



Department of Health and Social Services
Karen Perdue, Commissioner

Division of Public Health
Peter M. Nakamura, MD, MPH, Director

Section of Epidemiology
John Middaugh, MD, Editor

3601 C Street, Suite 540, P.O. Box 240249, Anchorage, Alaska 99524-0249 (907) 269-8000
24-Hour Emergency Number 1-800-478-0084

Bulletin No. 20 December 22, 2000

<http://www.epi.hss.state.ak.us>

2001 Alaska Immunization Recommendations

Shown below is the *Recommended Childhood Immunization Schedule – Alaska, 2001*. The official schedule for the United States will be published in early 2001 in the *Morbidity and Mortality Weekly Report*. The schedule below was developed by the Alaska Department of Health and Social Services in consultation with representatives of the Alaska Native Tribal Health Consortium and the Alaska Chapter of the American Academy of Pediatrics.

The following important **schedule modifications** have occurred since publication of the 2000 recommendations:

- Pneumococcal conjugate vaccine (PCV7 or *Prevnar*[™]) has been added to the recommended immunizations.
- *Comvax*[™] (Hepatitis B/*PedvaxHIB*[®] combination) has been added to the vaccines available from the State.
- The Alaska recommendations for Hib vaccine are for 3 doses of *PedvaxHIB*[®]. **The previous recommendation to use *PedvaxHIB*[®] for dose #1 and *HibTITER*[®] for doses 2-4 has been withdrawn. *HibTITER*[®] will no longer be available from the State.** (This change reduces the number of injections needed and has been utilized successfully in other states with large Native populations.)
- An additional visit has been added in order to reduce the number of injections needed at any one visit.

Specific recommendations related to the use of PCV7 and *Comvax*[™] may be found in the companion *Epidemiology Bulletin* No. 19, December 21, 2000, "*PCV7 and Comvax*[™] Available from Alaska Immunization Program" and on the Epidemiology website, www.epi.hss.state.ak.us.

Recommended Childhood Immunization Schedule -- Alaska, 2001

Vaccine	Age - Months						Age - Years		
	Birth	2 mos	4 mos	6 mos	12-14 mos	15-18 mos	2 yrs	4-6 yrs	11-12 yrs
Hep B	Hep B	Hep B ^① or <i>Comvax</i> [™]	Hep B ^① or <i>Comvax</i> [™]		Hep B ^① or <i>Comvax</i> [™]				
Hib		<i>PedvaxHIB</i> ^{®②}	<i>PedvaxHIB</i> ^{®②}		<i>PedvaxHIB</i> ^{®②}				
DTaP ^③		DTaP	DTaP	DTaP		DTaP		DTaP	Td
IPV ^④		IPV	IPV	IPV				IPV	
MMR ^⑤					MMR			MMR	
PCV7 ^⑥		PCV7	PCV7	PCV7	PCV7				
Varicella ^⑦					Varicella				
Hep A ^⑧							Hep A (2 doses)		

Alaska Section of Epidemiology Notes:

① **Hepatitis B or *Comvax*[™]** – **If single antigen Hep B is used**, 3 doses are needed (at birth, 1-2 months, and ≥6 months of age.) 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). The third dose should NOT be given 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 (schedule = 0, 1, 6 months). *Comvax*[™] may be used for a child ≤71 months of age during any visit in which both hepatitis B and Hib vaccine are recommended. ***Comvax*[™] should not be administered to infants <6 weeks of age.** If a dose of single antigen hepatitis B is used at birth and *Comvax*[™] is used for all 3 Hib doses, a child will receive a total of 4 doses of hepatitis B, which is medically acceptable.

② ***PedvaxHIB*[™] or *Comvax*[™]** - 3 doses of *PedvaxHIB*[™] or *Comvax*[™] constitute a complete series for protection against *Haemophilus influenzae* type b disease. The minimum interval between doses 1 and 2 is 4 weeks, and at least 8 weeks should separate dose 2 and dose 3. **Neither vaccine should be used prior to 6 weeks of age**, as this might induce immunologic tolerance to additional doses of Hib vaccine. The third ("booster") dose should not be given prior to 12 months of age.

③ **DTaP** - If the child is considered unlikely to return at 15-18 months of age, the fourth dose of DTaP may be administered as early as 12 months of age, provided 6 months have elapsed since the third dose. **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.

④ **IPV** – Only IPV should be used for childhood polio vaccination. A total of four doses separated by at least 4 weeks between each dose provides adequate protection. If the third dose is given after 4 years of age, a fourth dose is not needed.

⑤ **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.

⑥ **PCV7** – Four doses of pneumococcal 7-valent conjugate vaccine should be given to all Alaska children 6 weeks-23 months of age. One dose of PCV7 also may be given to any Alaska child 24-59 months of age, with particular emphasis on children of Alaska Native, American Indian, or African American descent, or children who attend group childcare. Children aged 24-59 months who are at "high risk" for pneumococcal infection due to sickle cell disease, asplenia, HIV infection, chronic illness, or other immunocompromising conditions should receive two doses of PCV7 followed by one dose of pneumococcal polysaccharide vaccine (PPV23) given at least 2 months after the last PCV7. (See *Epidemiology Bulletin* No. 19 for complete details.)

⑦ **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 and who have not been immunized. Susceptible persons ≥13 years of age should receive 2 doses, given at least 4 weeks apart.

⑧ **Hepatitis A** – All children 2-18 years of age should be vaccinated. The second dose should be given ≥6 months after the first.