

Unvaccinated Patient Guide

2025 Edition



**Texas Children's
Hospital®**

IMMUNIZATION PROJECT

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Instructions for use

The enclosed tables are designed to guide providers on recommended “catch-up” vaccinations for unvaccinated children. They were developed using our interpretation of Table 2 of the Centers for Disease Control’s (CDC) “Recommended Child and Adolescent Immunization Schedule for ages 18 years and younger, United States 2025.”

The “Combination Caveats” noted at the bottom of each table are based on our interpretation of “Epidemiology and Prevention of Vaccine-Preventable Diseases”, 14th edition, also known as “The Pink Book” and guidance from Immunize.org’s “Ask the Experts.”

Providers should apply their best medical judgment when using these tables. This guide does not include “special conditions” (immunization based on medical indications). Please refer to the following links prior to administering vaccines to verify recommendations, minimum ages and minimum intervals:

- Catch-up Immunization Schedule
cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html
- General Best Practices for Immunization TABLE 3-2. Recommended and minimum ages and intervals between vaccine doses
cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html
- Immunize.org’s Ask the Experts: Combination Vaccines
immunize.org/askexperts/experts_combo.asp
- CDC Job Aids with Vaccine Catch-Up Guidance
cdc.gov/vaccines/hcp/imz-schedules/changes-guidance.html#cdc_generic_section_3-vaccine-catch-up-guidance

Administration caveats

According to **Immunize.org**’s “Ask the Experts”, ACIP and AAP consistently recommend that all needed vaccines be administered during an office visit. While there is no upper limit to the number of vaccines that can be administered during one visit, intramuscular vaccines should be separated by at least 1 inch in the muscle. In addition, professional judgment is needed when administering intramuscular injections to people, including children, because muscle size varies from person to person.

CDC experts suggest a range of volume, depending upon the muscle injected. For the deltoid, the typical volume injected is 0.5 mL (maximum: 2 mL). For the vastus lateralis (the thigh) the typical volume that may be injected is 1–4 mL (maximum: 5 mL). Infants and toddlers fall at the lower end of these ranges, whereas adolescents and adults generally fall on the higher end of the range. Use of combination vaccines, when indicated and available, can decrease injection volume.

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Unvaccinated Patient — 7 through 11 months

1st Visit	2nd Visit 4 weeks later	3rd Visit 4 weeks later	Due Next	Due Next	Due Next	Up to Date
DTaP	DTaP	DTaP			DTaP Give Dose 4 at least 6 months after Dose 3.	Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV	IPV				
Hepatitis B	Hepatitis B		Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.			
Hib	Hib			Hib Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older.		
PCV	PCV			PCV Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older.		
				MMR Give Dose 1 at 12 months of age or older.		
				Varicella Give Dose 1 at 12 months of age or older.		
				Hepatitis A Give Dose 1 at 12 months of age or older.		
Influenza	Influenza					
RSV-mAb (<8 months and during RSV season)						
COVID-19	COVID-19 Give Dose 2 (Final Dose if using Moderna) at least 4 weeks after Dose 1. If using Pfizer, give Dose 2 at least 3 weeks after Dose 1.		COVID-19 Give Dose 3 (Final Dose if using Pfizer) at least 8 weeks after Dose 2.			

Combination Caveats:

- Pentacel (DTaP-IPV/Hib) may be used for the 3-dose primary series through 4 years of age. It may also be used as a booster dose prior to 4 years of age.
- Pentacel may be used when the minimum intervals for each component have been met. If Pentacel is used for the booster dose, an extra dose of polio vaccine is allowed.
- Pediarix (DTaP-IPV-HepB) may be used for the first 3 doses of the DTaP series through 6 years of age.
- Pediarix may be used when any component is indicated and the minimum interval for each component has been met.
- Vaxelis (DTaP-IPV-Hib-HepB) may be used for any dose in the HepB series EXCEPT the dose at birth and the first 3 doses of the DTaP, Polio and Hib series through 4 years of age.
- Vaxelis may be used when the minimum intervals for each component have been met.
- Pediarix and Vaxelis may NOT be used for booster doses.

