



Department of Health and Social Services

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Recommended Immunization Schedule for Children Aged 0–6 Years — Alaska, 2008

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> ®	<i>Pediarix</i> ®	<i>Pediarix</i> ®						
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			Rota	Rota	Rota						
Hib (PedvaxHIB®)			Hib	Hib		Hib					
Pneumococcal			PCV	PCV	PCV	PCV				PPV	
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 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 only be delayed, in rare cases, 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 a licensed Hep B series, at age 9–18 mos (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of Hep B when *Pediarix*® is used after the birth dose. 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 6 mos have elapsed since dose 3.
- Administer final dose in series at age 4–6 yrs.

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

- Administer dose 1 at age 6–12 wks. Do not begin series if child is aged ≥13 wks.
- Administer final dose in series by age 32 wks. Do not administer a dose if child is aged ≥33 wks.

Haemophilus influenzae type b conjugate vaccine (Hib)

(Minimum 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. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00041736.htm> (Table 4; note: PedvaxHIB® is "PRP-OMP")
- Hib vaccine generally not recommended for children aged ≥5 yrs.

Pneumococcal vaccine (Minimum age: 6 wks for pneumococcal conjugate vaccine [PCV]; 2 yrs for pneumococcal polysaccharide vaccine [PPV])

- Four doses of PCV at ages 2, 4, 6 and 12–15 mos constitute a complete series.
- Children receiving dose 1 or 2 at age ≥7 mos require fewer doses to complete series. <http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf> (Tables 10 and 11)

- Administer 1 dose of PCV to all healthy children aged 24–59 mos having any incomplete schedule.
- Administer PPV to children aged ≥2 yrs with underlying medical conditions. <http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf> (Table 12)

Influenza vaccine (Minimum age: 6 mos for trivalent inactivated influenza vaccine [TIV]; 2 yrs for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6–59 mos and to household contacts and other caregivers of children aged 0–59 mos.
- Administer annually to children aged ≥5 yrs with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy 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.
- Children receiving TIV should receive 0.25 mL if aged 6–35 mos or 0.5 mL if aged ≥3 yrs.
- Administer 2 doses (separated by ≥4 wks) to children aged <9 yrs who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received 1 dose.

Measles, mumps, and rubella vaccine (MMR)

(Minimum age: 12 mos)

- Administer dose 2 of MMR at age 4–6 yrs. May be administered before age 4–6 yrs, provided ≥4 weeks 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. 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.
- 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 does not have to be repeated.

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.
- Children not fully vaccinated by age 2 yrs may be vaccinated during subsequent visits.

Meningococcal vaccine (MCV4) (Minimum age: 2 yrs for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2–10 yrs with terminal complement deficiencies or functional asplenia and certain other high risk groups. <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf> (Table 6). MPSV4 also is acceptable.
- Administer MCV4 to persons who received MPSV4 ≥3 yrs previously and remain at increased risk for meningococcal disease.