

Allina Hospitals & Clinics' Immunization Schedule

| Age | Vaccinations | | | |
|-------------------------------------|-----------------------------------------------------------------------------------------|--------|----------------------|-----|
| 2 months | DTaP, Hep B, IPV* | PCV13* | HIB* | RV1 |
| 4 months | DTaP, Hep B, IPV* | PCV13* | HIB* | RV1 |
| 6 months | DTaP, Hep B, IPV* | PCV13* | HIB* | |
| 12 months | Hep A | PCV13* | | |
| 15 months | MMR* | VAR* | HIB* | |
| 18 months | DTaP* | Hep A | | |
| 4 to 6 years | DTaP, IPV* | MMR* | VAR* | |
| 11 to 12 years | Tdap* | MCV4 | HPV4 (3 dose series) | |
| 16 years | MCV4 | | | |
| Recommended every year for everyone | Influenza (TIV or LAIV) | | | |
| Adult (every 10 years) | Td (replace one routine Td booster with Tdap regardless of when the last Td was given.) | | | |
| Adult 60 years and older | ZOS | | | |
| Adult 65 years and older | PPSV23 | | | |

| Vaccines and Brands | |
|--------------------------------------------------------------------------------------------------------|------------------|
| diphtheria, tetanus and acellular pertussis + hepatitis B + inactivated poliovirus vaccine (Pediarix®) | DTaP, Hep B, IPV |
| pneumococcal 13-valent conjugate vaccine (Prevnar 13™) | PCV13 |
| haemophilus influenza type b conjugate vaccine (ActHIB®) | HIB |
| rotavirus vaccine, oral (Rotarix®) | RV1 |
| hepatitis A vaccine (Havrix®) | Hep A |
| diphtheria, tetanus and acellular pertussis vaccine (Infanrix®) | DTaP |
| measles, mumps, rubella vaccine (MMR II™) | MMR |
| varicella (Varivax®) | VAR |
| tetanus + diphtheria toxoids and acellular pertussis vaccine, adolescent/adult (Boostrix®) | Tdap |
| meningococcal conjugate vaccine, quadrivalent (Menveo®) | MCV4 |
| diphtheria, tetanus and acellular pertussis + inactivated poliovirus (Kinrix®) | DTaP, IPV* |
| human papillomavirus vaccine (Gardasil®) | HPV4 |
| trivalent influenza vaccine — TIV (Fluzone®) or live attenuated influenza vaccine — LAIV (FluMist®) | TIV or LAIV |
| tetanus + diphtheria toxoids (Tenvirac™) | Td |
| herpes zoster (Zostavax®) | ZOS |
| pneumococcal (Pneumovax®) | PPSV23 |

* Vaccines included in the Minnesota School Immunization Law.

Consider for high risk patients at any age: Hep B, Hep A, PPSV23, MCV4. High risk and immigrant populations: for more information, go to: www.cdc.gov/vaccines/ or www.health.state.mn.us/immunize.

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