Unvaccinated Patient — 12 through 14 months

1st Visit	2nd Visit 4 weeks later	3rd Visit 4 weeks later	Due Next	Due Next	Due Next	Up to Date
DTaP	DTaP	DTaP			DTaP Give Dose 4 at least 6 months after Dose 3.	Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV	IPV				
Hepatitis B	Hepatitis B		Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.			
Hib		Hib Give Dose 2 (Final Dose) at least 8 weeks after Dose 1.				
PCV		PCV Give Dose 2 (Final Dose) at least 8 weeks after Dose 1.				
MMR						
Varicella						
Hepatitis A				Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.		
Influenza	Influenza					
COVID-19	COVID-19 Give Dose 2 (Final Dose if using Moderna) at least 4 weeks after Dose 1. If using Pfizer, give Dose 2 at least 3 weeks after Dose 1.		COVID-19 Give Dose 3 (Final Dose if using Pfizer) at least 8 weeks after Dose 2.			

Combination Caveats:

- Pentacel (DTaP-IPV/Hib) may be used for the 3-dose primary series through 4 years of age. It may also be used as a booster dose prior to 4 years of age.
- Pentacel may be used when the minimum intervals for each component have been met. If Pentacel is used for the booster dose, an extra dose of polio vaccine is allowed.
- Pediarix (DTaP-IPV-HepB) may be used for the first 3 doses of the DTaP series through 6 years of age.
- Pediarix may be used when any component is indicated and the minimum interval for each component has been met.
- ProQuad (MMRV) may be used as early as 12 months of age, but is not preferred for use as the first dose prior to 4 years of age if separate MMR and varicella vaccines are available per CDC.
- Vaxelis (DTaP-IPV-Hib-HepB) may be used for any dose in the HepB series EXCEPT the dose at birth and the first 3 doses of the DTaP, Polio and Hib series through 4 years of age.
- Vaxelis may be used when the minimum intervals for each component have been met.
- Pediarix and Vaxelis may NOT be used for booster doses.

Unvaccinated Patient — 15 through 23 months

1st Visit	2nd Visit 4 weeks later	3rd Visit 4 weeks later	Due Next	Due Next	Due Next	Up to Date
DTaP	DTaP	DTaP			DTaP Give Dose 4 at least 6 months after Dose 3.	Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV	IPV				
Hepatitis B	Hepatitis B		Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.			
Hib (Final Dose)						
PCV		PCV Give Dose 2 (Final Dose) at least 8 weeks after Dose 1.				
MMR						
Varicella						
Hepatitis A				Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.		
Influenza	Influenza					
COVID-19	COVID-19 Give Dose 2 (Final Dose if using Moderna) at least 4 weeks after Dose 1. If using Pfizer, give Dose 2 at least 3 weeks after Dose 1.		COVID-19 Give Dose 3 (Final Dose if using Pfizer) at least 8 weeks after Dose 2.			

Combination Caveats:

- Pentacel (DTaP-IPV/Hib) may be used for the 3-dose primary series through 4 years of age. It may also be used as a booster dose prior to 4 years of age.
- Pentacel may be used when the minimum intervals for each component have been met. If Pentacel is used for the booster dose, an extra dose of polio vaccine is allowed.
- Pediarix (DTaP-IPV-HepB) may be used for the first 3 doses of the DTaP series through 6 years of age.
- Pediarix may be used when any component is indicated and the minimum interval for each component has been met.
- ProQuad (MMRV) may be used as early as 12 months of age, but is not preferred for use as the first dose prior to 4 years of age if separate MMR and varicella vaccines are available per CDC.
- Vaxelis (DTaP-IPV-Hib-HepB) may be used for any dose in the HepB series EXCEPT the dose at birth and the first 3 doses of the DTaP, Polio and Hib series through 4 years of age.
- Vaxelis may be used when the minimum intervals for each component have been met.
- Pediarix and Vaxelis may NOT be used for booster doses.

Unvaccinated Patient — 2 through 3 years

1st Visit	2nd Visit 4 weeks later	3rd Visit 4 weeks later	Due Next	Due Next	Due Next	Up to Date
DTaP	DTaP	DTaP			DTaP Give Dose 4 at least 6 months after Dose 3.	Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV	IPV				
Hepatitis B	Hepatitis B		Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.			
Hib (Final Dose)						
PCV (Final Dose)						
MMR						
Varicella						
Hepatitis A				Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.		
Influenza	Influenza					
COVID-19	COVID-19 Give Dose 2 (Final Dose if using Moderna) at least 4 weeks after Dose 1. If using Pfizer, give Dose 2 at least 3 weeks after Dose 1.		COVID-19 Give Dose 3 (Final Dose if using Pfizer) at least 8 weeks after Dose 2.			

