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## Recommended Immunization Schedule for Children Aged 7–18 Years — Alaska, 2010

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis (Tdap)		(See Tdap footnote)	Tdap	Tdap
Human Papillomavirus (HPV)		(See HPV footnote)	HPV (3 doses)	HPV Series
Meningococcal		MCV	MCV	MCV
Influenza		Influenza (yearly)		
Pneumococcal		PPSV		
Hepatitis A		Hep A Series		
Hepatitis B		Hep B Series		
Inactivated Poliovirus		IPV Series		
Measles, Mumps, Rubella		MMR Series		
Varicella		Varicella Series		

 Catch-up immunization

 Certain high-risk groups

### Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) (Minimum age: 10 yrs for Boostrix<sup>®</sup>, 11 yrs for Adacel<sup>®</sup>)

- Administer at age 11–12 yrs for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose.
- Adolescents aged 13–18 yrs who have not received Tdap should receive a dose.
- A 5-yr interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

### Human papillomavirus vaccine (HPV) (Minimum age: 9 yrs)

(Note: Both HPV4 [quadrivalent, for females and males] and HPV2 [bivalent, for females only] vaccines are licensed. The Alaska Immunization Program supplies only HPV4. State-supplied HPV vaccine is available only for children who meet Vaccines for Children [VFC] eligibility requirements.\*)

- HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
- For females, HPV4 is recommended for prevention of cervical, vaginal and vulvar precancers and cancers and genital warts.
- Administer dose 1 to females at age 11–12 yrs.
- Administer second dose 1–2 mos after first dose and third dose 6 mos after first dose (at least 24 weeks after first dose).
- Administer HPV vaccine series to females at age 13–18 yrs if not previously vaccinated.
- HPV4 may be administered in 3-dose series to males aged 9–18 years to reduce their likelihood of acquiring genital warts.

### Meningococcal conjugate vaccine (MCV)

- Administer 1 dose of MCV at age 11–12 yrs, or at age 13–18 yrs if not previously vaccinated. (Note: State-supplied MCV is available only for children who meet VFC eligibility requirements.\*)
- Administer to previously unvaccinated college freshmen living in a dormitory.
- Administer to children aged 2–10 yrs with persistent complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk  
(<http://www.cdc.gov/mmwr/PDF/rr/r5407.pdf> [Table 6]).
- Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 yrs (if first dose administered at age 2–6 yrs) or after 5 yrs (if first dose administered at age ≥7 yrs.) Additional dose not recommended if only risk is living in on-campus housing.  
(<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5837a4.htm>)

### Influenza vaccine

- Administer annually to children aged 6 mos–18 yrs.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2–49 yrs, either LAIV or TIV may be used; except LAIV should not be given to children aged 2–4 yrs who have had wheezing in the past 12 mos.
- Administer 2 doses (separated by ≥4 wks) to children aged <9 yrs who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but received only 1 dose.

### Pneumococcal polysaccharide vaccine (PPSV)

- Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 yrs to children with functional or anatomic asplenia or other immunocompromising condition.  
(<http://www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-mar-2010-508.pdf>)

### Hepatitis A vaccine (Hep A)

- Administer to all children aged ≥12 mos.
- Administer the 2 doses in the series at least 6 months apart.

### Hepatitis B vaccine (Hep B)

- Administer the 3-dose series (at “0”, 2 and 6 months apart) to persons who were not previously vaccinated.

### Inactivated poliovirus vaccine (IPV) (Minimum age: 6 wks)

- Administer final dose in series age ≥4 yrs and ≥6 mos from prior dose.
- If both OPV and IPV were administered as part of series, total of 4 doses should be given, regardless of child’s current age.

### Measles, mumps and rubella vaccine (MMR)

- If not previously vaccinated, administer 2 doses of MMR, or the second dose for those who received only 1 dose, with ≥28 days between doses.

### Varicella vaccine

- For persons aged 7–18 yrs without evidence of immunity, administer 2 doses of varicella vaccine if not previously vaccinated or the second dose if history of only 1 dose.  
(<http://www.cdc.gov/mmwr/pdf/rr/r5604.pdf>)
- For children aged 12 mos–12 yrs, the minimum interval between doses is 3 mos. If immunization history indicates dose 1 and dose 2 were separated by ≥28 days but less than currently recommended interval of 3 mos, dose 2 can be accepted as valid.
- For persons aged ≥13 yrs, minimum interval between doses is 28 days.

See Catch-Up Schedule (Epidemiology Bulletin No. 12, [http://www.epi.alaska.gov/bulletins/docs/b2010\\_12.pdf](http://www.epi.alaska.gov/bulletins/docs/b2010_12.pdf)) for those patients who fall behind or start late.

\* VFC eligibility requirements available in Epidemiology Bulletin No. 21, November 3, 2008 [http://www.epi.hss.state.ak.us/bulletins/docs/b2008\\_21.pdf](http://www.epi.hss.state.ak.us/bulletins/docs/b2008_21.pdf)