Recommended Childhood and Adolescent Immunization Schedules—United States, 2012

COMMITTEE ON INFECTIOUS DISEASES

Pediatrics 2012;129;385
DOI: 10.1542/peds.2011-3630

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/129/2/385.full.html
The 2012 recommended childhood and adolescent immunization schedules have been approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians. Three schedules are provided: a schedule for children 0 through 6 years of age (Fig 1), a schedule for children 7 through 18 years of age (Fig 2), and a catch-up schedule for children and adolescents who start late or fall >1 month behind (Fig 3). An adult immunization schedule also is updated and published each year (www.cdc.gov/vaccines). Because of the increasing complexity of the vaccine schedule and the limited amount of space for footnotes, repetition between footnotes has been eliminated. Providers are advised to use all 3 schedules and their respective footnotes together, not as stand-alone schedules. These schedules are revised annually to reflect current recommendations for the use of vaccines licensed by the US Food and Drug Administration and include the following changes from last year:

- Clarification is provided for administration of hepatitis B vaccine and hepatitis B immune globulin to infants weighing <2000 g and for infants weighing ≥2000 g who are born to hepatitis B surface antigen-positive mothers. Clarification is provided for timing of doses after administration of the birth dose of hepatitis B vaccine.
- Clarification is provided for Tdap vaccine use for children 7 through 10 years who are not fully immunized with the childhood DTaP series.
- Guidance for the use of Haemophilus influenzae type b vaccine in people 5 years of age and older has been added to the catch-up schedule.
- Influenza vaccine footnotes have been updated to clarify vaccine dosing for children 6 months through 8 years of age for the 2011–2012 season. Guidance is provided on contraindications to the use of live-attenuated influenza vaccine.
- Guidance for the use of measles, mumps, and rubella vaccine in infants 6 through 11 months of age who are traveling internationally has been added.
- Hepatitis A footnotes have been clarified to emphasize administration of the second dose 6 to 18 months after the first dose. A new yellow and purple bar has been added to the “Recommended
immunization schedule for persons aged 0 through 6 years” to reflect hepatitis A vaccine recommendations for children 2 years of age and older.

- Guidance for routine administration of a booster dose of either meningococcal vaccine (MCV4) is provided. Guidance is provided for administration of MCV4 to children at increased risk of meningococcal disease. The MCV4 purple bar has been extended in the “Recommended immunization schedule for persons aged 0 through 6 years” to reflect licensure of MCV4-D (Menactra) use in children as young as 9 months.

- Human papillomavirus vaccine footnotes have been updated to include a routine recommendation for vaccination of males with quadrivalent human papillomavirus vaccine (Gardasil).

- Inactivated poliovirus vaccine footnotes have been updated to note that inactivated polio vaccine is not routinely recommended for US residents 18 years of age or older.

Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System. Guidance about how to obtain and complete a Vaccine Adverse Event Reporting System form can be obtained on the Internet at www.vaers.hhs.gov or by calling 800-822-7967. Additional information can be found in the Red Book¹ and at Red Book Online (www.aapredbook.org).

Statements from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that contain details of recommendations for individual vaccines, including recommendations for children with high-risk conditions, are available at www.cdc.gov/vaccines/pubs/ACIP-list.htm. Information on new vaccine releases, vaccine supplies, interim recommendations resulting from vaccine shortages, and statements on specific vaccines can be found at www.aapredbook.org/news/vaccstatus.shtml and www.cdc.gov/vaccines/pubs/ACIP-list.htm.

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## FIGURE 1

**Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012.**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>1 month</th>
<th>2 months</th>
<th>3 months</th>
<th>4 months</th>
<th>5 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>24 months</th>
<th>36 months</th>
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<tbody>
<tr>
<td>Hepatitis B (Hep B)</td>
<td>Birth</td>
<td>Hep B</td>
<td>Hep B</td>
<td>Hep B</td>
<td>Hep B</td>
<td>Hep B</td>
<td></td>
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<tr>
<td>Rotavirus</td>
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<td>RV</td>
<td>RV</td>
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<tr>
<td>Diptheria, tetanus, pertussis</td>
<td></td>
<td>DTaP</td>
<td>DTaP</td>
<td>DtaP</td>
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<td></td>
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<tr>
<td>Haemophilus influenzae type b</td>
<td></td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
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<tr>
<td>Pneumococcal</td>
<td></td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
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<tr>
<td>Inactivated poliovirus</td>
<td></td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
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<tr>
<td>Haemophilus influenzae type b</td>
<td></td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Meningococcal conjugate vaccine (MCV4)</td>
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</tbody>
</table>

