

# Well Care Visits for your infant... When do you need them?

- |          |                      |
|----------|----------------------|
| 2 weeks  | 1 year               |
| 1 month  | 15 months            |
| 2 months | 18 months            |
| 4 months | 2 years              |
| 6 months | Annually after age 2 |
| 9 months |                      |

| Vaccine  | Range of recommended ages |                         |      |      | Catchup vaccination |       |                    |       | Preadolescent assessment |                    |           |           |
|--|---------------------------|-------------------------|------|------|---------------------|-------|--------------------|-------|--------------------------|--------------------|-----------|-----------|
|  | Birth                     | 1 mo                    | 2 mo | 4 mo | 6 mo                | 12 mo | 15 mo              | 18 mo | 24 mo                    | 4-6 yrs            | 11-12 yrs | 13-18 yrs |
| Hepatitis B <sup>2</sup>   | HepB #1                   | only if mother HBsAg(+) |      |      |                     |       |                    |       | HepB series              |                    |           |           |
| Diphtheria, Tetanus, Pertussis <sup>3</sup>                        |                           |                         | DTaP | DTaP | DTaP                |       | DTaP               |       |                          | DTaP               | Td        | Td        |
| <i>Haemophilus influenzae</i> type b <sup>4</sup>                  |                           |                         | Hib  | Hib  | Hib <sup>4</sup>    |       | Hib                |       |                          |                    |           |           |
| Inactivated Poliovirus   |                           |                         | IPV  | IPV  |                     |       | IPV                |       |                          | IPV                |           |           |
| Measles, Mumps, Rubella <sup>5</sup>                               |                           |                         |      |      |                     |       | MMR #1             |       |                          | MMR #2             |           | MMR #2    |
| Varicella <sup>6</sup>   |                           |                         |      |      |                     |       | Varicella          |       |                          | Varicella          |           |           |
| Pneumococcal <sup>7</sup>  |                           |                         | PCV  | PCV  | PCV                 |       | PCV                |       | PCV                      | ppv                |           |           |
| Influenza <sup>8</sup>   |                           |                         |      |      |                     |       | Influenza (yearly) |       |                          | Influenza (yearly) |           |           |
| ----- Vaccines below this line are for selected populations. ----- |                           |                         |      |      |                     |       |                    |       |                          |                    |           |           |
| Hepatitis A <sup>9</sup>   |                           |                         |      |      |                     |       |                    |       |                          | HepA series        |           |           |