

CONNECTICUT IMMUNIZATION SCHEDULE

This chart shows acceptable age ranges for immunizations. Ask your health-care provider to tell you when your child should get immunizations. For *Immunization/vaccine questions* only call 1-860-509-7929.

CHILD'S AGE	IMMUNIZATIONS
Birth - 2 months	Hep B #1 (hepatitis B)
1-4 months	Hep B #2 - at least 1 month after Hep B #1
2 months	DTaP/DT #1 (diphtheria, tetanus and acellular pertussis), IPV #1 (polio), Hib #1 (Haemophilus influenzae type b), PCV #1 (Pneumococcal Conjugate-recommended, not required)
4 months	DTaP/DT #2, IPV #2, Hib #2, PCV #2 (recommended, not required)
6 months	DTaP/DT #3, Hib #3, PCV #3 (recommended, not required)
6-18 months	Hep B#3, IPV #3
12-15 months	Hib #4, MMR #1 (measles, mumps and rubella), PCV #4 (recommended, not required)
* 6-23 months	Influenza (Flu) (Yearly) Recommended (2 doses within first year)
12-18 months	Varicella (chickenpox vaccine) for children born after December 31, 1996
15-18 months	DTaP/DT #4
Before starting school (4-6 years)	DTaP/DT #5, IPV #4, MMR #2
11-12 years	Varicella (if your child has not had the chickenpox shot, and has never had chickenpox)-Immunity to varicella is required for entry into 7 th grade, Hep B (if your child has not had the hepatitis B shots)-1 dose of Hepatitis B is required for entry into 7 th grade, MMR #2 - A second dose of measles is required for entry into 7 th grade
11-16 years	Td (tetanus, diphtheria)

Required Immunizations - Must be given by the end of the stated month of life listed under "CHILD'S AGE". For example, immunizations required at two months must be given prior to the child turning three months in order for the child to continue in the program.

<u>Combination Vaccine:</u>	<u>Brand Name:</u>
DTaP - IPV - HepB	Pediarix
HIB - Hep B	Comvax
DTaP - HIB	TriHibit