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Catch-up Schedule for Routinely Recommended Vaccines for Persons Aged 4 Months–18 Years Who Start Late or Who are >1 Month Behind — Alaska, 2009

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 wks	8 wks (and at least 16 wks after 1 st dose)		
Rotavirus	6 wks	4 wks	4 wks		
Diphtheria, Tetanus, Pertussis	6 wks	4 wks	4 wks	6 mos	6 mos
<i>Haemophilus influenzae</i> type b (PedvaxHIB®)	6 wks	4 wks if 1 st dose administered at age <12 mos 8 wks (as final dose) if 1 st dose administered at age 12–14 mos No further doses needed if 1 st dose administered at age ≥15 mos	8 wks (as final dose) if 1 st dose administered at age >12 mos and 2 nd dose given at age <15 mos No further doses needed if previous dose administered at age ≥15 mos		
Pneumococcal	6 wks	4 wks if 1 st dose administered at age <12 mos 8 wks (as final dose for healthy children) if 1 st dose administered at age ≥12 mos or current age 24–59 mos No further doses needed for healthy children if 1 st dose administered at age ≥24 mos	4 wks if current age <12 mos 8 wks (as final dose for healthy children) if current age ≥12 mos No further doses needed for healthy children if previous dose administered at age ≥24 mos	8 wks (as final dose) This dose only necessary for children aged 12 mos–5 yrs who received 3 doses before age 12 mos or for high risk children who received 3 doses at any age	
Inactivated Poliovirus	6 wks	4 wks	4 wks	4 wks	
Measles, Mumps, Rubella	12 mos	4 wks			
Varicella	12 mos	3 mos			
Hepatitis A	12 mos	6 mos			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis	Td, 7 yrs Tdap, 11 yrs	4 wks	4 wks if 1 st dose administered at age <12 mos 6 mos if 1 st dose administered at age ≥12 mos	6 mos if 1 st dose administered at age <12 mos	
Human Papillomavirus	9 yrs (girls only)	Routine dosing intervals are recommended. (See footnote below.)			
Hepatitis A	12 mos	6 mos			
Hepatitis B	birth	4 wks	8 wks (and at least 16 wks after 1 st dose)		
Inactivated Poliovirus	6 wks	4 wks	4 wks	4 wks	
Measles, Mumps, Rubella	12 mos	4 wks			
Varicella	12 mos	3 mos (if person is aged <13 yrs) 4 wks (if person aged ≥13 yrs)			

Hepatitis B vaccine (Hep B)

- Administer the 3-dose series to those not previously vaccinated.

Rotavirus vaccine (RV)

- Do not start series if child aged ≥15 wks, 0 days.
- Administer the final dose in series by age 8 mos, 0 days.

Diphtheria/ tetanus toxoids & acellular pertussis vaccine (DTaP)

- 5th dose not necessary if 4th dose administered at age ≥4 yrs.
- DTaP not indicated for persons aged ≥7 yrs.

Haemophilus influenzae type b conjugate vaccine (Hib)

- Hib vaccine is not routinely recommended for children aged ≥5 yrs. No efficacy data are available on which to base a recommendation for use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
- The 3rd dose of PedvaxHIB® (the Hib vaccine brand used in Alaska) should be administered at age 12–15 mos and at least 8 wks after the 2nd dose.
- If 1st dose of PedvaxHIB® was administered at age 7–11 mos, administer 2 doses separated by 4 wks plus a booster at age 12–15 mos.

Pneumococcal conjugate vaccine (PCV)

- Administer 1 dose to all healthy children aged 24–59 mos having any incomplete schedule.
- For children 24–59 mos with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously, or administer 2 doses of PCV at least 8 wks apart if <3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged ≥2 yrs with certain underlying medical conditions, including a cochlear implant. (<http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf> [Table 12]).

Inactivated poliovirus vaccine (IPV)

- For children who received an all-IPV or all-OPV series, a 4th dose is not necessary if the 3rd dose is administered at age ≥4 yrs.

- If both IPV and OPV were administered as part of a series, a total of 4 doses should be administered, regardless of child's current age.
- IPV is not routinely recommended for persons aged ≥18 yrs.

Measles, mumps, and rubella vaccine (MMR)

- The 2nd dose of MMR is recommended routinely at age 4–6 yrs but may be administered earlier if at least 28 days have elapsed since dose 1.
- If not previously vaccinated, administer 2 doses with ≥28 days between doses.

Varicella vaccine

- The 2nd dose of varicella vaccine is recommended routinely at age 4–6 yrs but may be administered earlier if at least 3 mos have elapsed since dose 1.
- For persons aged 12 mos–12 yrs, the minimum interval between doses is 3 mos. If the immunization history indicates dose 1 and dose 2 were separated by ≥28 days, but less than the currently recommended interval of 3 mos, dose 2 can be accepted as valid.
- For persons aged ≥13 yrs, the minimum interval between doses is 28 days.

Hepatitis A vaccine (Hep A)

- Two doses recommended for all Alaskans aged ≥12 mos.

Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)

- Doses of DTaP are counted as part of Td/Tdap series.
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 11–18 yrs (for Adacel®); use Td for other doses.

Human Papillomavirus Vaccine (HPV)

- Administer to females at age 13–18 yrs if not previously vaccinated. (Note: State-supplied HPV vaccine available only for VFC-eligible adolescents.)
- Use recommended routine dosing intervals for series catch-up (i.e., 2nd and 3rd doses should be administered at 2 and 6 mos after the 1st dose). However, the minimum interval from 1st dose to 2nd dose is 4 wks, and from 2nd dose to 3rd dose is 12 wks. The 3rd dose should be given at least 24 wks after the 1st dose.