Combination Caveats:

- Pentacel (DTaP-IPV/Hib) may be used for the 3-dose primary series through 4 years of age. It may also be used as a booster dose prior to 4 years of age.
- Pentacel may be used when the minimum intervals for each component have been met. If Pentacel is used for the booster dose, an extra dose of polio vaccine is allowed.
- Pediarix (DTaP-IPV-HepB) may be used for the first 3 doses of the DTaP series through 6 years of age.
- Pediarix may be used when any component is indicated and the minimum interval for each component has been met.
- ProQuad (MMRV) may be used as early as 12 months of age, but is not preferred for use as the first dose prior to 4 years of age if separate MMR and varicella vaccines are available per CDC.
- Vaxelis (DTaP-IPV-Hib-HepB) may be used for any dose in the HepB series EXCEPT the dose at birth and the first 3 doses of the DTaP, Polio and Hib series through 4 years of age.
- Vaxelis may be used when the minimum intervals for each component have been met.
- Pediarix and Vaxelis may NOT be used for booster doses.

Unvaccinated Patient — 4 years

1st Visit	2nd Visit 4 weeks later	3rd Visit 4 weeks later	Due Next	Due Next	Due Next	Due Next	Due Next	Up to Date
DTaP	DTaP	DTaP					DTaP Give Dose 4 (Final Dose) at least 6 months after Dose 3.	Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV					IPV Give Dose 3 (Final Dose) at least 6 months after Dose 2.		
Hepatitis B	Hepatitis B			Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.				
Hib (Final Dose)								
PCV (Final Dose)								
MMR	MMR (Final Dose)							
Varicella			Varicella Give Dose 2 (Final Dose) at least 12 weeks after Dose 1.					
Hepatitis A					Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.			
Influenza	Influenza							
COVID-19	COVID-19 Give Dose 2 (Final Dose if using Moderna) at least 4 weeks after Dose 1. If using Pfizer, give Dose 2 at least 3 weeks after Dose 1.		COVID-19 Give Dose 3 (Final Dose if using Pfizer) at least 8 weeks after Dose 2.					

Combination Caveats:

- Pentacel (DTaP-IPV/Hib) may be used for the 3-dose primary series through 4 years of age. It may also be used as a booster dose prior to 4 years of age.
- Pentacel may be used when the minimum intervals for each component have been met. If Pentacel is used for the booster dose, an extra dose of polio vaccine is allowed.
- Pediarix (DTaP-IPV-HepB) may be used for the first 3 doses of the DTaP series through 6 years of age.
- Pediarix may be used when any component is indicated and the minimum interval for each component has been met.
- ProQuad (MMRV) is recommended for use in patients through 12 years of age and is preferred for patients 4-12 years of age to reduce the number of injections.
- When using ProQuad, remember that the minimum interval between 2 doses of varicella vaccine is 12 weeks for patients younger than 13 years of age.
- Kinrix (DTaP-IPV) may be used as the 5th dose of DTaP and the 4th dose of polio for children between 4 and 6 years of age.
- Quadracel (DTaP-IPV) may be used as the 5th dose of DTaP and the 4th or 5th dose of polio for children between 4 and 6 years of age.
- Vaxelis (DTaP-IPV-Hib-HepB) may be used for any dose in the HepB series EXCEPT the dose at birth and the first 3 doses of the DTaP, Polio and Hib series through 4 years of age.
- Vaxelis may be used when the minimum intervals for each component have been met.
- Pediarix and Vaxelis may NOT be used for booster doses.

