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2000 Alaska Immunization Recommendations

Shown below is the *Recommended Childhood Immunization Schedule-Alaska, 2000*. The official schedule for the United States was approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Providers should consult the official publication (*MMWR*, scheduled publication date January 21, 2000) for detailed recommendations. The **footnotes** shown below (circled numbers, e.g., ❶) indicate the Section of Epidemiology's recommendations for Alaska immunization providers.

The following **schedule modifications** have occurred since publication of the 1999 recommendations:

- To eliminate the risk of vaccine-associated paralytic polio (VAPP), **IPV** is recommended for all doses in the polio immunization schedule. OPV is no longer manufactured for use in the U.S. and is unavailable through the Alaska Immunization Program.
- Rotavirus vaccine** has been removed from the recommended schedule.

Recommended Childhood Immunization Schedule -- Alaska, 2000

Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible.

Ovals indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

Vaccine	Age - Months									Age - Years		
	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-16 yrs
Hepatitis B ❶	Hep B - 1											
		Hep B - 2		Hep B - 3							Hep B	
Diphtheria, Tetanus, Pertussis ❷		DTaP	DTaP	DTaP		DTaP				DTaP	Td	
H. influenzae type b ❸		Hib	Hib	Hib	Hib							
Polio ❹		IPV	IPV	IPV						IPV		
Measles, Mumps, Rubella ❺					MMR					MMR	MMR	
Varicella ❻					Var						Var	
Hepatitis A ❼									Hep A			

Alaska Section of Epidemiology Notes:

- ❶ Hepatitis B** – The first three doses of hepatitis B vaccine should be given at birth, 1 month, and 6 months of age. The third dose should be administered at least 2 months after the 2nd dose but NOT before 6 months of age. All children and adolescents through 18 years of age who have not been immunized against hepatitis B may begin the 3-dose series during any visit. The first and second doses should be separated by 1 month, and the second and third doses by a minimum of 2 months (typically 5 months).
- ❷ DTaP** - The fourth dose of DTaP may be administered as early as 12 months of age, provided 6 months have elapsed since the third dose and the child is considered unlikely to return at 15-18 months of age. **Td** (adult) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.
- ❸ Hib** - For the **first dose** of Hib, use *PedVaxHib*[®] if child is <15 months of age; use *HibTITER*[®] if child is ≥15 months of age. For doses 2, 3, and 4, use *HibTITER*[®]. If *PedVaxHib*[®] is not available for the first dose in a child <15 months of age, *HibTITER*[®] should be given.
- ❹ Polio** – An all-IPV schedule is now recommended for routine childhood polio vaccination in the United States.
- ❺ MMR** - The Section of Epidemiology recommends that the second dose of measles/mumps/rubella vaccine routinely be given at 4-6 years of age, though it may be administered during any visit through 18 years of age if at least 4 weeks have elapsed between doses and both doses are administered beginning at or after 12 months of age.
- ❻ Varicella** – Varicella vaccine is recommended at any visit on or after the 1st birthday for susceptible children; i.e., those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons ≥13 years of age should receive 2 doses, given at least 4 weeks apart.
- ❼ Hepatitis A** – All children 2-18 years of age should be vaccinated. The second dose should be given ≥6 months after the first.