

Recommendations for Pneumococcal Vaccines Use in Children and Teens

Table 1. Recommended Schedule for Administering Pneumococcal Conjugate Vaccine (PCV13)

Child's age now	Vaccination history of PCV13	Recommended PCV13 Schedule (For minimum interval guidance for catch-up vaccination, see * below)
2 through 6 months	0 doses	3 doses, 8 weeks* apart; 4th dose at age 12–15 months
	1 dose	2 doses, 8 weeks* apart; 4th dose at age 12–15 months
	2 doses	1 dose, 8 weeks* after the most recent dose; 4th dose at age 12–15 months
7 through 11 months	0 doses	2 doses, 8 weeks apart* and a 3rd dose at age 12–15 months
	1 or 2 doses before age 7 months	1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8 weeks after the most recent dose
	1 dose at age 7–11 months	2 doses: 1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8 weeks after the most recent dose
	2 doses at age 7–11 months	1 dose at age 12–15 months
12 through 23 months	0 doses	2 doses, at least 8 weeks apart
	1 dose before age 12 months	2 doses, at least 8 weeks apart
	1 dose at or after age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 or 3 doses before age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 doses at or after age 12 months	0 doses
24 through 59 months (healthy children)	0 doses	1 dose
	Any incomplete schedule**	1 dose, at least 8 weeks after the most recent dose
24 through 71 months (children with underlying medical condition as described in Table 3 below)	Unvaccinated or any incomplete schedule** of less than 3 doses	2 doses: 1st dose at least 8 weeks after most recent dose and a 2nd dose at least 8 weeks later
	Any incomplete schedule ** of 3 doses	1 dose, at least 8 weeks after the most recent dose
6 through 18 years with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below), cerebrospinal fluid leak, or cochlear implant	No history of PCV13	1 dose

* Minimum interval between doses: For children younger than age 12 months: 4 weeks; for children age 12 months and older: 8 weeks.

** For information on completion of incomplete schedules, visit current “Recommended Immunization Schedule for Children and Adolescents Age 18 Years or Younger—United States” at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

Table 2. Recommended Schedule for Administering Pneumococcal Polysaccharide Vaccine (PPSV23)

Risk Group	Schedule for PPSV23	Revaccination with PPSV23
Immunocompetent children and teens with underlying medical condition (see Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Not indicated
Children and teens with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Give 1 additional dose of PPSV23 at least 5 years following the first PPSV23; the next recommended dose would be at age 65 years
Children and teens age 6 years & older with chronic liver disease, alcoholism	If no history of PPSV23, give 1 dose of PPSV23 at least 8 weeks after any prior PCV13 dose	Not indicated

Table 3. Medical Conditions and Other Risk Factors That Are Indications for PCV13 or PPSV23

Risk Group	Condition
Immunocompetent children and teens age 2 years & older with risk condition	Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; for ages 6 years and older: chronic liver disease, alcoholism
Children and teens age 2 years & older with functional or anatomic asplenia	<ul style="list-style-type: none"> Sickle cell disease and other hemoglobinopathies Congenital or acquired asplenia, or splenic dysfunction
Children and teens age 2 years & older with immunocompromising condition	<ul style="list-style-type: none"> HIV infection Chronic renal failure and nephrotic syndrome Diseases associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; or solid organ transplantation) Congenital immunodeficiency (includes B- [humoral] or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, or C4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])

Technical content reviewed by the Centers for Disease Control and Prevention