

## 2010 CT Immunization Requirements Schedule For Day Care, Family Day Care, Group Day Care Homes

<b>Vaccines</b>	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16–18 months of age	By 19 months of age	2 years of age (24–35 months)	3 to 5 years of age (36–59 months)
DTP/DTaP/DT	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
Polio	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
MMR	None	None	None	None	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>
Hep B	None	1 dose	2 doses	2 doses	2 doses	2 dose	3 doses	3 doses	3 doses
HIB	None	1 dose	2 doses	2 or 3 doses depending on vaccine given <sup>2</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>
Varicella	None	None	None	None	None	None	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>
Pneumococcal Conjugate Vaccine (PCV)	None	1 dose	2 doses	3 doses	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday
Hepatitis A	None	None	None	None	1 dose after 1 <sup>st</sup> birthday <sup>4</sup>	1 dose after 1 <sup>st</sup> birthday <sup>4</sup>	1 dose after 1 <sup>st</sup> birthday <sup>4</sup>	2 doses given 6 months apart <sup>4</sup>	2 doses given 6 months apart <sup>4</sup>
Influenza	None	None	None	1 or 2 doses	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>

1 Laboratory confirmed immunity also acceptable

2 A Complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)

3 As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose

4 Hepatitis A is required for all children born after January 1, 2009

5 Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

### **Vaccines:**

DTaP-IPV-Hib  
DTaP-Hib  
HIB-Hep B  
DTaP-IPV-Hep B  
MMRV  
PCV 7  
PCV 13  
DTaP-IPV  
Hepatitis A

### **Brand Names:**

Pentacel  
TriHibit  
Comvax  
Pediarix  
ProQuad  
Prevnar  
Prevnar 13  
Kinrix  
HAVRIX or VAQTA

### **Vaccines:**

Varicella  
Hib  
Influenza

### **Brand Names:**

Varivax  
ActHib or PedvaxHIB  
Flumist or Fluarix Fluzone or Fluvirin