### 1. Hepatitis B (Hep B) Vaccine
- **Minimum age: birth**
- **At birth:**
  - Administer monovalent Hep B vaccine to all newborns before hospital discharge.
  - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer monovalent Hep B vaccine and 0.5 mL of hepatitis B immunoglobulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of at least 3 doses of the Hep B series, at age 4 through 16 months (generally at the next well-child visit).
  - If mother’s HBsAg status is unknown, within 12 hours of birth administer Hep B vaccine for infants weighing ≥2.5 kg, and Hep B vaccine plus HBIG for infants weighing <2.0 kg. Determine mother’s HBsAg status as soon as possible and, if she is HBsAg-positive, administer HBIG for infants weighing <2.0 kg (no later than age 1 week).
- **Doses after the birth dose:**
  - The second dose should be administered at age 1 to 2 months. Monovalent Hep B vaccine should be used for doses administered before age 6 weeks.
  - Administration of a total of 4 doses of Hep B vaccine is permissible when a combination vaccine containing Hep B is administered after the birth dose.
  - Infants who do not receive a birth dose should receive 3 doses of a Hep B-containing vaccine starting as soon as feasible (Figure 3).
  - The minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the Hep B vaccine series should be administered no earlier than age 24 weeks and at least 16 weeks after the first dose.

### 2. Rotavirus (RV) vaccines
- **Minimum age: 6 weeks for both RV-1 (Rotarix) and RV-4 (Rotasec)**
  - The maximum age for the first dose in the series is 14 weeks, 6 days; and 8 months, 0 days for the final dose in the series. Vaccination should not be initiated at age ≤6 months.
  - If RV-1 (Rotarix) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

### 3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine
- **Minimum age: 6 weeks**
  - The fourth dose may be administered as early as age 12 months, provided that at least 6 months have elapsed since the third dose.

### 4. Haemophilus influenzae type b (Hib) conjugate vaccine
- **Minimum age: 6 months**
  - If PR and DTaP or Convarix (Hib-vax) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
  - Hib shots should only be used for the booster (final) dose in children aged 12 to 14 months.

### 5. Pneumococcal vaccine
- **Minimum age: 6 weeks for pneumococcal conjugate vaccine (PCV); 2 years for pneumococcal polysaccharide vaccine (PPSV)**
  - Administer 1 dose of PCV to all healthy children aged 2 through 59 months who are not completely vaccinated for their age.
  - For children who have received an age-appropriate series of 7-valent PCV (PCV7), a single supplemental dose of 13-valent PCV (PCV13) is recommended for:
    - At least 14 through 59 months
    - Children aged 62 through 71 months with underlying medical conditions.
  - Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See MMWR 2010:59(No. RR-11), available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm.

### 6. Inactivated poliovirus vaccine (IPV)
- **Minimum age: 6 weeks**
  - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
  - The final dose in the series should be administered on or after the fourth birthday and at least 6 months prior to the previous dose.

### Inactivated influenza vaccine (IIV)
- **Minimum age: 6 months**
  - For most healthy children aged 2 years and older, either LAIV or IIV may be used. However, LAIV should not be administered to some children, including:
    - Children less than 6 months of age
    - Children less than 4 years who had wheezing in the past 12 months, or
    - Children with certain underlying medical conditions that predispose them to influenza complications.
  - For children aged 6 months through 8 years:
    - For the 2011–12 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine, those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
    - For the 2012–13 season, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations.
  - For children aged 9 years through 18 years:
    - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
    - Administer MMR vaccine to infants aged 6 through 11 months who are traveling internationally. These children should be revaccinated with 2 doses of MMR vaccine, the first at ages 12 through 15 months and at least 4 weeks after the previous dose, and the second at ages 4 through 6 years.

### Varicella (VZV) vaccine
- **Minimum age: 12 months**
  - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.

### Hepatitis A (Hep A) vaccine
- **Minimum age: 12 months**
  - Administer the second (final) dose 6 to 18 months after the first.
  - A 2-dose Hep A vaccine series is recommended for anyone aged 24 months and older, previously unvaccinated, for whom immunity against hepatitis A virus infection is desired.

### Meningococcal conjugate vaccine, quadrivalent (MCV4)
- **Minimum age: 9 months for MenC (MCV4-D), 2 years for MenB (MCV4-CRM4)**
  - For children aged 9 through 23 months 1) with persistent complement component deficiency, 2) who are residents of or travelers to countries with hemorrhagic or epidemic disease; or 3) who are present during outbreaks caused by a vaccine serogroup, administer 2 primary doses of MCV4-D, ideally at ages 9 months and 12 months or at least 8 weeks apart.
  - For children aged 24 months and older 1) persistent complement component deficiency who have not been previously vaccinated; or 2) anatomic/functional asplenia, administer 2 primary doses of either MCV4 at least 8 weeks apart.
  - For children with anatomic/functional asplenia, if MCV4-D (MenC) is used, administer at a minimum age of 2 years and at least 4 weeks after completion of all PCV doses.

