

ADDENDUM 1

**CENTER FOR DISEASE CONTROL
 RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE**

Vaccines¹ are listed under routinely recommended ages. Bars indicate range of acceptable ages for immunization. Catch-up immunizations should be done during any visit when feasible.

Age → Vaccine ↓	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11- 12 yrs	14- 17 yrs
Hepatitis B ²												
B1	X	X	X									
B2		X	X	X								
B3					X	X	X				X	
Diphtheria, Tetanus, Pertussis ³			X	X	X	X	X	X		X	X	X
Haemophilus influenza type b ⁴			X	X	X	X	X	X		X		
Inactivated Polio ⁵			X	X	X	X	X	X		X		
Measles, Mumps, Rubella ⁶						X	X			X ₆	X ₆	X ₆
Varicella ⁷						X	X	X	X	X	X ₇	X ₇
*Pneumococcal ⁸			X	X	X	X	X	X	X ⁸	X ⁸	X ⁸	X ⁸
*Hepatitis A ⁹									X ⁹	X ⁹	X ⁹	X ⁹
*Influenza ¹⁰					X ¹⁰	X ¹⁰						
*Influenza FluMist Nasal Spray										X ¹¹	X ¹¹	X ¹¹

* Vaccine is for selected populations.

¹ This schedule indicates the recommended age for routine administration of currently licensed childhood vaccines. Some combination vaccines are available and may be used whenever administration of all components of the vaccine is indicated. Providers should consult the manufacturers package inserts for detailed recommendations.

² **Hepatitis B vaccine (Hep B).** All infants should receive the first dose of hepatitis B

vaccine soon after birth and before hospital discharge. The first dose may also be given by age 2 months for **Infants born to HBs Ag (antigen) negative mothers.** The 2nd dose should be administered at least 1 month after the 1st dose. Only monovalent hepatitis B vaccine can be used for the birth dose. The 3rd dose should be given at least 2 months after the second, but not before 6 months of age.

Infants born to HBs Ag positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at a separate site. The 2nd dose is recommended at 1-2 months of age and the vaccine series should be completed (third or fourth dose) at age 6 months.

Infants born to mothers whose HBs Ag status is unknown should receive the first dose of the hepatitis B vaccine series within 12 hours of birth. The 2nd dose of vaccine is recommended at 1 month of age and the 3rd dose at 6 months of age. Blood should be drawn at the time of delivery to determine the mother's HBs Ag status. If it is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age). The dosage and timing of subsequent vaccine doses should be based upon the mother's HBs Ag status.

Children and adolescents who have not been vaccinated against hepatitis B in infancy may begin the series during any visit. Those who have not previously received 3 doses of hepatitis B vaccine should initiate or complete the series during the 11-12 year old visit, and unvaccinated older adolescents should be vaccinated whenever possible. The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose.

³ **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DtaP)** is the preferred vaccine for all doses in the vaccination series, including completion of the series in children who have received 1 or more doses of whole-cell diphtheria and tetanus toxoids and pertussis (DTP) vaccine. Whole-cell DTP is an acceptable alternative to DTaP. The 4th dose (DTP or DTaP) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and if the child is unlikely to return at age 15-18 months. DT (diphtheria and tetanus toxoids) 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 DT (diphtheria and tetanus toxoids, adult type) boosters are recommended every 10 years.

⁴ **Haemophilus influenzae type b (Hib).** Three Hib. b conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHib® or ComVax®) is administered at 2 and 4 months of age, a dose at 6 months is not required. DtaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months, but can be used as boosters following any Hib vaccine.

⁵ **Poliovirus, inactivated subcutaneous vaccine.** Two poliovirus vaccines are currently licensed in the US: poliovirus inactivated subcutaneous vaccine and oral poliovirus vaccine. The following schedules are all acceptable to the American College of Physicians, the American Academy of Pediatrics, and the American Academy of Family Physicians. Parents and providers may choose among these options:

1. 2 doses of IPV followed by 2 doses of OPV.
2. 4 doses of IPV.
3. 4 doses of OPV.

The American College of Physicians recommends 2 doses of poliovirus, inactivated at 2 and 4 months of age followed by 2 doses of OPV at 12-18 months and 4-6 years of age. Poliovirus, inactivated subcutaneous vaccine is the only poliovirus vaccine recommended for immunocompromised persons and their household contacts.

⁶ **Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least 1 month has elapsed since receipt of the first dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule no later than the 11-12 year visit.

⁷ **Varicella vaccine.** Varicella vaccine is recommended at any visit or after age 12 months for susceptible children, i.e., those who lack a reliable history of chickenpox. Susceptible children 13 years of age and older should receive 2 doses, at least 1 month apart.

⁸ **Pneumococcal vaccine.** The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children age 2-23 months. It is also recommended for certain children age 24-59 months. Pneumococcal polysaccharide vaccine (PPV) is recommended for all children after age 2 for certain high-risk groups.

⁹ **Hepatitis A vaccine.** Hepatitis A vaccine is recommended for use in selected states and regions, and for certain high-risk groups. Consult your local health authority for further information.

¹⁰ **Influenza vaccine.** Influenza vaccine is recommended annually for children age 6 months and older with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes) as determined medically appropriate. Children age 12 years and younger should receive vaccine in a dosage appropriate to their age (0.25 mL if age 6-35 months or 0.5mL if age 3 years and older). Children age 8 years and older who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

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¹¹ Influenza FluMist Nasal Spray. Influenza FluMist nasal spray is recommended annually for children 5-17 years of age. Children 5-8 years of age need two doses at least 6-weeks apart in their first year of vaccination with FluMist. Children 9-17 years of old need only one dose annually. A physician will determine appropriateness.