|  |  |  |  |
| --- | --- | --- | --- |
| Age | Vaccine | Site |  Vaccine Brands |
|  |  |  |  |
|  2 Months | Pediarix (DTap, IPV, Hep B) | LT | PCV = Prevnar |
|  | Pedvax  | RT | Pedvax = Hib |
|  | Rotarix | PO | Comvax = Hib, Hep B |
|  4 Months | Pediarix (DTap, IPV, Hep B) | RT | Boostrix = TDap |
|  | Pedvax  | LT | Kinrix = DTap, IPV |
|  | Rotarix | PO | Havrix = HepA |
|  6 Months | Pediarix (DTap, IPV, Hep B) | LT | ProQuad = MMR,CPox |
|  | Prevnar | RT | Infanrix = DTap |
| 9 Months | Prevnar | LT | Menveo = Meningococcal |
| 12 Months | MMR | RT | EnergixB = HepB |
|  | Prevnar | LT | Rotarix = Rotavirus |
| 15 Months | DTap | LT | Varivax = Varicella  |
|  | Pedvax  | RT |  |
| 18 Months | Varivax | RT |  |
|  | Havrix | LT |  |
|  2 Years | Prevnar | LT |  |
|  | Havrix  | RT |  |
|  5 Years | Kinrix (Dtap, IPV (4-6 yrs)) | LT |  |
|  | ProQuad | RUT |  |
| Middle School | Boostrix (11-18 yrs) | RUT |  |
|  | Varivax #2 , Hep A series  | deltoid |  |
|  | Menveo & Guardisil rec if over 11 yrs | deltoid |  |
| High School | Menveo Booster | deltoid |  |