jersey Vaccine Preventable Disease Program

<http://nj.gov/health/cd/vpdp/>

New Jersey Vaccines for Children Program

<https://njiis.nj.gov/njiis/html/vfc.html>

New Jersey Immunization Information System

<https://njiis.nj.gov/njiis/>

Centers for Disease Control and Prevention

<http://www.cdc.gov/vaccines/>

Immunization Action Coalition

<http://www.immunize.org/>

ACIP Recommendations

<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Vaccine Package Inserts

<http://www.immunize.org/packageinserts/>

Vaccine Information Statements

<http://www.cdc.gov/vaccines/pubs/vis/>

Guide to Contraindications and Precautions to
Commonly Used Vaccines

<http://www.immunize.org/catg.d/p3072A.pdf>

Vaccine Adverse Event Reporting System

<http://vaers.hhs.gov/index>