



**RHODE ISLAND'S RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE FOR ROUTINE<sup>1</sup>  
VACCINATION USING STATE-SUPPLIED VACCINES<sup>2</sup>**

| VACCINE  | MONTHS       |  |                         |   |                                   |    |    | YEARS                   |   |                          |   |                         |  |  |
|--|--------------|--|-------------------------|---|-----------------------------------|----|----|-------------------------|---|--------------------------|---|-------------------------|--|--|
|  | Birth        | 2  | 4                       | 6   | 12                                | 15 | 18 | 19-23                   | 4-6   | 11-12                    | 16  | 18                      |  |  |
| <b>Hepatitis B</b>   | <b>Hep B</b> | <i>Vaxelis</i><br>(DTaP-Hep B-IPV-Hib)<br><br>1 dose at 2, 4, & 6 months |                         |   |                                   |    |    |                         |   |                          |   |                         |  |  |
| <b>DTaP/Tdap</b><br>(Diphtheria, Tetanus, Pertussis)       |              |  |                         |   |                                   |    |    | <i>Infanrix</i><br>DTaP |   |                          | <i>Kinrix</i><br>(DTaP-IPV)                   | <i>Boostrix</i><br>Tdap |  |  |
| <b>IPV</b><br>(Polio)                                      |              |  |                         |   |                                   |    |    |                         |   |                          |   |                         |  |  |
| <b>Hib</b><br>( <i>Haemophilus influenzae type B</i> )     |              |  |                         |   | <i>PedvaxHIB</i><br>Hib           |    |    |                         |   |                          |   |                         |  |  |
| <b>PCV13</b><br>( <i>Pneumococcal conjugate</i> )          |              | <i>Prevnar</i><br>PCV13  | <i>Prevnar</i><br>PCV13 | <i>Prevnar</i><br>PCV13   | <i>Prevnar</i><br>PCV13           |    |    |                         |   |                          |   |                         |  |  |
| <b>RV</b><br>( <i>Rotavirus</i> )                          |              | <i>Rotarix</i><br>RV   | <i>Rotarix</i><br>RV    |   |                                   |    |    |                         |   |                          |   |                         |  |  |
| <b>MMR</b><br>( <i>Measles, Mumps, Rubella</i> )           |              |  |                         |   | MMR                               |    |    | MMRV                    |   |                          |   |                         |  |  |
| <b>Chickenpox</b><br>( <i>Varicella</i> )                  |              |  |                         |   | <i>Varivax</i><br>Varicella       |    |    |                         |   |                          |   |                         |  |  |
| <b>Hepatitis A</b>   |              |  |                         |   | Hep A<br>2 doses (6 months apart) |    |    |                         |   |                          |   |                         |  |  |
| <b>MCV4</b><br>( <i>Meningococcal conjugate</i> )          |              |  |                         |   |                                   |    |    |                         | <i>MenQuadfi</i><br>MCV4  | <i>MenQuadfi</i><br>MCV4 |   |                         |  |  |
| <b>MenB</b><br>( <i>Meningococcal serotype B</i> )         |              |  |                         |   |                                   |    |    |                         |   |                          | <i>MenB</i><br>2 doses at least 1 month apart |                         |  |  |
| <b>HPV9<sup>3</sup></b><br>( <i>Human papillomavirus</i> ) |              |  |                         |   |                                   |    |    |                         | <i>Gardasil 9</i> : 2 doses (0, 6-12 months) at 11-12 yrs;<br>age 15 & older 3 dose series (0, 1-2, 6 months) |                          |   |                         |  |  |
| <b>Influenza</b>   |              |  |                         | Influenza (1 or 2 doses as indicated)<br>Yearly during flu season |                                   |    |    |                         |   |                          |   |                         |  |  |

<sup>1</sup> Refer to CDC's *Recommended Childhood and Adolescent Immunization Schedule* for vaccinating high risk children at: <http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

<sup>2</sup> This schedule lists state-supplied childhood vaccines and is consistent with the recommended age range of CDC's *Childhood and Adolescent Immunization Schedule* (<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>). CDC recommendations for individual vaccines are available at [www.cdc.gov/vaccines/recs/default.htm](http://www.cdc.gov/vaccines/recs/default.htm).

<sup>3</sup> State-supplied 9vHPV vaccine is recommended for routine use in males and females beginning at 11-12 years with catch-up vaccination through 18 years of age.