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Recommended Immunization Schedule for Children Aged 0–6 Years — Alaska, 2009

Vaccine ▼	Age ►	Birth	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs
Hepatitis B		Hep B	<i>Pediarix</i> [®]	<i>Pediarix</i> [®]	<i>Pediarix</i> [®]						
Diphtheria, Tetanus, Pertussis (DTaP)			or Hep B DTaP IPV	or DTaP IPV	or Hep B DTaP IPV	DTaP (<i>See DTaP footnote</i>)					DTaP
Polio (IPV)											IPV
Rotavirus			RV	RV	RV						
Hib (PedvaxHIB [®])			Hib	Hib		Hib					
Pneumococcal			PCV	PCV	PCV	PCV				PPSV	
Influenza						Influenza (yearly)					
Measles, Mumps, Rubella (MMR)						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						Hep A (2 doses)				Hep A Series	
Meningococcal										MCV	

 Vaccine recommended for certain high-risk groups

Hepatitis B vaccine (Hep B) (Minimum age: birth)

At birth:

- Administer monovalent Hep B to all newborns before hospital discharge.
- If mother is HBsAg+, administer Hep B and 0.5 mL of Hep B immune globulin (HBIG) within 12 hrs of birth.
- If mother's HBsAg status is unknown, administer Hep B within 12 hrs of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg+, administer HBIG (no later than age 1 wk).
- If mother is HBsAg-, the birth dose can be delayed only with a physician's order and mother's negative HBsAg laboratory report documented in the infant's medical record.

After the birth dose:

- Complete series with either monovalent Hep B or *Pediarix*[®]. Dose 2 should be administered at age 1–2 mos, at least 4 wks after dose 1. The final dose should be administered at age \geq 24 wks.
- Infants born to HBsAg+ mothers should be tested for HBsAg and antibody to HBsAg after completion of \geq 3 doses of a licensed Hep B series, at age 9–18 mos (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of Hep B is permissible when *Pediarix*[®] is used after the birth dose. If monovalent Hep B is used for doses after the birth dose, a dose at age 4 mos is not needed.

Diphtheria & tetanus toxoids & acellular pertussis vaccine (DTaP)

(Minimum age: 6 wks)

- Dose 4 may be administered as early as age 12 mos, provided at least 6 mos have elapsed since dose 3.
- Administer final dose in series at age 4–6 yrs.

Rotavirus vaccine (RV) (Minimum age: 6 wks)

- Administer dose 1 at age 6–12 wks. Do not begin series if child is aged \geq 15 wks (15 wks 0 days.)
- Administer final dose in series by age <8 mos. Do not administer a dose if child is aged \geq 8 mos (8 mos 0 days.)

Haemophilus influenzae type b conjugate vaccine (Hib)

(Minimum age: 6 wks)

- Three doses of PedvaxHIB[®] at ages 2, 4 and 12–15 mos constitute a complete series. Dose 3 should not be given prior to age 12 mos.
- Children receiving dose 1 at age \geq 7 mos require fewer doses to complete series (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00041736.htm> [Table 4]) (Note: PedvaxHIB[®] is "PRP-OMP".)
- Hib vaccine not routinely recommended for children aged \geq 5 yrs.

Pneumococcal vaccine (Minimum age: 6 wks for pneumococcal conjugate vaccine [PCV]; 2 yrs for pneumococcal polysaccharide vaccine [PPSV])

- Four doses of PCV at ages 2, 4, 6 and 12–15 mos constitute a complete series.

See *Catch-Up Schedule* (Epidemiology Bulletin No. 6, http://www.epi.alaska.gov/bulletins/docs/b2009_06.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

- Children receiving dose 1 or 2 at age \geq 7 mos require fewer doses to complete series (<http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf> [Tables 10 and 11]).
- Administer 1 dose of PCV to all healthy children aged 24–59 mos having any incomplete schedule.
- Administer PPSV to children aged \geq 2 yrs with underlying medical conditions (<http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf> [Tables 10 and 12]).

Influenza vaccine (Minimum age: 6 mos for trivalent inactivated influenza vaccine [TIV]; 2 yrs for live, attenuated influenza vaccine [LAIV])

- 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.
- Children receiving TIV should receive 0.25 mL if aged 6–35 mos or 0.5 mL if aged \geq 3 yrs.
- Administer 2 doses (separated by \geq 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.

Measles, mumps, and rubella vaccine (MMR)

(Minimum age: 12 mos)

- Administer dose 2 of MMR at age 4–6 yrs. May be administered before age 4 yrs, provided at least 28 days have elapsed since dose 1 and both doses are administered at age \geq 12 mos.

Varicella vaccine (Minimum age: 12 mos)

- Administer dose 2 of varicella vaccine at age 4–6 yrs. May be administered before age 4–6 yrs, provided that \geq 3 mos have elapsed since dose 1 and both doses are administered at age \geq 12 mos.
- For children 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 \geq 28 days but less than the currently recommended interval of 3 mos, dose 2 can be accepted as valid.

Hepatitis A vaccine (Hep A) (Minimum age: 12 mos)

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

Meningococcal vaccine (MCV) (Minimum age: 2 yrs for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

- Administer MCV to children aged 2–10 yrs with terminal complement component deficiency, anatomic or functional asplenia and certain other high risk groups (<http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf> [Table 6]) (Note: State-supplied MCV is available only for children who meet Vaccines for Children [VFC] eligibility requirements.*)
- Administer MCV to persons who received MPSV \geq 3 yrs previously and who remain at increased risk for meningococcal disease.