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Catch-up Schedule for Routinely Recommended Vaccines for Persons Aged 4 Months–18 Years Who Start Late or Who are >1 Month Behind — Alaska, 2010

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

| CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS | | | | | |
|---|---------------------------|--|--|---|--|
| Vaccine | Minimum Age for Dose 1 | Minimum Interval Between Doses | | | |
| | | Dose 1 to Dose 2 | Dose 2 to Dose 3 | Dose 3 to Dose 4 | Dose 4 to Dose 5 |
| Hepatitis B | Birth | 4 wks | 8 wks (and at least 16 wks after 1 st dose) | | |
| Rotavirus | 6 wks | 4 wks | 4 wks | | |
| Diphtheria, Tetanus, Pertussis | 6 wks | 4 wks | 4 wks | 6 mos | 6 mos |
| <i>Haemophilus influenzae</i> type b (PedvaxHIB®) | 6 wks | 4 wks if 1 st dose administered at age <12 mos 8 wks (as final dose) if 1 st dose administered at age 12–14 mos No further doses needed if 1 st dose administered at age ≥15 mos | 8 wks (as final dose) if 1 st dose administered at age >12 mos and 2 nd dose given at age <15 mos No further doses needed if previous dose administered at age ≥15 mos | | |
| Pneumococcal | 6 wks | 4 wks if 1 st dose administered at age <12 mos 8 wks (as final dose for healthy children) if 1 st dose administered at age ≥12 mos or current age 24–59 mos If PCV history includes ≥1 dose of PCV13: No further doses needed for healthy children if 1 st dose administered at age ≥24 mos | 4 wks if current age <12 mos 8 wks (as final dose for healthy children) if current age ≥12 mos If PCV history includes ≥1 dose of PCV13: No further doses needed for healthy children if previous dose administered at age ≥24 mos | 8 wks (as final dose) This dose only necessary for children aged 12 mos–5 yrs who received 2 or 3 doses of PCV7 at age <12 mos or for high risk children who received 3 doses at any age. | 8 wks (See PCV footnote) During the transition period from use of PCV7 to PCV13, 1 supplemental dose of PCV13 is recommended for children aged 14–59 mos who have completed the PCV7 schedule. |
| Inactivated Poliovirus | 6 wks | 4 wks | 4 wks | 6 mos | |
| Measles, Mumps, Rubella | 12 mos | 4 wks | | | |
| Varicella | 12 mos | 3 mos | | | |
| Hepatitis A | 12 mos | 6 mos | | | |
| CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS | | | | | |
| Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis | Td, 7 yrs Tdap, 10 yrs | 4 wks | 4 wks if 1 st dose administered at age <12 mos 6 mos if 1 st dose administered at age ≥12 mos | 6 mos if 1 st dose administered at age <12 mos | |
| Human Papillomavirus | 9 yrs | Routine dosing intervals are recommended. (See HPV footnote) | | | |
| Hepatitis A | 12 mos | 6 mos | | | |
| Hepatitis B | birth | 4 wks | 8 wks (and at least 16 wks after 1 st dose) | | |
| Inactivated Poliovirus | 6 wks | 4 wks | 4 wks | 6 mos | |
| Measles, Mumps, Rubella | 12 mos | 4 wks | | | |
| Varicella | 12 mos | 3 mos (if person is aged <13 yrs) 4 wks (if person aged ≥13 yrs) | | | |

Hepatitis B vaccine (Hep B)

• Administer the 3-dose series to those not previously vaccinated.

Rotavirus vaccine (RV)

- Do not start series if child aged ≥15 wks, 0 days.
- Administer the final dose in series by age 8 mos, 0 days.

Diphtheria/tetanus toxoids & acellular pertussis vaccine (DTaP)

- 5th dose not necessary if 4th dose administered at age ≥4 yrs.
- DTaP not indicated for persons aged ≥7 yrs.

Haemophilus influenzae type b conjugate vaccine (Hib)

- Hib vaccine is not routinely recommended for children aged ≥5 yrs. No efficacy data are available on which to base a recommendation for use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons who have not previously received Hib vaccine is not contraindicated.
- The 3rd (and final) dose of PedvaxHIB® (the Hib vaccine type used in Alaska) should be administered at age 12–15 mos and at least 8 wks after the 2nd dose.
- If 1st dose of PedvaxHIB® was administered at age 7–11 mos, administer 2 doses separated by 4 wks plus a booster at age 12–15 mos.

Pneumococcal conjugate vaccine (PCV)

Additional guidance at: http://www.epi.alaska.gov/bulletins/docs/b2010_09.pdf.

- Administer 1 dose of PCV13 to all healthy children aged 24–59 mos having any incomplete PCV schedule.
- Administer 1 supplemental dose of PCV13 to all children aged 14–59 mos having any complete PCV7 schedule.
- For children 24–71 mos with underlying medical conditions, administer 1 dose of PCV13 if ≥3 PCV doses were received previously, or administer 2 doses of PCV13 at least 8 wks apart if <3 PCV doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged ≥2 yrs with certain underlying medical conditions, including a cochlear implant. (<http://www.cdc.gov/vaccines/recs/provisional/downloads/pcv13-mar-2010-508.pdf>)

Inactivated poliovirus vaccine (IPV)

- Final dose in series should be at age ≥4 yrs and ≥6 mos from previous dose.
- A 4th dose is not necessary if 3rd dose is administered at age ≥4 yrs and ≥6 mos from previous dose.
- If ≤6 mos of age, minimum age and minimum intervals recommended only if person is at risk for imminent exposure to circulating virus.

Measles, mumps, and rubella vaccine (MMR)

- The 2nd dose of MMR is recommended routinely at age 4–6 yrs but may be administered earlier if at least 28 days have elapsed since dose 1.
- If not previously vaccinated, administer 2 doses with ≥28 days between doses.

Varicella vaccine

- The 2nd dose of varicella vaccine is recommended routinely at age 4–6 yrs but may be administered earlier if at least 3 mos have elapsed since dose 1.
- For persons aged 12 mos–12 yrs, the minimum interval between doses is 3 mos. If the immunization history indicates dose 1 and dose 2 were separated by ≥28 days, but less than the currently recommended interval of 3 mos, dose 2 can be accepted as valid.
- For persons aged ≥13 yrs, the minimum interval between doses is 28 days.

Hepatitis A vaccine (Hep A)

- Two doses recommended for all Alaskans aged ≥12 mos.

Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)

- Doses of DTaP are counted as part of Td/Tdap series.
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10–18 yrs (for Boostrix®) or 11–18 yrs (for Adacel®); use Td for other doses.

Human Papillomavirus Vaccine (HPV) (State-supplied HPV vaccine is available only for children who meet VFC eligibility requirements.)*

- Administer dose 1 to females at age 11–12 yrs.
- Administer second dose 1–2 mos after 1st dose and 3rd dose 6 mos after first dose (at least 24 weeks after first dose).
- HPV4 may be administered in 3-dose series to males aged 9–18 years to reduce their likelihood of acquiring genital warts.

* VFC eligibility requirements available in *Epidemiology Bulletin* No. 21, November 3, 2008 http://www.epi.hss.state.ak.us/bulletins/docs/b2008_21.pdf