Unvaccinated Patient — 5 through 6 years

1st Visit	2nd Visit 4 weeks later	3rd Visit 4 weeks later	Due Next	Due Next	Due Next	Due Next	Due Next	Up to Date
DTaP	DTaP	DTaP					DTaP Give Dose 4 (Final Dose) at least 6 months after Dose 3.	Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV					IPV Give Dose 3 (Final Dose) at least 6 months after Dose 2.		
Hepatitis B	Hepatitis B			Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.				
MMR	MMR (Final Dose)							
Varicella			Varicella Give Dose 2 (Final Dose) at least 12 weeks after Dose 1.					
Hepatitis A					Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.			
Influenza	Influenza							
COVID-19								

Combination Caveats:

- Pediarix (DTaP-IPV-HepB) may be used for the first 3 doses of the DTaP series through 6 years of age.
- Pediarix may be used when any component is indicated and the minimum interval for each component has been met.
- ProQuad (MMRV) is recommended for use in patients through 12 years of age and is preferred for patients 4-12 years of age to reduce the number of injections.
- Pediarix may NOT be used for booster doses.
- When using ProQuad, remember that the minimum interval between 2 doses of varicella vaccine is 12 weeks for patients younger than 13 years of age.
- Kinrix (DTaP-IPV) may be used as the 5th dose of DTaP and the 4th dose of polio for children between 4 and 6 years of age.
- Quadracel (DTaP-IPV) may be used as the 5th dose of DTaP and the 4th or 5th dose of polio for children between 4 and 6 years of age.

Unvaccinated Patient — 7 through 10 years

1st Visit	2nd Visit 4 weeks later	Due Next	Due Next	Due Next	Due Next	Due Next	Up to Date
Tdap	Td or Tdap				Td or Tdap Give Dose 3 at least 6 months after Dose 2.		Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV				IPV Give Dose 3 (Final Dose) at least 6 months after Dose 2.		
Hepatitis B	Hepatitis B		Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.				
MMR	MMR (Final Dose)						
Varicella		Varicella Give Dose 2 (Final Dose) at least 12 weeks after Dose 1.					
Hepatitis A				Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.			
HPV Recommended vaccination can begin at 9 years of age.				HPV Give Dose 2 (Final Dose) 6-12 months after Dose 1.			
Influenza	Influenza Give a 2nd Dose to previously unvaccinated patients under 9 years of age.						
COVID-19							
Dengue Recommended for patients 9-16 years of age in endemic areas AND with laboratory confirmation of previous dengue infection.				Dengue Give Dose 2 at least 6 months after Dose 1.		Dengue Give Dose 3 at least 6 months after Dose 2.	

Combination Caveats:

- ProQuad (MMRV) is recommended for use in patients through 12 years of age and is preferred for patients 4-12 years of age to reduce the number of injections.
- When using ProQuad, remember that the minimum interval between 2 doses of varicella vaccine is 12 weeks for patients younger than 13 years of age.

Unvaccinated Patient — 11 through 12 years

1st Visit	2nd Visit 4 weeks later	Due Next	Due Next	Due Next	Due Next	Due Next	Up to Date
Tdap	Td or Tdap				Td or Tdap Give Dose 3 at least 6 months after Dose 2.		Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV				IPV Give Dose 3 (Final Dose) at least 6 months after Dose 2.		
Hepatitis B	Hepatitis B		Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.				
MMR	MMR (Final Dose)						
Varicella		Varicella Give Dose 2 (Final Dose) at least 12 weeks after Dose 1.					
Hepatitis A				Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.			
Meningococcal ACWY							
HPV				HPV Give Dose 2 (Final Dose) 6-12 months after Dose 1.			
Influenza							
COVID-19							
Dengue Recommended for patients 9-16 years of age in endemic areas AND with laboratory confirmation of previous dengue infection.				Dengue Give Dose 2 at least 6 months after Dose 1.		Dengue Give Dose 3 at least 6 months after Dose 2.	

Combination Caveats:

- ProQuad (MMRV) is recommended for use in patients through 12 years of age and is preferred for patients 4-12 years of age to reduce the number of injections.
- When using ProQuad, remember that the minimum interval between 2 doses of varicella vaccine is 12 weeks for patients younger than 13 years of age.

Unvaccinated Patient — 13 through 14 years

1st Visit	2nd Visit 4 weeks later	Due Next	Due Next	Due Next	Due Next	Up to Date
Tdap	Td or Tdap			Td or Tdap Give Dose 3 at least 6 months after Dose 2.		Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV			IPV Give Dose 3 (Final Dose) at least 6 months after Dose 2.		
Hepatitis B	Hepatitis B	Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.				
MMR	MMR (Final Dose)					
Varicella	Varicella (Final Dose)					
Hepatitis A			Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.			
Meningococcal ACWY						
HPV			HPV Give Dose 2 (Final Dose) 6-12 months after Dose 1.			
Influenza						
COVID-19						
Dengue Recommended for patients 9-16 years of age in endemic areas AND with laboratory confirmation of previous dengue infection.			Dengue Give Dose 2 at least 6 months after Dose 1.		Dengue Give Dose 3 at least 6 months after Dose 2.	
Combination Caveats:						

- ProQuad (MMRV) is not recommended for use in children 13 years of age and older.
- Separate MMR and varicella vaccines should be used for patients 13 years of age and older.

