



BAER PEDIATRICS LLC

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AGE	VACCINES, etc.
Newborn (hospital follow-up)	weight, cord check, Hep. B #1 (if not done in hospital)
*6 weeks-2 months	Pentacel (DTaP/HIB/IPV), Hep B, Prevnar, RotaTeq (oral)
4 months	Pentacel (DTaP/HIB/IPV), Prevnar, RotaTeq (oral)
6 months	Pentacel (DTaP/HIB/IPV), Prevnar, RotaTeq (oral)
9 months	Hep B
*12 months	MMR & Varivax, Hemoglobin check (fingerstick)
15 months	Prevnar & Hepatitis A#1 (optional)
18 months	Pentacel (DTaP/HIB/IPV)
2 years	Hepatitis A#2 (optional)
3 years	Yearly check-up
*4 years	MMR & Varivax
5 years	DTaP & IPV
6-10 years	Yearly check-up
*11 years	Tdap, Menactra #1, Gardasil (optional)
12-15 years	Yearly check-up, Gardasil (boosters if series not complete)
16 years	Menactra #2

***Must be this age or older**

None of these vaccines contain the mercury derived preservative, Thimersol.

Pentacel = combination vaccine includes DTaP, IPV and HIB

DTaP = Diphtheria, tetanus and acellular pertussis

HIB = Haemophilus Influenza type B

IPV = Inactivated polio vaccine

RotaTeq = oral vaccine for Rotavirus

Prevnar = pneumococcal disease

MMR = measles, mumps and rubella

Varivax = chicken pox

Tdap = Tetanus, diphtheria and pertussis

Menactra = Meningococcal conjugate

Gardasil = Human papillomavirus (HPV) is a series of 2-3 vaccines. If initiated prior to age 15; 2 doses 6 months apart. If initiated at age 15 or older; 3 doses are needed with the second dose 2 months after the 1st, third dose 4 months after the 2nd.