

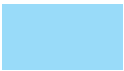



'Done by One' Childhood Immunization Schedule

New Mexico • 2010



Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	24 months	48 months
Hepatitis B ¹		Hep B		Hep B		Hep B						
Rotavirus ²				RV	RV	RV						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	DTaP					DTaP
Haemophilus influenzae type b ⁴				Hib	Hib	Hib	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus				IPV	IPV	IPV						IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							Hep A		Hep A		Hep A Series	
Meningococcal ¹⁰											MCV	

 Recommended ages
 Certain high-risk groups

*PCV: If a child has not received all of the 4 doses of PCV7, PCV13 may be used at the next scheduled time, as noted. If a child less than 5 years of age has received a complete series of PCV7, s/he should be given a single dose of PCV as soon as possible.

'DBO' indicates the earliest ages for routine administration of currently licensed childhood vaccines, as of December 8, 2008, 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 are recommended 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.

1. Hepatitis B vaccine (HepB). (*Minimum age: birth*)

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed, **in rare cases**, with a provider's order and a **copy of the mother's** negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (RV). (*Minimum age: 6 weeks*)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e. 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- Only two doses of Rotarix are needed, the first no later than 14 weeks 6 days, and the second no later than 8 months.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (*Minimum age: 6 weeks*)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib).

(*Minimum age: 6 weeks*)

- Pedvax-Hib or Comvax are recommended for Native American patients.
- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHIBit® (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children 12 months or older.

5. Pneumococcal vaccine. (*Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV]*)

- Administer one dose of PCV 13 to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPSV to children aged 2 years and older with underlying medical conditions. The definition of qualifying medical conditions causing a need for a PPSV dose is contained in the ACIP statement available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4909a1.htm>

6. Influenza vaccine. (*Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV]*)

- Administer annually to all over 6 months of age.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

7. Measles, mumps, and rubella vaccine (MMR). (*Minimum age: 12 months*)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.
- Where children may be exposed to measles during travel, the first dose may be given as early as nine months, but that dose does not count toward the two needed.

8. Varicella vaccine. (*Minimum age: 12 months*)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Don't repeat second dose if administered 28 days or more after first dose.

9. Hepatitis A vaccine (HepA). (*Minimum age: 12 months*)

- HepA is recommended for all children aged 1 yr (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (*Minimum age: 2 years for meningococcal conjugate vaccine (MCV) and for meningococcal polysaccharide vaccine (MPSV)*)

- MCV is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. Use of MPSV is also acceptable.
- Persons who received MPSV 3 or more years prior and remain at increased risk for meningococcal disease should be vaccinated with MCV.

The NM 'Done by One' Childhood Immunization Schedule is consistent with the schedule approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

New Mexico Department of Health & New Mexico Medical Society, Clinical Prevention Initiative