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## Recommended Immunization Schedule for Children Aged 0–6 Years — Alaska, 2010

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> <sup>®</sup>	<i>Pediarix</i> <sup>®</sup>	<i>Pediarix</i> <sup>®</sup>						
Diphtheria, Tetanus, Pertussis (DTaP)			or Hep B DTaP IPV	or DTaP IPV	or Hep B DTaP IPV	DTaP (See DTaP footnote)					DTaP
Polio (IPV)											IPV
Rotavirus			RV	RV	RV						
Hib (PedvaxHIB <sup>®</sup> )			Hib	Hib		Hib					
Pneumococcal			PCV	PCV	PCV	PCV	PCV13 (See pneumococcal footnote)				PPSV
Influenza						Influenza (yearly)					
Measles, Mumps, Rubella (MMR)						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						Hep A (2 doses)					
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'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.
- If mother is HBsAg+, administer Hep B and 0.5 mL of Hep B immune globulin (HBIG) within 12 hrs of birth.

#### After the birth dose:

- Complete series with either monovalent Hep B or *Pediarix*<sup>®</sup>. 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).
- Administration of 4 doses of Hep B is permissible when *Pediarix*<sup>®</sup> is used after the birth dose. However, dose 4 should not be administered at age  $< 24$  wks. 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 of RotaTeq<sup>®</sup> (RV vaccine distributed in Alaska) at age 6–14 wks. Do not begin series if child is aged  $\geq 15$  wks (15 wks 0 days.)
- Administer final dose in RotaTeq<sup>®</sup> series by age  $< 8$  mos. Do not administer a dose if child is aged  $\geq 8$  mos (8 mos 0 days.)

### Inactivated poliovirus vaccine (IPV) (Minimum age: 6 wks)

- Administer final dose in series at age  $\geq 4$  yrs and  $\geq 6$  mos from prior dose.
- If 4 doses are given at age  $< 4$  yrs, administer a 5<sup>th</sup> dose at age 4–6 yrs.

### Haemophilus influenzae type b conjugate vaccine (Hib)

(Minimum age: 6 wks)

- Three doses of PedvaxHIB<sup>®</sup> 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/00023705.htm> [Table 7] (Note: PedvaxHIB<sup>®</sup> 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])

- PCV13-valent (PCV13) is recommended for all children age  $< 5$  yrs. ([http://www.epi.alaska.gov/bulletins/docs/b2010\\_09.pdf](http://www.epi.alaska.gov/bulletins/docs/b2010_09.pdf))

- A complete series of PCV is four doses at ages 2, 4, 6 and 12–15 mos. Children receiving dose 1 or 2 at age  $\geq 7$  mos require fewer doses to complete the series.
- Administer 1 dose of PCV13 to all healthy children aged 24–59 mos having any incomplete PCV7 schedule.
- Administer 1 supplemental dose of PCV13 to all children aged 14–59 mos who have received 4 doses of PCV7.
- Administer PPSV to children aged  $\geq 2$  yrs with underlying medical conditions (<http://www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-mar-2010-508.pdf>)

### Influenza vaccine (Min. 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; except LAIV should not be given to children aged 2–4 yrs who have had wheezing in the past 12 mos.
- 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. Dose 2 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. Dose 2 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. However, the dose 2 may be considered valid if the immunization history indicates the interval was  $\geq 28$  days.

### 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 persistent complement component deficiency, anatomic or functional asplenia and certain other high risk groups (<http://www.cdc.gov/mmwr/PDF/rr/tr5407.pdf> [Table 6]) (Note: State-supplied MCV is available only for children who meet Vaccines for Children [VFC] eligibility requirements.)\*
- Administer MCV4 to high risk children previously vaccinated with MCV4 or MPSV4 after 3 yrs if 1<sup>st</sup> dose given at age 2–6 yrs.

See Catch-Up Schedule (Epidemiology Bulletin No. 12, [http://www.epi.alaska.gov/bulletins/docs/b2010\\_12.pdf](http://www.epi.alaska.gov/bulletins/docs/b2010_12.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](http://www.epi.hss.state.ak.us/bulletins/docs/b2008_21.pdf)