

New York State Recommended Childhood and Adolescent Immunization Schedule

A check ✓ means that this is the earliest and best time for your child to be immunized. If your child misses the “best time” for vaccination, he or she should still be immunized as quickly as possible. Ask your doctor about getting your child caught up.

Vaccine against:	Age								
	Birth	2 months	4 months	6 months	12 months	18-24 months	4-6 years	11-12 years	
Hepatitis A					✓	✓			
Hepatitis B	✓	✓ 1-4 mo.		✓ 6-18 mo.	Recommended for any child not previously vaccinated against Hepatitis B virus.				
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓	✓ 12-18 mo.		✓		
<i>Haemophilus influenzae</i> type b (Hib)		✓	✓	✓ 1	✓ 12-15 mo.				
Polio (IPV)		✓	✓	✓ 6-18 mo.			✓		
Pneumococcal Disease (PCV7) ²		✓	✓	✓	✓ 12-15 mo.	Ask your doctor if your child 2 years old or older should get vaccinated with PPV23. ²			
Measles, Mumps, Rubella (MMR)					✓ 12-15 mo.		✓		
Varicella (Chickenpox)					✓ 12-15 mo.		✓	A second catch-up dose is recommended for any child who has had only one dose.	
Rotavirus		✓	✓	✓ 1					
Tetanus, Diphtheria, Pertussis (Tdap)								✓ 11-18 yrs.	
Meningococcal Disease (MCV4) ³						Ask your doctor if your child 2 years old or older should get vaccinated with MCV4. ³		✓	
Human Papillomavirus (HPV)								✓ 4	
Influenza				Recommended yearly for all children aged 6 months and older. Ask your doctor if your child should receive one or two doses.					

¹For some types of Hib and Rotavirus, the 6-month dose is not needed.

²PCV7 = Pneumococcal Conjugate Vaccine; PPV23 = Pneumococcal Polysaccharide Vaccine

³MCV4 = Meningococcal Conjugate Vaccine

⁴The HPV vaccine is given through a series of three shots over a 6-month period.