



**LOUISIANA DEPARTMENT OF HEALTH - OFFICE OF PUBLIC HEALTH
2023 CHILD/ADOLESCENT IMMUNIZATION SCHEDULE AND
DAYCARE/SCHOOL ENTRY REQUIREMENTS**

(Revised: 4/4/2023)



Depending on the child's age, choose the appropriate set of immunizations. High-risk children may require additional vaccines. Individuals with an altered immune system, due to disease or medication, must be evaluated by a physician prior to vaccination.

RECOMMENDED SCHEDULE FOR IMMUNIZATION, BY AGE	
Age	Vaccinations
At Birth	HepB
2 Months ^[1]	DTaP, Hib, IPV, HepB, PCV, RV
4 Months	DTaP, Hib, IPV, PCV, RV
6 Months	DTaP, Hib, IPV, HepB, PCV, RV, Flu, COVID-19 ^[2]
7 Months	Flu, then annually
12-15 Months	DTaP, Hib, MMR, VAR, PCV, HepA
18-23 Months	HepA
4 years	DTaP, IPV, MMR, VAR
11-12 Years	Tdap, MenACWY, HPV (VAR, MMR, HepA, HepB if needed)
16 Years	MenACWY, provider-patient discussion for MenB (HPV, VAR, MMR, HepA, HepB, if needed)

ACCELERATED SCHEDULE FOR CHILDREN LATE ON VACCINATIONS	
Visit/Age	Vaccinations
Children 4 months through 6 years of age	
1st Visit ^[3]	DTaP, Hib, IPV, HepA, HepB, MMR, VAR, PCV, Flu, COVID-19
2 nd Visit (4 weeks after 1st visit)	DTaP, Hib, IPV, HepB, PCV, Flu
3 rd Visit (4 weeks after 2nd visit)	DTaP, Hib, PCV
4 th Visit (6 months after 3rd visit)	DTaP, Hib, IPV, PCV, HepA, HepB
4 Years of Age or at School Entry	DTaP, IPV, MMR, VAR
Children 7 through 18 years of age	
1st Visit	Tdap, IPV, HepA, HepB, MMR, VAR
2 nd Visit (4 weeks after 1st visit)	Td, IPV, HepB, MMR
3 rd Visit (6 months after 2nd visit)	Td, IPV, HepA, HepB
11-12 Years	Tdap, MenACWY, HPV (IPV, VAR, MMR, HepB if needed)
16 Years	MenACWY, provider-patient discussion for MenB

[1] DTaP, IPV, HBV, PCV, RV and Hib can be administered as early as 6 weeks of age and simultaneously.

[2] For detailed information on COVID-19 vaccine dose recommendations visit <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf>

[3] Depending on the child's age, choose the appropriate initial set of immunizations. Sometimes a scheduled dose of vaccine may not be given on time. If this occurs, the dose should be given at the next visit. It is not necessary to restart the series of any vaccine due to extended intervals between doses.

Note 1: The recommendations above and the vaccine guidelines on page 2 are summaries. For more information, visit <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

Note 2: For detailed information on each vaccine refer to the manufacturer's product insert.

REQUIRED VACCINATIONS FOR ENTRY INTO DAYCARE AND SCHOOLS							
Daycares/Early Learning		Grade K-12 Schools			Post-Secondary Schools		
Vaccinations	Doses	Grades	Vaccinations	Doses	Vaccinations	Doses	
Child must be up to date on vaccinations for their age (see recommendations listed above) according to a valid immunization record		Starting at Kindergarten ^[1] and all subsequent grades thereafter	DTaP ^[2]	5	MMR	2	
			HepA	2			
			HepB	3			
			IPV ^[3]	4		MenACWY	2 doses, or 1 dose if 1 st dose administered on or after age 16
			MMR	2			
			VAR	2			
Starting at 6 th grade and all subsequent grades thereafter			Tdap	1			
			MenACWY	1			
Starting at 11 th grade and all subsequent grades thereafter			MenACWY	Second Dose			

[1] Entry requirement exception for students who are 4 years of age when entering kindergarten at start of school year: To attend kindergarten in Louisiana, students must be 5 years old by September 30 each school year. Therefore, there are instances where a student is still 4 years old when entering kindergarten. In these instances, the 4-year-old student may be admitted into kindergarten so long as a parent/guardian presents a record indicating that the student is in progress of receiving the required vaccinations. In these instances, follow-up from school staff must be provided for compliance with the above requirements.

