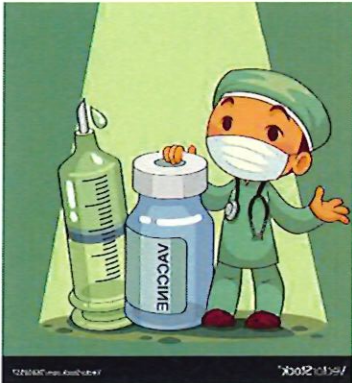


Clinton County Health Department

Immunizations Offered:

Children VFC and Private Insurance



- Dtap
- Hib
- Pneumonia
- Hepatitis B
- Polio
- Rotavirus
- Hepatitis A
- MMR
- Varicella
- Tdap
- Meningitis ACWY
- Meningitis B
- HPV
- RSV
- Flu
- COVID

Call 618-594-2723
to schedule an
appointment.

Adult Private Insurance



- Pneumonia
- Hepatitis B
- Hepatitis A
- MMR
- Tdap
- HPV
- Flu
- Shingles
- RSV
- COVID

Table 1

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 st dose	1 dose depending on maternal RSV vaccination status. See Notes															
Hepatitis B (HepB)	1 st dose	← 2 nd dose →	← 3 rd dose →														
Rotavirus (RV): RV1 (2-dose series), RVS (3-dose series)	1 st dose	2 nd dose	See Notes														
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)	1 st dose	2 nd dose	3 rd dose	← 4 th dose →													
Haemophilus influenzae type b (Hib)	1 st dose	2 nd dose	3 rd or 4 th dose. See Notes	← 4 th dose →													
Pneumococcal conjugate (PCV15, PCV20)	1 st dose	2 nd dose	3 rd dose	← 4 th dose →													
Inactivated poliovirus (IPV <18 yrs)	1 st dose	2 nd dose	3 rd dose	← 4 th dose →													
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																
Influenza (IIV4)	Annual vaccination 1 or 2 doses																
Influenza (LAIV4)	Annual vaccination 1 or 2 doses																
Measles, mumps, rubella (MMR)	See Notes		← 1 st dose →	← 2 nd dose →													
Varicella (VAR)	See Notes		← 1 st dose →	← 2 nd dose →													
Hepatitis A (HepA)	2-dose series. See Notes																
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)	1 dose																
Human papillomavirus (HPV)	See Notes																
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)	1 st dose																
Meningococcal B (MenB-4C, MenB-FHbp)	2 nd dose																
Respiratory syncytial virus vaccine (RSV [Abrysvo])	1 st dose																
Dengue (DEN4CYD; 9–16 yrs)	2 nd dose																
Mpox	Seasonal administration during pregnancy. See Notes																
	Seropositive in endemic dengue areas (See Notes)																

- Range of recommended ages for all children
- Range of recommended ages for catch-up vaccination
- Range of recommended ages for certain high-risk groups
- Recommended vaccination can begin in this age group
- Recommended vaccination based on shared clinical decision-making
- No recommendation/not applicable

Table 1

Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
Measles, mumps, rubella (MMR)	1 dose Tdap, then Td or Tdap booster every 10 years			
Varicella (VAR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Zoster recombinant (RZV)	2 doses (if born in 1980 or later)			
Human papillomavirus (HPV)	2 doses for immunocompromising conditions (see notes)			
Pneumococcal (PCV15, PCV20, PPSV23)	2 or 3 doses depending on age at initial vaccination or condition			
Hepatitis A (HepA)	27 through 45 years			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal B (MenB)	1 or 2 doses depending on indication, see notes for booster recommendations			
Haemophilus influenzae type b (Hib)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Mpox	19 through 23 years			
	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

Table 2

Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2024

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

VACCINE	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count		Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease; alcoholism ^a	Diabetes	Healthcare Personnel ^b
			<15% or <200mm ³	≥15% or ≥200mm ³							
COVID-19		See Notes									
IIV4 or RIV4			1 dose annually								
LAIV4					1 dose annually if age 19–49 years					1 dose annually if age 19–49 years	
RSV	Seasonal administration. See Notes	See Notes					See Notes				
Tdap or Td	Tdap: 1 dose each pregnancy				1 dose Tdap, then Td or Tdap booster every 10 years						
MMR	*										
VAR	*	See Notes									
RZV		See Notes									
HPV	*		3 dose series if indicated								
Pneumococcal											
HepA											
Hep B	See Notes									Age ≥ 60 years	
MenACWY											
MenB											
Hib		HSCT: 3 doses ^c				Asplenia: 1 dose					
Mpox	See Notes				See Notes						See Notes

 Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity
 Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or severe outcomes from disease
 Recommended based on shared clinical decision-making
 Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.
 Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
 Contraindicated or not recommended
 *Vaccinate after pregnancy, if indicated
 No Guidance/Not-Applicable

a. Precaution for LAIV4 does not apply to alcoholism.

b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant.