State of Alaska Epidemiology **Bulletin**

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Bulletin No. 2 January 10, 2006

2006 Alaska Immunization Recommendations

Compared with the 2005 recommendations for Alaska (2005 Alaska Immunization Recommendations, Epidemiology *Bulletin* No. 4, February 23, 2005), the changes for 2006 involve: 1) implementation of tetanus/diphtheria/acellular pertussis (Tdap) for adolescents/adults, 2) implementation of meningococcal conjugate vaccine for selected adolescents, and 3) expansion of the hepatitis A age recommendation to 1 year of age. All of these changes are discussed in detail in companion Epidemiology *Bulletins* Nos. 3 and 4. The official immunization schedule for the United States was published recently in the *Morbidity and Mortality Weekly Report.* (Recommended Childhood and Adolescent Immunization Schedule, United States, 2006, *MMWR*, January 6, 2006, Vol. 54, Nos. 51 & 52. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451-Immunizationa1.htm) Catch-up schedules for children who are late or behind on their immunizations also are included in the *MMWR* article.

Recommended Childhood and Adolescent Immunization Schedule – Alaska, 2006

Vaccine	Age - MONTHS								Age - YEARS				
	Birth	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4–6 yrs	11–12 yrs	13–14 yrs	15 yrs	16–18 yrs
Hepatitis B	Hep B	*Pediarix*™ or HepB DTaP IPV	*Pediarix*™ or DTaP IPV	*Pediarix*™ or HepB DTaP IPV				**HepB*					
DTaP						DTaP			DTaP	Tdap	**Tdap*		
IPV									IPV				
Hib		*PedvaxHIB*®	*PedvaxHIB*®		*PedvaxHIB*®								
MMR					MMR				MMR	**MMR*			
Pneumococcal		PCV7	PCV7	PCV7	PCV7			**PCV7*					
Varicella					Varicella			**Varicella*					
Influenza				Influenza *(yearly)*				Influenza *(yearly, for selected populations)*					
Hepatitis A					HepA *(2 dose series)*				**HepA (2 dose series)*				
Meningococcal												MCV4	**MCV4*

***** *Catch-up immunization* – age group warrants special effort to catch up with vaccines not previously administered

Hepatitis B *or Pediarix*™

At Birth: All newborns should receive *monovalent* HepB soon after birth and before hospital discharge. Complete the series with HepB or *Pediarix*™.

If single antigen HepB is used: Only three doses are needed (0, 1, 6 months) for any child ≤18 years of age who has not been immunized against hepatitis B. The 2nd dose must be given at least 4 weeks after the 1st dose. The 3rd dose must be given at ≥24 weeks of age and must be at least 8 weeks after the 2nd dose and at least 16 weeks after the 1st dose.

If *Pediarix*™ is used: *Pediarix*™ may be used for a child <7 years of age during any visit at which the basic series of DTaP, HepB, and polio is recommended. ***Pediarix*™ should not be given to infants <6 weeks of age**. If a dose of single antigen hepatitis B is given at birth and *Pediarix*™ is used for the basic DTaP series, a child will receive four doses of HepB, which is medically acceptable. In this instance, the minimum interval between the 2nd and 4th (final) doses of hepatitis B should be at least 8 weeks.

DTaP *or Pediarix*™ , Tdap

If DTaP is used: Five doses are recommended. If the child is considered unlikely to return at 15–18 months of age, the 4th dose of DTaP may be administered as early as 12 months of age. The minimum recommended interval between the 3rd and 4th doses is 6 months. However, the 4th dose does not have to be repeated if administered at least 4 months after the 3rd dose. If the 4th dose is given at ≥4 years of age, a 5th DTaP is not needed.

If *Pediarix*™ is used: The first three doses of DTaP in the series may be provided with *Pediarix*™.

Tdap (adolescent/adult) – Tdap is recommended in place of the Td booster for persons 11–64 years of age. Currently, Tdap is not recommended for more than one dose or for persons ≥65 years of age. At least 5 years should have elapsed since the last dose of DTP, DTaP, DT or Td (see Epidemiology *Bulletin* No. 3, January 11, 2006).

IPV *or Pediarix*™

If IPV is used: Four doses separated by at least 4 weeks between each dose are recommended. If the 3rd dose is given ≥4 years of age, a 4th dose of IPV is not needed.

If *Pediarix*™ is used: The first three doses of the polio series may be provided with *Pediarix*™. If the 3rd dose is given ≥4 years of age, a 4th dose of polio is not needed.

***PedvaxHIB*® –** Three doses of *PedvaxHIB*® constitute a complete series for protection against *Haemophilus influenzae* type b disease. The minimum interval between the 1st and 2nd dose is 4 weeks, and at least 8 weeks should separate the 2nd and 3rd doses. The 3rd ("booster") dose should not be given prior to 12 months of age. In Alaska, administration of dose #3 at the 12-month visit is encouraged.

MMR – The 2nd dose of measles/mumps/rubella vaccine is given routinely at 4–6 years of age, though it may be administered during any visit through 18 years of age if at least 4 weeks have elapsed between doses and both doses are administered at ≥12 months of age.

PCV7 (*Prevnar*®) – PCV7 is recommended for Alaska children between 6 weeks and 23 months of age. One dose of PCV7 also may be given to any incompletely immunized child 24–59 months of age, with particular emphasis on children of Alaska Native, American Indian, or African American descent, and children who attend group childcare. Children aged 24–59 months who are at "high risk" for pneumococcal infection due to sickle cell disease, asplenia, HIV infection, cochlear implants, chronic illness, or other immunocompromising conditions should be immunized per ACIP recommendations. (See http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf and http://www.cdc.gov/mmwr/PDF/wk/mm5231.pdf.)

Varicella – Varicella vaccine is recommended at any visit on or after the 1st birthday for susceptible children (i.e., those who lack a reliable history of chickenpox and who have not been immunized). Susceptible persons ≥13 years of age should receive two doses, given at least 4 weeks apart.

Influenza – Annual vaccination is recommended for children ≥6 months of age with certain risk factors (e.g., asthma, cardiac disease, sickle cell disease, HIV, and diabetes) and those in contact with persons at high risk. In addition, vaccine is recommended for healthy children 6–23 months of age and close contacts of children 0–5 months of age, because children in this age group are at substantially increased risk for being hospitalized. For healthy, non-pregnant persons aged 5–49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). Children receiving TIV should be administered a dosage appropriate for their age (i.e., 0.25 mL if age 6–35 months or 0.5 mL for ≥3 years). Children ≤8 years of age who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

Hepatitis A – Two doses separated by at least 6 months are recommended. If the child is considered unlikely to return at 15–18 months of age, HepA may be administered as early as 12 months of age.

Meningococcal – One dose of vaccine is recommended for persons 15 years of age or for college freshman (≤18 years of age) living in dorms. (See Epidemiology *Bulletin* No. 4, January 12, 2006.)