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/immunization/advises/ or by telephone (800-232-2522).
1. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boerigter and 11 years for Adacel.)
   - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
   - Tdap vaccine should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
2. Human papillomavirus (HPV) vaccines (HPV4 [Gardasil] and HPV2 [Cervarix]).
   - Meningococcal conjugate vaccines, quadrivalent (MCV4).
   - Inactivated poliovirus vaccine (IPV).
   - Measles, mumps, and rubella (MMR) vaccine.
   - Varicella (VAR) vaccine.
3. Meningococcal conjugate vaccines, quadrivalent (MCV4).
4. Inactivated influenza vaccine (LAIV).
5. Pneumococcal vaccines (pneumococcal conjugate vaccine [PCV] and pneumococcal polysaccharide vaccine [PPSV]).
   - A single dose of PCV may be administered to children aged 6 through 18 years who have anatomic/functional asplenia, HIV infection or other immunocompromising condition, cochlear implant, or cerebral spinal fluid leak. See MMWR 2010:59(No. RR-11), available at http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf.
   - Administer PSV at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with anatomic/functional asplenia or an immunocompromising condition.
6. Hepatitis A (HepA) vaccine.
7. Hepatitis B (HepB) vaccine.
8. Inactivated poliovirus vaccine (IPV).
9. Measles, mumps, and rubella (MMR) vaccine.
   - Varicella (VAR) vaccine.
10. Varicella (VAR) vaccine.

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/pubs/acip-list.htm. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967).
The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child’s age. Always use this table in conjunction with the accompanying childhood and adolescent immunizations schedules (Figures 1 and 2) and their respective footnotes.

**FIGURE 3**
Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind—United States · 2012.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Persons aged 4 months through 5 years</th>
<th>Persons aged 7 through 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum Age For Dose 1</td>
<td>Minimum Interval Between Doses</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>9-12 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis</td>
<td>6 months</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>6 weeks</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>6 weeks</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>6 months</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>6 months</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>12 months</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Varicella</td>
<td>12 months</td>
<td>6 weeks</td>
</tr>
</tbody>
</table>

1. Rotavirus (RV) vaccines (RV-1 [Rotavirus] and RV-5 [Rotavirus]).
   - The maximum age for the first dose in the series is 14 weeks, 6 days; and 8 months, 9 days for the final dose in the series. Vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
   - If RV-1 was administered for the first dose, and a third dose is not indicated.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.
   - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

3. Haemophilus influenzae type b (Hib) conjugate vaccine.
   - Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, human immunodeficiency virus (HIV) infection, or anatomic/functional asplenia.
   - If the first 2 doses were PRP-OMP (PedvaxHib or Comvax) and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

4. Pneumococcal vaccines. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV]).
   - For children aged 2 through 71 months with underlying medical conditions, administer 1 dose of PCV if 3 doses of PCV were received previously, or administer 2 doses of PPSV if at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
   - A single dose of PCV may be administered to children aged 6 through 18 years with underlying medical conditions. See age-specific schedules for details.

5. Inactivated poliovirus vaccine (IPV).
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
   - IPV is not routinely recommended for U.S. residents aged 18 years or older.

6. Meningococcal conjugate vaccines, quadrivalent (MCV4) (Minimum age: 9 months for Menactra [MCV4-Q]; 2 years for Menveo [MCV4-CRM])
   - See Figure 1 (“Recommended immunization schedule for persons aged 0 through 6 years”) and Figure 2 (“Recommended immunization schedule for persons aged 7 through 18 years”) for further guidance.

7. Measles, mumps, and rubella (MMR) vaccine.
   - Administer the second dose routinely at age 4 through 6 years.

8. Varicella (VAR) vaccine.
   - Administer the second dose routinely at age 4 through 6 years. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

9. Tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccines.
   - For children aged 7 through 18 years who are not fully immunized with the childhood DTaP vaccine series, Tdap vaccine should be substituted for a single dose of Td vaccine in the catch-up series, if additional doses are needed, use Td vaccine. For these children, an adolescent Tdap vaccine dose should not be given.
   - An inadvertent dose of DTaP vaccine administered to children aged 7 through 13 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.

10. Human papillomavirus (HPV) vaccines (HPV4 [Gardasil] and HPV2 [Cervarix]).
   - Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if patient is not previously vaccinated.
   - Use recommended routine dosing intervals for vaccine series catch-up; see Figure 2 (“Recommended immunization schedule for persons aged 7 through 18 years”), and follow recommended catch-up schedules for adolescent females (13–18 years).

Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) (online at http://vaers.hrsa.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccinations, is available from CDC online (http://www.cdc.gov/vaccines) or by telephone (800-CDC-INFO [800-232-4636]).

An error occurred in this article by Flick et al, titled: “Cognitive and Behavioral Outcomes After Early Exposure to Anesthesia and Surgery” published in the November 2011 issue of *Pediatrics* (2011;128[5]: e1053–e1061; originally published online October 3, 2011; doi:10.1542/peds.2011-0351). On page e1054, in the Introduction, paragraph 1, line 5, this reads: “drugs include N-methyl-o-aspartate glutamate receptor agonists and γ-aminobutyric acid antagonists.” This should have read: “drugs include N-methyl-o-aspartate glutamate receptor antagonists and γ-aminobutyric acid agonists.”

doi:10.1542/peds.2011-3305


An error occurred in the American Academy of Pediatrics clinical report “Prevention and Management of Positional Skull Deformities in Infants” published in the December 2011 issue of *Pediatrics* (2011;128[6]:1236–1241; originally published online November 28, 2011; doi: 10.1542/peds.2011-2220). On page 1237, third column under Prevention, the fourth sentence should read: “Prolonged placement indoors in car safety seats and swings should be discouraged.” We regret the error.

doi:10.1542/peds.2011-3592


An error occurred in the American Academy of Pediatrics policy statement “Health Care for Youth in the Juvenile Justice System” published in the December 2011 issue of *Pediatrics* (2011;128[6]:1219–1235; originally published online November 28, 2011; doi: 10.1542/peds.2011-1757). On page 1219, the number of arrests cited in the first sentence under the heading “Epidemiology of Juvenile Arrests” was inadvertently printed incorrectly. It should read: “In 2008, approximately 2.11 million juveniles younger than age 18 were arrested.” We regret the error.

doi:10.1542/peds.2011-3723


An error occurred in this article by Chipps B et al, titled “Longitudinal Validation of the Test for Respiratory and Asthma Control in Kids in Pediatric Practices” published in the March 2011 issue of *Pediatrics* (2011;127[3]: e737–e747; originally published online February 21, 2011; doi: 10.1542/peds.2010-1465) on page e738, Fig 1, Questions 3 and 5. This figure shows the Test for Respiratory and Asthma Control in Kids (TRACK) tool. Question 3 states, “During the past 4 weeks, to what extent did your child’s breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age.” The correct answer choices are “Not at all,” “Slightly,” “Moderately,” “Quite a lot,” and “Extremely.” Question 5 states, “During the past 12 months, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?” The
correct answer choices are “Never,” “Once,” “Twice,” “3 times,” and “4 or more times.” The corrected Fig 1 follows.

In the Acknowledgments, the correct spelling for the writer who provided editorial assistance is Hema Gowda, PharmD.

doi:10.1542/peds.2011-3725

A minor clarification has been made in the American Academy of Pediatrics policy statement “Recommended Childhood and Adolescent Immunization Schedules—United States, 2012” published in the February 2012 issue of Pediatrics (2012;129 [2]:385–386; doi:10.1542/peds.2011-3630). In Fig 3: Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind—United States, 2012, the bullet in footnote 9 that previously read:

Inadvertent doses of DTaP vaccine are counted as part of the Td/Tdap vaccine series.
An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.

and appears as the first bullet rather than the second (ie, the 2 bullets have switched positions).

The corrected schedule is now posted online at http://pediatrics.aappublications.org/ and Red Book Online. Please note that it will differ from the version that appeared in the print journal.

doi:10.1542/peds.2012-0319

An error occurred in the American Academy of Pediatrics policy statement “School-Based Health Centers and Pediatric Practice” published in the February 2012 issue of Pediatrics (2012;129[2]:387–393; originally published online January 30, 2012; doi: 10.1542/peds.2011-3443). On page 390, in Challenge No. 5, the organization listed as National Association for School-Based Health Centers should have been National Assembly on School-Based Health Care. We regret the error.

doi:10.1542/peds.2012-0389


A minor clarification has been made in the American Academy of Pediatrics policy statement “Recommended Childhood and Adolescent Immunization Schedules—United States, 2012” published in the February 2012 issue of Pediatrics (2012;129[2]:385–386; doi:10.1542/peds.2011-3630). In Fig 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012, the second bullet in footnote 1 regarding hepatitis B immunization should read, “For infants born to hepatitis B surface antigen (HBsAg)—positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).”

The corrected schedule is now posted online at http://pediatrics.aappublications.org/ and Red Book Online. Please note that it will differ from the version that appeared in the print journal.

doi:10.1542/peds.2012-0609