

Immunization Schedules for Persons Aged 0-18 Years 2008 Drafts

ACIP Working Group
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National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention**



Presentation Outline

- ◆ **Proposed changes to the immunization schedules – 2008**
 - **Changes to the format**
 - **Changes to the footnotes**
- ◆ **Discussion and vote**

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2007

Vaccine▼	Age►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB		HepB	<i>see footnote 1</i>		HepB				HepB Series		
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP		DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	<i>Hib</i> ⁴	Hib			Hib		
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PCV PPV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹								HepA (2 doses)			HepA Series	
Meningococcal ¹⁰											MPSV4	

 Range of recommended ages

 Catch-up immunization

 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed

other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB	<i>see footnote 1</i>	HepB	HepB	HepB	HepB	HepB			
Rotavirus ²			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP		DTaP	DTaP	DTaP			DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁵	Hib	Hib	Hib	Hib			
Pneumococcal ⁴			PCV	PCV	PCV	PCV	PCV	PCV	PCV		PPV	
Inactivated Poliovirus			IPV	IPV	IPV	IPV	IPV	IPV	IPV			IPV
Influenza ⁴						Influenza (Yearly)						
Measles, Mumps, Rubella ⁷							MMR	MMR	MMR			MMR
Varicella ⁸							Varicella	Varicella	Varicella			Varicella
Hepatitis A ¹							HepA (2 doses)	HepA (2 doses)	HepA (2 doses)		HepA Series	
Meningococcal ⁹											MCV4	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.



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Footnotes for ages 0-6 years. Proposed changes to hepatitis B, pneumococcal and meningococcal vaccines:

- ◆ Hepatitis B vaccine
 - “If the mother is HBsAg-negative, the birth dose can be delayed, **in rare cases**, with **provider’s** order and **a copy of the** mother’s negative HBsAg laboratory report in the infant’s medical record.”
- ◆ Pneumococcal vaccine
 - “At ages 24–59 months administer one dose of PCV to incompletely vaccinated healthy children and two doses of PCV at least 8 weeks apart to incompletely vaccinated children with certain high-risk conditions. Administer PPV to children aged 2 years and older with certain high-risk conditions”.
- ◆ Meningococcal vaccine
 - Administer **MCV4** to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and to certain other high-risk groups. **Use of MPSV4 is also acceptable.**

Footnotes for ages 0-6 years. Proposed changes to influenza vaccine:

- ◆ **Administer annually to children aged 6–59 mos and to close contacts of children aged 0–59 mos.**
- ◆ **Administer annually to children 5 years of age and older 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 (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.**
- ◆ **Children receiving TIV should receive 0.25 mL if age 6–35 mos or 0.5 mL if age 3 years or older.**
- ◆ **Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received one dose.**

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007

Vaccine ▼	Age ▶	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	<i>see footnote 1</i>		Tdap		Tdap	
Human Papillomavirus ²	<i>see footnote 2</i>		HPV (3 doses)		HPV Series	
Meningococcal ³		MPSV4	MCV4		MCV4³ MCV4	
Pneumococcal ⁴			PPV			
Influenza ⁵			Influenza (Yearly)			
Hepatitis A ⁶			HepA Series			
Hepatitis B ⁷			HepB Series			
Inactivated Poliovirus ⁸			IPV Series			
Measles, Mumps, Rubella ⁹			MMR Series			
Varicella ¹⁰			Varicella Series			

 Range of recommended ages

 Catch-up immunization

 Certain high-risk groups

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of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

For those who fall behind or start late, see the green bars and the catch-up schedule

Vaccine ▼	Age ►	7-10 years	11-12 years	13-18 years
Diphtheria, Tetanus, Pertussis ¹		<i>see footnote 1</i>	Tdap	Tdap
Human Papillomavirus ²		<i>see footnote 2</i>	HPV (3 doses)	HPV Series
Meningococcal ³		MCV4	MCV4	MCV4
Pneumococcal ⁴			PPV	
Influenza ⁵			Influenza (Yearly)	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

 Range of recommended ages

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contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Footnotes for ages 7–18 years. Proposed changes to meningococcal and influenza vaccines:

◆ **Meningococcal vaccine**

- **Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated.**
- **Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative**

◆ **Influenza vaccine**

- **Changes are consistent with the updated footnotes for 0–6 year olds, adjusted for this age group**

Catch-up Immunization Schedule

UNITED STATES • 2008

for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

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 ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at younger than 15 months of age	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose)⁴ if current age is 12 months or older and second dose administered at younger than 15 months of age No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than 12 months of age and currently younger than 24 months of age 8 weeks (as final dose) if first dose administered at age 12 months or older or current age 24–59 months No further doses needed for healthy children if first dose administered at younger than 24 months of age	4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than 12 months of age 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than 12 months of age	
Human Papillomavirus ¹¹	9 yrs	4 weeks	12 weeks		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age			

Catch-up schedule for ages 4 months – 18 years.

Proposed changes to pneumococcal and inactivated poliovirus vaccines:

◆ **Pneumococcal conjugate vaccine:**

- “At ages 24–59 months, administer one dose of PCV to incompletely vaccinated healthy children and two doses of PCV at least 8 weeks apart to incompletely vaccinated children with certain high-risk conditions.”
- Delete: “PCV is not generally recommended for children aged ≥ 5 years.”

◆ **Inactivated poliovirus vaccine:**

- Add: “IPV is not generally recommended for persons aged 18 years and older”.

Summary

- ◆ **Updating immunization schedules requires multiple activities**
 - Feedback from immunization providers is important
 - Collaboration with different ACIP WG-s and subject matter experts
 - Harmonization with other stakeholders
- ◆ **Discussion and ACIP vote**
 - on October 24, 2007
- ◆ **MMWR publication**
 - January 2008

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- ◆ **Individual immunization providers**

Discussion and Vote

Thank you!