[2] Those students who received their 4th dose of DTaP at age 4 or older do not need a 5th dose on record.

[3] Those students who received their 3rd dose of IPV at age 4 or older do not need a 4th dose on record.

Note: Students may participate in school without the required immunizations listed above if a written statement of exemption is presented by a physician, the individual, or the individual's parent/guardian.

COVID-19 - Vaccines for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Vaccination is recommended for children 6 months and older and series and intervals depend on vaccine type.

DTaP - DTaP vaccine should be administered any time after 6 weeks through 6 years of age. The 4th dose of DTaP should be given at least 6 months after the 3rd dose. Pediatric DT (Diphtheria-Tetanus) should be substituted for DTaP when Pertussis vaccine is contraindicated. Persons aged 7 and older who are fully immunized with DTaP should receive a Tdap at 11-12 years in place of Td booster.

Flu - Routine annual influenza vaccination is recommended for all children 6 months-18 years. 2 doses administered at least 1 month apart are recommended for children aged 6 months-8 years who are receiving the influenza vaccine for the 1st time. Children 6 months through 8 years getting vaccinated for the 1st time, and those who have only previously gotten 1 dose of vaccine, should get 2 doses of vaccine. All children who have previously gotten 2 doses of vaccine (at any time) only need 1 dose of vaccine each season.

HepA – Routine Hepatitis A vaccination should be administered to all children 12 months through 18 years of age. The 2 doses in the series should be administered at least 6 months apart. If the interval between the 1st and 2nd doses of Hepatitis A vaccine extends beyond 18 months, it is not necessary to repeat a dose.

HepB - Unimmunized infants should be given a 1st dose of Thimerosal-free HBV at the birthing hospital before discharge or when first encountered, a 2nd dose a minimum of 1 month later, and a 3rd dose a minimum of 4 months after the 1st. Children aged 11-18 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose. The minimum age for the 3rd dose is 6 months. Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.

Hib - Hib vaccine can be administered any time DTaP vaccine is given. If PRP-OMP (PedvaxHIB [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Children who are 7 months of age or older at the time they receive the 1st Hib vaccination should be immunized as follows: (1) Unimmunized infants 7-11 months of age should receive a 3-dose regimen. A 1st dose should be given now, a 2nd dose 1 month later, and a 3rd dose after 12 months of age, at least 2 months after the previous dose. (2) Unimmunized children 12-13 months of age should receive a primary series of 1 dose and a booster at age 15 months. (3) Unimmunized children 15 months of age or older who have not yet reached their 5th birthday should receive 1 dose.

HPV – HPV vaccine is a 2-dose series for ages 9-14 years and a 3-dose series for ages 15-26 years. Administer the 1st dose of HPV vaccine between 11-12 years. Administer the 2nd dose 6-12 months after the 1st dose. If the series was started at 15-26 years, then a 3-dose series is required: 4-week minimum interval between dose 1 and dose 2. A minimum interval of 12 weeks required between dose 2 and dose 3. The 3rd dose should be given at least 24 weeks after the 1st dose. Adolescents aged 9-14 years with 2 doses of HPV vaccine less than 5 months apart, require a 3rd dose.

IPV - For infants, children and adolescents up to 18 years of age, the primary sequential series of IPV consists of 4 doses. The primary series is administered at 2 months, 4 months, 6-15 months and 4 years of age, or as age appropriate. A minimum of 6 months is required between the last 2 doses of IPV. A 4th dose in the routine IPV series is not necessary if the 3rd dose was given at 4 years of age or older and 6 months or more after the previous dose.

MMR - 2 doses of MMR vaccine after 12 months of age are required with a minimum of 28 days separating the doses. If a child has received 2 doses of MMR vaccine after 12 months of age, another dose after the 4th birthday is not necessary. Children 11-18 years of age not previously immunized with MMR should receive 2 doses. Individuals with 1 dose of MMR must receive an additional MMR vaccination. Students in schools of higher learning must receive 2 doses of MMR prior to entry.

