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Correction - 2004 Alaska Immunization Recommendations

Shown below is the *Recommended Childhood Immunization Schedule – Alaska, 2004*. The official schedule for the United States will be published within the next month in the *Morbidity and Mortality Weekly Report*. The schedule below was developed by the Alaska Department of Health and Social Services in consultation with representatives of the Alaska Native Tribal Health Consortium and the Alaska Chapter of the American Academy of Pediatrics.

To implement these recommendations, **the following changes in vaccine availability will occur beginning January 1, 2004:**

- **Pediarix™**, a combination vaccine that provides protection against **diphtheria, tetanus, pertussis, polio, and hepatitis B**, will be added to vaccines available from the Section of Epidemiology. (Additional information about *Pediarix™* may be found in the companion *Epidemiology Bulletin* No. 34, Dec. 5, 2003, *Pediarix™ Vaccine Reduces Number of Required Injections*.)
- **Comvax®** [combination hepatitis B/*Haemophilus influenzae* type b (Hib) vaccine] **will no longer be provided**. Providers should deplete any remaining supplies of Comvax® prior to implementing Pediarix™. As an option, remaining supplies of *Comvax®* may be used for children in the midst of their vaccine series, while *Pediarix™* is used for children beginning their immunizations. The appropriate regimen should be chosen based upon the ability to assure all *Comvax®* supplies are used prior to expiration.

Recommended Childhood Immunization Schedule -- Alaska, 2004

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
Hep B	Hep B	<i>Pediarix™</i>	<i>Pediarix™</i>	<i>Pediarix™</i>					
DTaP →		or Hep B	or DTaP	or Hep B DTaP		DTaP		DTaP	Td
IPV ↓		DTaP IPV	DTaP IPV	DTaP IPV				IPV	
Hib		<i>PedvaxHIB®</i>	<i>PedvaxHIB®</i>		<i>PedvaxHIB®</i>				
MMR °					MMR			MMR	
PCV7 <i>Pprevnar®</i>		PCV7	PCV7	PCV7	PCV7				
Varicella					Varicella				
Hep A ≥							Hep A (2 doses)		

Hepatitis B or Pediarix™ – **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™ is used: *Pediarix™* 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™* 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 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™ – **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, provided at least 4 months (preferably 6 months) have elapsed since the 3rd dose.

If Pediarix™ is used: The first three doses of DTaP in the series may be provided with *Pediarix™*. **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™ – **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™ is used: The first three doses of the polio series may be provided with *Pediarix™*. 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 Section of Epidemiology recommends that the 2nd dose of measles/mumps/rubella vaccine routinely be 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 (Pprevnar®) – 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/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.

Hepatitis A – All children 2-18 years of age should be vaccinated. The 2nd dose should be given ≥6 months after the 1st.

Errata: *Epidemiology Bulletin* No. 33 December 4, 2003 contained an error. The correct footnote for *Pediarix™* should read:

***Pediarix™* 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.**