Unvaccinated Patient — **15 years**

1st Visit	2nd Visit 4 weeks later	Due Next	Due Next	Due Next	Due Next	Up to Date
Tdap	Td or Tdap			Td or Tdap Give Dose 3 at least 6 months after Dose 2.		Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV			IPV Give Dose 3 (Final Dose) at least 6 months after Dose 2.		
Hepatitis B	Hepatitis B	Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.				
MMR	MMR (Final Dose)					
Varicella	Varicella (Final Dose)					
Hepatitis A			Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.			
Meningococcal ACWY					Meningococcal ACWY Give Dose 2 (Final Dose) on or after 16 years of age and at least 8 weeks after Dose 1.	
HPV	HPV Give Dose 2 at least 1-2 months after Dose 1.		HPV Give Dose 3 (Final Dose) at least 12 weeks after Dose 2 and at least 6 months after Dose 1.			
					Meningococcal B (MenB) Recommended based on shared clinical decision-making for patients 16-23 years old. Give 2 doses at least 6 months apart. Bexsero and Trumenba are not interchangeable.	
Influenza						
COVID-19						
Dengue Recommended for patients 9-16 years of age in endemic areas AND with laboratory confirmation of previous dengue infection.			Dengue Give Dose 2 at least 6 months after Dose 1.		Dengue Give Dose 3 at least 6 months after Dose 2.	

Combination Caveats:

- ProQuad (MMRV) is not recommended for use in children 13 years of age and older. Separate MMR and varicella vaccines should be used for patients 13 years of age and older.
- Penbraya and Penmenvy (MenACWY-MenB) may be used in healthy 16-23 year olds if both MenACWY and MenB are indicated at the same visit (including booster dose). Penbraya should only be used in series with Trumenba (MenB). Penmenvy should only be used in series with Bexsero (MenB).

Unvaccinated Patient — 16 through 18 years

1st Visit	2nd Visit 4 weeks later	Due Next	Due Next	Due Next	Up to Date
Tdap	Td or Tdap			Td or Tdap Give Dose 3 at least 6 months after Dose 2.	Return to the Recommended Child and Adolescent Immunization Schedule.
IPV	IPV			IPV Give Dose 3 (Final Dose) at least 6 months after Dose 2.	
Hepatitis B	Hepatitis B	Hepatitis B Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at least 16 weeks after Dose 1.			
MMR	MMR (Final Dose)				
Varicella	Varicella (Final Dose)				
Hepatitis A			Hepatitis A Give Dose 2 (Final Dose) at least 6 months after Dose 1.		
Meningococcal ACWY (Final Dose)					
HPV	HPV Give Dose 2 at least 1-2 months after Dose 1.		HPV Give Dose 3 (Final Dose) at least 12 weeks after Dose 2 and at least 6 months after Dose 1.		
Meningococcal B (MenB) Recommended based on shared clinical decision making for patients 16-23 years of age. Give 2 doses at least 6 months apart. Bexsero and Trumenba are not interchangeable.					
Influenza					
COVID-19					
Dengue Recommended for patients 9-16 years of age in endemic areas AND with laboratory confirmation of previous dengue infection.			Dengue Give Dose 2 at least 6 months after Dose 1.	Dengue Give Dose 3 at least 6 months after Dose 2.	
Combination Caveats:					
<ul style="list-style-type: none">ProQuad (MMRV) is not recommended for use in children 13 years of age and older. Separate MMR and varicella vaccines should be used for patients 13 years of age and older.Penbraya and Penmenvy (MenACWY-MenB) may be used in healthy 16-23 year olds if both MenACWY and MenB are indicated at the same visit (including booster dose). Penbraya should only be used in series with Trumenba (MenB). Penmenvy should only be used in series with Bexsero (MenB).					



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