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Bulletin No. 13 May 09, 2011

Recommended Immunization Schedule for Children Aged 0–6 Years — Alaska, 2011

Note: Beginning this year, the Section of Epidemiology will publish the *Recommended Immunization Schedule* only for children aged 0–6 years.

- Recommendations for all other age groups are available at: www.cdc.gov/vaccines/recs/schedules/default.htm
- The “catch-up” immunization schedule is available at: www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable

Age ▶ Vaccine ▼	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19–23 Months	2–3 Years	4–6 Years
Hepatitis B	Hep B	Pediarix [®]	Pediarix [®]	Pediarix [®]						
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 [®])		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										MCV4

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 is HBsAg+, administer Hep B and 0.5 mL of Hep B immune globulin (HBIG) within 12 hrs of birth.
- 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.

After the birth dose:

- Complete series with either monovalent Hep B or **Pediarix**[®]. 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 ≥24 wks.
- Infants born to HBsAg+ mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥3 doses of the Hep B series, at age 9–18 mos (generally at the next well-child visit).
- Infants that did not receive a birth dose should receive 3 doses of HepB series on a schedule 0, 1 and 6 months.
- Administration of 4 doses of Hep B is permissible when **Pediarix**[®] 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 to 6 years.

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

- Administer final dose in series at age ≥4 yrs and ≥6 mos from prior dose.
- If 4 doses are given at age <4 yrs, administer a 5th dose at age 4–6 yrs.

Rotavirus vaccine (RV) (Minimum age: 6 wks)

- Administer dose 1 of RotaTeq[®] (RV vaccine distributed in Alaska) at age 6–14 wks. Do not begin series if child is aged ≥15 wks (15 wks 0 days.)
- Administer final dose in RotaTeq[®] series by age <8 mos. Do not administer a dose if child is aged ≥8 mos (8 mos 0 days.)

Haemophilus influenzae type b conjugate vaccine (Hib) (Min age: 6 wks)

- Three doses of PedvaxHIB[®] 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 ≥7 mos require fewer doses to complete series.
- Hib vaccine is not routinely recommended for children aged ≥5 yrs.

Pneumococcal vaccine (Minimum age: 6 wks for PCV; 2yrs PPSV)

- PCV is recommended for all children age <5 yrs. Administer 1 dose of PCV to all healthy children 24–59 mos who are not completely vaccinated for their age.
- A PCV series begun with PCV7 should be completed with PCV13.

- A single supplemental dose of PCV13 is recommended for all children aged 14–59 mos who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60–71 mos with underlying medical conditions who have received an age-appropriate series of PCV7.
- The supplemental dose of PCV13 should be administered at least 8 wks after the previous dose of PCV7. (See MMWR 2010:59[RR-11]).
- Administer PPSV at least 8 wks after last dose of PCV to children aged ≥2 yrs with certain underlying medical conditions.

Influenza vaccine (annually to children aged 6 mos–18 yrs)

- For healthy children (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged ≥2 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.
- Administer 2 doses (separated by ≥4 wks) to children aged 6 mos–8 yrs who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but received only 1 dose.
- Children aged 6 mos–8 yrs who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. (See MMWR 2010:59[RR-8]:33–34).

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 ≥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 ≥3 mos have elapsed since dose 1 and both doses are administered at age ≥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 ≥28 days.

Hepatitis A vaccine (Hep A) (Minimum age: 12 mos)

- Administer to all children aged ≥12 mos.
- Administer the 2 doses in the series at least 6 months apart.

Meningococcal conjugate vaccine, quadrivalent (MCV4)

- Administer 2 doses of MCV4 at least 8 wks apart to children 2–10 yrs with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every five years thereafter.
- Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 wks apart.
- Administer 1 dose of MCV4 to children aged 2–10 yrs who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with meningococcal polysaccharide vaccine or MCV4 after 3 years if the first dose was administered at age 2–6 yrs.