



Pediatric Associates of Lafayette, LLC

| RECOMMENDED IMMUNIZATION SCHEDULE | | | | | | | | | |
|--|-------|-------|---|--------|--------|--------|-------|---|------------------------|
| <u>VACCINE</u> | 2 MOS | 4 MOS | 6 MOS | 12 MOS | 15 MOS | 18 MOS | 4 YRS | 11 YRS | 16 YRS |
| PEDIARIX (INCLUDES DTAP, POLIO AND HEPATITIS B) | X | X | X | | | | | | |
| HIB (PROTECTS AGAINST MENINGITIS) | X | X | X | | X | | | | |
| PREVNAR 20 (PROTECTS AGAINST MENINGITIS AND OTHER INFECTIONS) | X | X | X | | X | | | | |
| ROTARIX (PROTECTS AGAINST ROTAVIRUS) | X | X | | | | | | | |
| DTAP (PROTECTS AGAINST DIPHTHERIA, TETANUS AND PERTUSSIS) | | | | | X | | | | |
| MMR (PROTECTS AGAINST MEASLES, MUMPS AND RUBELLA) | | | | X | | | | | |
| VARIVAX (PROTECTS AGAINST CHICKENPOX) | | | | X | | | | | |
| HEPATITIS A (PROTECTS AGAINST HEPATITIS A) | | | | X | | X | | | |
| KINRIX (INCLUDES DTAP AND POLIO) | | | | | | | X | | |
| PROQUAD (INCLUDES MMR AND VARICELLA) | | | | | | | X | | |
| TDAP (PROTECTS AGAINST TETANUS, DIPHTHERIA AND PERTUSSIS) | | | | | | | | X | |
| MENVEO (PROTECTS AGAINST MENINGITIS) | | | | | | | | X | X |
| HPV 9 (PROTECTS AGAINST 9 TYPES OF HPV) | | | | | | | | X (2 DOSES 6 MO APART IF STARTED <15 YRS) | |
| BEXSERO (PROTECTS AGAINST MENINGITIS B) | | | | | | | | | X (2 DOSES 1 MO APART) |
| INFLUENZA (PROTECTS AGAINST SEASONAL INFLUENZA) | | | X (2 DOSES 1 MONTH APART THEN ONCE PER YEAR THEREAFTER) | | | | | | |