Catch-Up Guidance for Children 4 Months through 17 Years of Age

Inactivated Polio Vaccine (IPV)1

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

IF current age is	AND # of previous doses ² is	1A	ND	THEN	Next dose due³
4 through 18 months	Unknown or 0	→		Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4	4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2 and at 6 months of age or older
		It has not been at least 4 weeks since Dose 1		No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Child is 6 months of age or older	Give Dose 3 today	Give Dose 4 (Final Dose) at 4 through 6 years of age ⁴
			Child is younger than 6 months of age	No dose today	Give Dose 3 at 6 months of age
		It has not been at least 4 weeks since Dose 2	→	No dose today	Give Dose 3 at least 4 weeks after Dose 2 and at 6 months of age or older
19 months through 3 years	Unknown or 0	→		Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4	4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
			least 4 weeks since se 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 4	1 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (Final Dose) at least 6 months after Dose 3 and at 4 through 6 years of age ⁴
		It has not been 4 v	weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2

¹IPV products include IPOL, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2024. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

² Series containing oral polio vaccine (OPV) administered before April 1, 2016, either mixed OPV-IPV or OPV only: Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm

³ Next dose due is not the final dose in the series unless explicitly stated.

⁴ Vaxelis is not indicated for Dose 4.

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Inactivated Polio Vaccine (IPV)¹

IF current age is	AND # of previous doses ² is	AND			THEN	Next dose due ³
4 through 17 years	Unknown or 0	→			Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1			Give Dose 2 today	Give Dose 3 (Final Dose) at least 6 months after Dose 2 ⁵
		It has not been 4 weeks since Dose 1			No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 6 months since Dose 2			Give Dose 3 (Final Dose) today ⁵	No additional doses needed
		It has not been 6 months since Dose 2			No dose today	Give Dose 3 (Final Dose) at least 6 months after Dose 2 ⁵
	3	Dose 3 was given before 4 years of age	It has been at least 6 months since Dose 3	→	Give Dose 4 (Final dose) today ⁴	No additional doses needed
			It has not been at least 6 months since Dose 3	→	No dose today	Give Dose 4 (Final Dose) at least 6 months after Dose 3 ⁴
		Dose 3 was given at 4 years of age or older	Dose 3 was given at least 6 months from previous dose	→	No dose today	No additional doses needed
			Dose 3 was not given at least 6 months from previous dose	It has been at least 6 months since Dose 3	Give Dose 4 (Final dose) today ⁴	No additional doses needed
				It has not been at least 6 months since Dose 3	No dose today	Give Dose 4 (Final Dose) at least 6 months after Dose 3 ⁴

¹IPV products include IPOL, Pediarix, Pentacel, Vaxelis, Kinrix, and Quadracel. Use the correct product based on the approved age indications.

 $Reference: Recommended \ Child \ and \ Adolescent \ Immunization \ Schedule \ for \ Ages \ 18 \ Years \ or \ Younger-United \ States, \ 2024. \\ \underline{www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf}$

² Series containing oral polio vaccine (OPV) administered before April 1, 2016, either mixed OPV-IPV or OPV only: Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm

³ Next dose due is not the final dose in the series unless explicitly stated.

⁴ Vaxelis is not indicated for Dose 4.

⁵ Dose 4 is not necessary if the Dose 3 was given at age 4 years or older and at least 6 months after the previous dose.