

# Immunization Schedule with Combination Vaccines

EVERY FALL: FLU VACCINE<sup>4</sup> for anyone 6 months and older

	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	4-6 YEARS		
<b>PEDIARIX<sup>®</sup></b> <b>PROQUAD<sup>®</sup></b> <b>QUADRACEL<sup>™</sup></b> <b>or KINRIX<sup>®</sup></b>	<b>PEDIARIX<sup>®</sup></b> DTaP, IPV, HepB + PCV Rotavirus Hib	<b>PEDIARIX<sup>®</sup></b> DTaP, IPV, HepB <sup>1</sup> + PCV Rotavirus Hib	<b>PEDIARIX<sup>®</sup></b> DTaP, IPV, HepB + PCV Rotavirus <sup>2</sup> Hib <sup>3</sup>	PCV Hib HepA MMR <sup>6</sup> Varicella <sup>6</sup>	DTaP	HepA	<b>QUADRACEL<sup>™</sup></b> <b>or KINRIX<sup>®5</sup></b> DTaP, IPV + <b>PROQUAD<sup>®</sup></b> MMRV		
	<b>PENTACEL<sup>®5</sup></b> <b>PROQUAD<sup>®</sup></b> <b>QUADRACEL<sup>™</sup></b> <b>or KINRIX<sup>®</sup></b>	<b>PENTACEL<sup>®</sup></b> DTaP, IPV, Hib + PCV Rotavirus HepB	<b>PENTACEL<sup>®</sup></b> DTaP, IPV, Hib + PCV Rotavirus HepB <sup>1</sup>	<b>PENTACEL<sup>®</sup></b> DTaP, IPV, Hib + PCV Rotavirus <sup>2</sup> HepB	PCV HepA MMR <sup>6</sup> Varicella <sup>6</sup>	<b>PENTACEL<sup>®</sup></b> DTaP, IPV, Hib	HepA	<b>QUADRACEL<sup>™</sup></b> <b>or KINRIX<sup>®5</sup></b> DTaP, IPV + <b>PROQUAD<sup>®</sup></b> MMRV	
		<b>PROQUAD<sup>®</sup></b> <b>QUADRACEL<sup>™</sup></b> <b>or KINRIX<sup>®</sup></b>	DTaP IPV HepB Hib PCV Rotavirus	DTaP IPV HepB <sup>1</sup> Hib PCV Rotavirus	DTaP IPV HepB Hib <sup>3</sup> PCV Rotavirus <sup>2</sup>	Hib PCV HepA MMR <sup>6</sup> Varicella <sup>6</sup>	DTaP	HepA	<b>QUADRACEL<sup>™</sup></b> <b>or KINRIX<sup>®5</sup></b> DTaP, IPV + <b>PROQUAD<sup>®</sup></b> MMRV

**Make sure the vaccine you administer contains the antigens on the doctor's order. Keep it simple. Stick with the same product.**

This is a suggested schedule for VFC providers ordering combination vaccines. For alternatives and details, consult the latest "Recommended Immunization Schedules for persons aged 0-18 years, United States." For more info, visit [EZIZ.org](http://EZIZ.org)

<sup>1</sup> A dose of Hepatitis B vaccine is not necessary at 4 months if doses are given at birth and 2 months but may be included as part of a combination vaccine.  
<sup>2</sup> The six month dose is not needed if Rotarix<sup>®</sup> was used exclusively for both dose 1 and 2 of the rotavirus vaccine series.  
<sup>3</sup> This six month Hib dose is not indicated if PedvaxHIB<sup>®</sup> is used exclusively for the 2 and 4 month infant doses.  
<sup>4</sup> Influenza vaccine is available in thimerosal-free options. See California Health and Safety Code § 124172.

<sup>5</sup> Licensed by FDA for children 4 through 6 years with previous doses of INFANRIX<sup>™</sup> or PEDIARIX<sup>™</sup>. ACIP recommends that, whenever feasible, the same manufacturer's DTaP vaccines be used for each dose in the series; however, vaccination should not be deferred because the type of DTaP previously administered is unavailable or unknown. See [www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm)  
<sup>6</sup> CDC recommends MMR + Varicella at 12-15 months. Providers can use their discretion whether to use MMRV, however.

