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## Recommended Immunization Schedule for Children Aged 0–6 Years — Alaska, 2007

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> ®				Hep B series		
Diphtheria, Tetanus, Pertussis (DTaP)		or Hep B DTaP IPV	or DTaP IPV	or Hep B DTaP IPV		DTaP				DTaP
Polio (IPV)										IPV
Rotavirus		Rota	Rota	Rota						
Hib		Hib	Hib		Hib		Hib			
Pneumococcal		PCV	PCV	PCV	PCV				PCV	
									PPV	
Influenza					Influenza (yearly)					
Measles, Mumps, Rubella (MMR)					MMR					MMR
Varicella					Varicella					Varicella
Hepatitis A					Hep A (2 doses)				Hep A series	
Meningococcal									MPSV4	

■ Catch-up immunization

■ Certain high-risk groups

### Hepatitis B (Hep B) (minimum age: birth)

#### At birth:

- Administer monovalent Hep B to all newborns prior to 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 HBsAg status as soon as possible and, if HBsAg+, administer HBIG (no later than age 1 wk).
- If mother is HBsAg-, birth dose can only be delayed with a physician's order and mother's negative HBsAg laboratory report documented in the infant's medical record.

#### Following 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 ≥24 wks. Infants born to HBsAg+ mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥3 doses of a licensed Hep B series, at age 9–18 mos (generally at the next well-child visit).

#### 4-month dose of Hep B:

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

### Rotavirus vaccine (Rota) (minimum age: 6 wks)

- Administer dose 1 at age 6–12 wks. Do not begin series if child is aged ≥13 wks.
- Administer final dose in series by age 32 wks. Do not continue series if child is aged ≥33 wks.

### Diphtheria & tetanus toxoids & acellular pertussis vaccine (DTaP) (minimum age: 6 wks)

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

### *Haemophilus influenzae* type b conjugate vaccine (Hib) (minimum age: 6 wks)

- Three doses of *PedvaxHIB*® constitute a complete series.
- Dose 3 should not be given prior to age 12 mos.
- Children receiving dose 1 at age ≥7 mos require fewer doses to complete series.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00041736.htm> (Table 4)
- Hib vaccine generally not recommended for children aged ≥5 yrs.

### Pneumococcal vaccine (minimum age: 6 wks for pneumococcal conjugate vaccine [PCV]; 2 yrs for pneumococcal polysaccharide vaccine [PPV])

- Four doses of PCV for all Alaska children aged 6 wks to 23 mos.

- Children receiving dose 2 at age ≥7 mos require fewer doses to complete series. <http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf> (Table 11)
- One dose of PCV may be given to any incompletely immunized child aged 24–59 mos. PPV is approved for persons aged ≥2 yrs with certain underlying medical conditions (e.g., sickle cell disease or HIV). <http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf> (Table 12)

### Influenza vaccine (minimum age: 6 mos for trivalent inactivated influenza vaccine [TIV]; 5 yrs for live, attenuated influenza vaccine [LAIV])

- All children aged 6–59 mos and close contacts of all children aged 0–59 mos are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥60 mos with certain risk factors, health care workers, and other persons (including household contacts) in close contact with groups at high risk.
- For healthy persons aged 5–49 yrs, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 mos or 0.5 mL if aged ≥3 yrs.
- Children aged <9 yrs who are receiving influenza vaccine for the 1<sup>st</sup> time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 wks for LAIV). (New recommendation to be issued for 07/08 season.)

### 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 4–6 yrs, provided ≥4 weeks have elapsed since dose 1 and both doses are administered at age ≥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 ≥3 mos have elapsed since dose 1 and both doses are administered at age ≥12 mos. If dose 2 was administered ≥28 days following dose 1, the 2<sup>nd</sup> dose does not need to be repeated.

### Hepatitis A vaccine (Hep A) (minimum age: 12 mos)

- Recommended for all children aged 1 year (i.e., aged 12–23 mos).
- The two doses in series should be administered at least 6 mos apart.
- Children not fully vaccinated by age 2 yrs may be vaccinated at subsequent visits.

### Meningococcal polysaccharide vaccine (MPSV4) (minimum age: 2 yrs)

- Administer MPSV4 to children aged 2–10 yrs with terminal complement deficiencies or functional asplenia and certain other high risk groups. <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf> (Table 6)