



LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
IMMUNIZATION SCHEDULE
2006 through 2007

Depending on the child's age, choose the appropriate initial set of immunizations.

RECOMMENDED SCHEDULE FOR IMMUNIZATION OF INFANTS AND CHILDREN	ACCELERATED SCHEDULE FOR CHILDREN STARTING IMMUNIZATIONS LATE	
<u>AGE</u>	<u>CHILDREN 4 MONTHS TO 7 YEARS OF AGE</u>	<u>CHILDREN 7-18 YEARS OF AGE</u>
Birth HBV	1st Visit [†] DTaP, Hib*, IPV, MMR, HBV, HAV Var, Flu, PCV7-	1st Visit Td, IPV, HBV, MMR, Var
2 Months [Ⓢ] DTaP, Hib, IPV, HBV, PCV7-	2nd Visit DTaP, Hib, HBV, IPV, PCV7 (4 wks. after the 1st visit)	2nd Visit Td, IPV, HBV, MMR (4 wks. after the 1st visit)
4 Months DTaP, Hib, IPV, PCV7	3rd Visit DTaP, Hib, PCV7 (4 wks. after the 2nd visit)	3rd Visit Td, IPV, HBV (6 mos. after the 2nd visit)
6 Months DTaP, Hib, IPV, HBV, PCV7, Flu	4th Visit DTaP, Hib, HBV, IPV, PCV7, HAV (6 mos. after the 3rd visit)	11-12 Years Tdap, MCV4 (Var, MMR, HBV, IPV If needed)
12-15 Months DTaP, Hib, MMR, Var, PCV7, HAV	4 Years Of Age [†] DTaP, IPV, MMR (Var if needed) Or Prior To School Entry	
18-23 Months HAV	11-12 Years Tdap, MCV4, (Var, MMR, HBV if needed)	
4 Years Of Age DTaP, IPV, MMR (Var if needed)		
Or Prior To School Entry		
11-12 Years Tdap, MCV4 (Var, MMR, HBV if needed)		

VACCINE ABBREVIATIONS

HBV HEPATITIS B VACCINE, **HAV** HEPATITIS A VACCINE, **DTaP** DIPHTHERIA - TETANUS - ACELLULAR PERTUSSIS VACCINE, **Hib** HAEMOPHILUS INFLUENZA TYPE B VACCINE, **Td** ADULT TYPE TETANUS AND DIPHTHERIA VACCINE , **Tdap** TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE, **IPV** INACTIVATED POLIOVIRUS VACCINE, **FLU** INFLUENZA VACCINE, **MCV4** MENINGOCOCCAL CONJUGATE VACCINE, **MMR** MEASLES - MUMPS - RUBELLA VACCINE, **VAR** VARICELLA VACCINE, **PCV7** SEVEN VALENT PNEUMOCOCCAL CONJUGATE VACCINE.

THE SCHEDULE ABOVE AND THE FOLLOWING GUIDELINES ARE SUMMARIES, FOR MORE DETAILED INFORMATION ON EACH VACCINE REFER TO THE MANUFACTURERS PRODUCT INSERT.

HBV ■ Unimmunized infants should be given a first dose of Thimerosal-free HBV when first encountered, a second dose a minimum of 1 month later, and a third dose a minimum of 4 months after the first. Children aged 11 through 18 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2nd dose should be administered at least 1 month after the 1st dose, and 3rd dose should be administered at least 4 months after the 1st dose and at least 2 mos after the 2nd dose. The minimum age for dose # 3 is 6 months. Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.

HAV ■ Hepatitis A is recommended for all children at age 1 year (ie. 12-23 months). The two doses in the series should be administered at least 6 months apart.

DTaP ■ DTaP vaccine is recommended and can be administered any time after 6 weeks of age.

■ The 4th dose of DTaP vaccine should be given at least 6 months after the 3rd dose.

■ Pediatric DT (Diphtheria-Tetanus) should be substituted for DTaP when Pertussis vaccine is contraindicated.

■ Td vaccine should be used for those 7 years of age or older.

■ Tdap (adolescent preparation) is recommended at age 11-12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose. Adolescents 13-18 years who missed the 11-12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. Subsequent routine Td boosters are recommended every 10 years.

