2006 IMMUNIZATION SCHEDULE

ASK YOUR DOCTOR ABOUT THESE PREVENTIVE SERVICES

The following immunization schedule is based on the Recommended Childhood and Adolescent Immunization Schedule for 2006 approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Your doctor may require additional immunizations to meet your child's individual health care needs.

VACCINE	SHOULD BE RECEIVED NO LATER THAN...
Diptheria, Tetanus, Pertussis (DTP or DTaP)	2 Months 4 Months 6 Months 4-6 Years
Hepatitis B	At birth or at 1-2 Months (only if mother is Hepatitis B negative) 1-4 Months 6-18 Months
Inactivated Polio	2 Months 4 Months 6-18 Months 4-6 Years
Pneumococcal (PCV) *** Pneumococcal (PPV)**	2 Months 4 Months 6 Months 12-15 Months **5-18 Years (given in addition to PCV for high-risk groups)**
Measles, Mumps, Rubella	12-15 Months 4-6 Years
Meningococcal (MCV4)	11-12 Years
Varicella (Chickenpox)	12 - 18 Months
H. Influenzae Type B (Hib)	2 Months 4 Months 6 Months (not required if child received [1]PRP-OMP at ages 2 and 4 months) 12 - 15 Months
Tetanus Diphtheria (Td)	11-12 Years
*** Hepatitis A**	**12 Months - 18 Years (Hepatitis A Series)**
*** Influenza (Yearly)**	**6 Months through 18 Years**

* These vaccines are for selected populations with certain risk factors. Decisions to use these vaccines should be made by the parent or guardian in consultation with the physician or other health care provider.