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Bulletin No. 3

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1999 Alaska Immunization Recommendations

Shown below is the *Recommended Childhood Immunization Schedule—Alaska, 1999*. 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*, Vol. 48, No. 1, January 15, 1999) for detailed recommendations. The footnotes shown below (circled numbers, e.g., ①) indicate the Section of Epidemiology's recommendations for Alaska immunization providers.

The following **schedule modifications/clarifications** have occurred since publication of the 1998 recommendations:

- OPV is no longer routinely recommended for the first two doses of the polio schedule and is acceptable only for special circumstances. (See footnote ⑤ for details.)
- Rotavirus vaccine has been added to the recommended schedule, although use of this vaccine is based on individual consultation between the parent and the provider. Currently, this vaccine is NOT available from the Section of Epidemiology.

Recommended Childhood Immunization Schedule -- Alaska, 1999

Vaccine	Age										
	Birth	1 mo	2 mo	4 mo	6 mo	12 mos	15 mos	18 mos	4-6 yrs	11-12 yrs	14-18 yrs
Hepatitis B	Hep B-1 ①		Hep B-2 ①			Hep B-3 ①				Hep B ②	
Diphtheria, Tetanus, and acell. Pertussis		DTaP	DTaP	DTaP	DTaP	DTaP ③		DTaP		Td ④	
<i>Haemophilus influenzae</i> type b		Hib ⑤	Hib	Hib	Hib						
Poliovirus		IPV ⑥	IPV	Polio				Polio			
Rotavirus		Rv ⑦	Rv	Rv							
Measles/Mumps/Rubella					MMR			MMR ⑧		MMR	
Varicella					Var ⑨					Var ⑨	
Hepatitis A										Hep A (≥18 yrs of age) ⑩	

□ Range for recommended ages for vaccination. Although the optimal ages for receipt of vaccines are shown above, all vaccines may be given in broader age ranges. For example, as shown in *Epidemiology Bulletin* No. 40, December 4, 1997, hepatitis A, hepatitis B, and the 2nd dose of MMR may be given to any child through 18 years of age who has not completed each vaccine series.

○ Vaccines to be assessed and administered if not given previously

Alaska Section of Epidemiology Notes:

- ① **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.
- ② **Hepatitis B** - For children through 18 years of age who have not received hepatitis B vaccine, three doses should be given. 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).
- ③ **DTaP** - The fourth dose of DTaP may be administered as early as 12 months of age provided at least 6 months have elapsed since the third dose and if the child is considered unlikely to return at 15-18 months of age.
- ④ **Td** - 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 diphtheria and tetanus toxoids. Subsequent routine Td boosters are recommended every 10 years.
- ⑤ **Hib** - For the **first dose** of Hib, use *PedVaxHib*[®] if child is <15 months of age or *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, *HibTITER*[®] should be given.
- ⑥ **Polio** - Two poliovirus vaccines currently are licensed in the United States: IPV and OPV. The ACIP and the Alaska Section of Epidemiology recommend a sequential schedule of two doses of IPV administered at ages 2 and 4 months, followed by two doses of OPV at 12-18 months and 4-6 years. Although the third dose is *recommended* at 12-18 months, it may be given as young as 6 months of age. Only IPV is recommended for use with immunocompromised persons and their household contacts. OPV is no longer recommended for the first two doses of the schedule and is acceptable only for special circumstances such as: children of parents who do not accept the recommended number of injections, late initiation of immunization which would require an unacceptable number of injections, and imminent travel to polio-endemic areas. OPV remains the vaccine of choice for mass immunization campaigns to control outbreaks of wild poliovirus.
- ⑦ **Rotavirus** - The first dose of Rv vaccine should not be administered before 6 weeks of age, and the minimum interval between doses is 3 weeks. The Rv vaccine series should not be initiated at 7 months of age or older, and all doses should be completed by the first birthday. Also: 1) Health-care providers may require time and resources to incorporate this new vaccine into practice. 2) The AAFP opinion is that the decision to use rotavirus vaccine should be made by the parent or guardian in consultation with their physician or other health care provider.
- ⑧ **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 1 month has elapsed between doses.
- ⑨ **Varicella** - Susceptible children may receive varicella vaccine during any visit on or after the 1st birthday. Additionally, children who are *unvaccinated* and who lack a reliable history of chickenpox should be assessed and vaccinated (if needed) at age 11-12 years. One dose of vaccine

is sufficient for any child <13 years of age. Susceptible persons aged ≥ 13 years should receive *two* doses at least 1 month apart.

10 Hepatitis A - All children 2-18 years of age should be vaccinated. The second dose should be given at least 6 months after the first dose.