Hib ■ Hib vaccine can be administered any time DTaP vaccine is given.

■ If PRP-OMP (PedvaxHIB [Merck]) is administered at 2 and 4 mos of age, a dose at 6 mos. is not required.

■ Children who are 7 months of age or older at the time they receive the 1st Hib vaccination should be immunized as follows: (1) Unimmunized infants 7-11 months of age should receive a 3 dose regimen. A first dose should be given now, a second dose 1 month later, and a 3rd dose after 12 months of age, at least 2 months after the previous dose. (2) Unimmunized children 12-14 months of age should receive a primary series of one dose and a booster at age 15 months. (3) Unimmunized children 15 months of age or older who have not yet reached their 5th birthday should receive 1 dose.

PCV7 ■ All children should receive a 3 dose primary series and a booster if vaccination begun at ≤ 6 months of age; a 2 dose primary series and a booster if vaccination is begun between 7 and 11 months of age; a 2 dose series and no booster if vaccination is begun between 12 and 23 months of age. If vaccination is initiated at ≥24 months of age the child should receive 1 doses of PCV7. Children 24-59 months of age who have received PCV7 and are at high risk or presumed high risk for pneumococcal disease should be immunized with Polysaccharide Vaccine (PPV) depending on the number of doses of PCV7 that they have received.

IPV ■ For Infants, children and adolescents up to 18 years of age, the primary sequential series of IPV consists of four doses. The primary series is administered at 2 months, 4 months, 6-15 months, and 4 years of age, or as age appropriate.

For additional information about vaccines, including precautions and contraindications for immunizations and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip or call the National Immunization hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

MMR ■ Two doses of MMR vaccine after 12 months of age are required with a minimum of 28 days separating them.

■ If a child has received 2 doses of MMR vaccine after 12 months of age another dose after the 4th birthday is not necessary.

■ Children 11-18 years of age not previously immunized with MMR should receive two doses. Individuals with one dose of MMR must receive an additional MMR vaccination.

■ Students in schools of higher learning must receive 2 doses of MMR prior to registration.

MCV4 ■ Meningococcal conjugate vaccine should be administered to all children at age 11 - 12 years as well as to unvaccinated adolescents at high school entry (age 15 years). All college freshmen (18 years of age and under) living in dormitories should also be vaccinated.

Var ■ All susceptible children who are at least 12 months old through 18 years of age are eligible. Susceptible persons aged >12 years should receive two doses at least 1 month apart. Varicella vaccination is required as part of the School, Daycare, Headstart Immunization Requirement. Parental history of having had chicken pox is acceptable. Physician documentation is not necessary at this time.

Flu ■ Influenza is recommended annually for children aged ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV and diabetes) and other persons (including household members) in close contact with persons in groups at high risk. In addition healthy children aged 6-23 months of age and close contacts of healthy children aged 0-23 months are recommended to receive influenza vaccine.

⊖ ■ DTaP, IPV, HBV, PCV7 and Hib can be administered as early as 6 weeks of age and simultaneously.

† ■ **LOUISIANA STATE LAW** requires prior to school entry: 2 doses of MMR, 3 Hepatitis B, 1 Varicella and booster doses of DTaP and Polio vaccines on or after the 4th birthday and prior to school entry. A preschool dose is not necessary if the 4th dose of DTaP and the 3rd dose of IPV is administered after the 4th birthday.

‡ ■ Depending on the child's age, choose the appropriate initial set of immunizations. Sometimes a scheduled dose of vaccine may not be given on time. If this occurs, the dose should be given at the next visit. It is not necessary to restart the series of any vaccine due to extended intervals between doses.

* ■ see Hib section.

- ■ see PCV7 section.

Adolescents and post adolescents (11- 18 Yrs) should be vaccinated with a second dose of MMR, Varicella if no history of disease, and Hepatitis B if no history of previous vaccination.

Four Day Grace Period: All vaccines doses administered less than or equal to four days before the required minimum interval or age shall be considered valid doses when evaluating a student record for compliance with immunization requirements for schools and child care entry. The Advisory Committee on Immunization Practices (ACIP) continues to recommend that vaccine doses not be given at intervals less than the minimum intervals or earlier than the minimum age.

In the Fall of 2006 PCV-7 will be required for childcare and pre-school entry.