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2005 Alaska Immunization Recommendations

Shown below is the *Recommended Childhood and Adolescent Immunization Schedule – Alaska, 2005*. The official immunization schedule for the United States was published in the *Morbidity and Mortality Weekly Report*. (*Harmonized Childhood and Adolescent Immunization Schedule, MMWR*, January 7, 2005, Vol. 53, Nos. 51 & 52. <http://www.cdc.gov/mmwr/PDF/wk/mm5351.pdf>) Catch-up schedules for children who are late or behind on their immunizations also may be found in the *MMWR*.

When compared to the 2004 recommendations for Alaska (“Correction – 2004 Alaska Immunization Recommendations”, *Epidemiology Bulletin* No. 39, December 30, 2003), **the only changes are (1) an increased emphasis on adolescent immunization and (2) the addition of influenza vaccine for all children 6-23 months of age and for certain other high risk children.**

Recommended Childhood and Adolescent Immunization Schedule -- Alaska, 2005

Vaccine	Age - Months						Age - Years			
	Birth	2 mos	4 mos	6 mos	12-14 mos	15-18 mos	2 yrs	4-6 yrs	11-12 yrs	13-18 yrs
Hep B	Hep B	<i>Pediarix</i> TM	<i>Pediarix</i> TM	<i>Pediarix</i> TM						
DTaP →		or Hep B	or DTaP	or Hep B		DTaP		DTaP	Td	Td*
IPV ↓		DTaP IPV	DTaP IPV	DTaP IPV				IPV		
Hib		<i>PedvaxHIB</i> [®]	<i>PedvaxHIB</i> [®]		<i>PedvaxHIB</i> [®]					
MMR °					MMR			MMR	MMR*	
PCV7 <i>Prevnar</i> [®]		PCV7	PCV7	PCV7	PCV7		PCV7*			
Varicella					Varicella		Varicella*			
Influenza					Influenza (yearly)		Influenza (yearly – for selected populations)			
Hep A ≥							Hep A (2 doses)	Hep A * (2 doses)		

* Catch-up immunization

Hepatitis B or *Pediarix*TM

If single antigen Hep B is used: only three doses are needed (0, 1, 6 months) for any child through 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 no earlier than 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*TM is used: *Pediarix*TM may be used for a child less than 7 years of age during any visit at which the basic series of DTaP, hepatitis B, and polio is recommended. *Pediarix*TM should not be given to infants <6 weeks of age. If a dose of single antigen hepatitis B is given at birth and *Pediarix*TM is used for the basic DTaP series, a child will receive four doses of hepatitis B, 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*TM, Td

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

Td (adult) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.

IPV or *Pediarix*TM

If single antigen polio vaccine is used: Four doses separated by at least 4 weeks between each dose provide adequate protection. If the 3rd dose is given after 4 years of age, a 4th dose of polio is not needed.

If *Pediarix*TM is used: The first three doses of the polio series may be provided with *Pediarix*TM. If the 3rd dose is given after 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.

MMR – The 2nd dose of measles/mumps/rubella vaccine routinely is given 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*[®]) – Four doses of pneumococcal 7-valent conjugate vaccine should be given to all Alaska children 6 weeks-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, or 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/tr/tr4909.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 high risk factors (including, but not limited to, 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 healthy children 0-23 months of age, because children in this age group are at substantially increased risk for hospitalizations. For healthy 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 (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 – All children 2-18 years of age should be vaccinated. The 2nd dose should be given ≥6 months after the 1st.