MenACWY - Meningococcal conjugate vaccine should be administered to all children at age 11-12 years, a booster dose on/after 16 years. The minimum interval between doses of MenACWY vaccine is 8 weeks. Only 1 dose is needed if first dose given on or after age 16. This vaccine provides protection against meningococcal serogroups A, C, W, and Y, but not against serogroup B.

MenB - Teens age 16 through 18 years may be vaccinated routinely as an Advisory Committee on Immunization Practices Category B recommendation for provider-patient discussion. The 2-dose series protects against serogroup B meningococcal disease, but not serogroups A, C, W and Y. The 2 MenB vaccines are not interchangeable. The same vaccine product must be used for all doses in a series. Give 2 doses of either MenB vaccine: Bexsero, 1 month apart; Trumenba, 6 months apart. If dose 2 of Trumenba is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2. For special situations use the Bexsero 2-dose series at least 1 month apart or the Trumenba 3-dose series at 0, 1-2, and 6 months.

PCV - All children should receive a 3-dose primary series and a booster if vaccination begun at ≤ 6 months of age; a 2-dose primary series and a booster if vaccination is begun between 7 and 11 months of age; a 2-dose series and no booster if vaccination is begun between 12 and 23 months of age. If vaccination is initiated at ≥ 24 months of age, the child should receive 1 dose of PCV. Children 24 through 59 months of age should receive a single dose of PCV13. For children with underlying medical conditions, a single supplemental PCV13 is recommended following primary series. High risk or presumed high risk for pneumococcal disease should be immunized with Polysaccharide Vaccine (PPSV) depending on the number of doses of PCV that they have received. PCV vaccination is required as part of the Daycare/Head Start Immunization Requirement for children less than 24 months of age.

RV - The 1st dose should be given between 6 and 14 weeks with the maximum age of 1st dose being 14 weeks 6 days of age. Maximum age for any dose is 8 months of age. Minimum interval between doses is 4 weeks. Monovalent RV1 is administered at 2 months and 4 months of age, a dose at 6 months is not required. Pentavalent RV5 is administered at 2 months, 4 months and 6-8 months. If RV brand is unknown a total of 3 doses are needed.

Td/Tdap - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose should be administered at age 11 through 12 years. Td should be administered instead 10 years after the Tdap dose. Adolescents 13-18 years who missed the 11-12 year Td/Tdap booster should also receive a single dose of Tdap if they completed the recommended childhood DTaP series. No minimum interval required between giving doses of Td and Tdap. Subsequent routine Td boosters are recommended every 10 years. If a Tdap dose is administered at age 10 or older, the Tdap dose may count as the adolescent dose.

VAR - All susceptible children who are at least 12 months old through 18 years of age should be vaccinated. Administer the 2nd dose of varicella vaccine at age 4-6 years. VAR vaccine may be administered prior to 4-6 years, provided that ≥ 3 months have elapsed since the 1st dose and both doses are administered at ≥ 12 months of age. Susceptible persons aged ≥ 12 years should receive 2 doses at least 1 month apart. Children with a history of typical chickenpox are assumed to be immune to varicella and serologic testing is not warranted. History of chickenpox is not a contraindication to VAR vaccination.

ABBREVIATIONS: COVID-19 SARS-COV-2 VACCINE; DTaP DIPHTHERIA-TETANUS-ACELLULAR PERTUSSIS VACCINE; Tdap TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE; Td ADULT TYPE TETANUS AND DIPHTHERIA VACCINE; Flu INFLUENZA VACCINE; HepA HEPATITIS A VACCINE; HepB HEPATITIS B VACCINE; Hib HAEMOPHILUS INFLUENZA TYPE B VACCINE; HPV HUMAN PAPILLOMAVIRUS VACCINE; IPV INACTIVATED POLIOVIRUS VACCINE; MMR MEASLES-MUMPS-RUBELLA VACCINE; MenACWY MENINGOCOCCAL CONJUGATE VACCINE; MenB MENINGOCOCCAL VACCINE; PCV PNEUMOCOCCAL CONJUGATE VACCINE; RV ROTAVIRUS VACCINE; VAR VARICELLA VACCINE