

VACCINE	ELIGIBILITY
DTaP / DT	Children from 6 weeks of age up to the 7 <sup>th</sup> birthday
DTaP/IPV/Hep I Combination Pediarix™	<p>Children from 2 months of age up to the 3<sup>rd</sup> birthday:</p> <ul style="list-style-type: none"> <li>◆ Indicated for the primary doses of DTaP, IPV, and Hep. B series at 2, 4 and 6 months of age.</li> <li>◆ Ideally, Pediarix should be administered when DTaP, IPV <b>and</b> Hep. B vaccination is indicated.</li> <li>◆ Pediarix may be used for catch up vaccination for children <b>19 -35 months of age</b> who have not completed the primary series.</li> </ul> <p><b>Considerations:</b>            Due to funding limitations for combination vaccines in Washington through the end of this biennium, the availability of the vaccine is subject to funding.            If Pediarix™ is not available, single injection vaccines may replace any dose in the vaccination series. Pediarix™ should not be given to infants less than 6 weeks of age or any child 7 years of age or older. Pediarix™ does not replace the hepatitis B birth dose.            ACIP indicates that it is acceptable for children to receive 4 doses of hepatitis B vaccine.</p>
Hepatitis A	<p>Children from 12 months of age up to the 19<sup>th</sup> birthday:</p> <ul style="list-style-type: none"> <li>■ All children should receive hepatitis A vaccine at 1 year of age (i.e., 12-23 months).</li> <li>■ 2 doses of hepatitis A vaccine are required. The minimum interval between the first and second dose is 6 months.</li> </ul>
Hepatitis B	<p>Children from birth up to the 19<sup>th</sup> birthday</p> <p>Targeted Groups:</p> <ul style="list-style-type: none"> <li>◆ Children born on or after 11/22/91</li> <li>◆ Adolescents 11 &amp; 12 years of age</li> </ul> <p>Targeted High Risk Groups:</p> <ul style="list-style-type: none"> <li>◆ Children from birth up to the 20<sup>th</sup> birthday who meet the high risk criteria:               <ol style="list-style-type: none"> <li>a. Children born after 10/1/87 to 1<sup>st</sup> generation immigrant women from countries of high or intermediate hepatitis B virus endemicity</li> <li>b. Persons with occupational risk</li> <li>c. Clients in institutions for the developmentally disabled</li> <li>d. Hemodialysis patients</li> <li>e. Recipients of certain blood products</li> <li>f. Household contacts/sexual partners of HBV carriers</li> <li>g. Adoptees from countries where HBV is endemic</li> <li>h. International travelers</li> <li>i. Injecting drug users</li> <li>j. Sexually active homosexual and bisexual men</li> <li>k. Sexually active heterosexual men and women</li> <li>l. Inmates of long-term correctional facilities</li> </ol> </li> </ul>
HIB	Children from 6 weeks of age up to the 5 <sup>th</sup> birthday
HPV	<p>Adolescent females from 9 years of age up to the 19<sup>th</sup> birthday.</p> <p><b>Recommended schedule for quadravalent HPV vaccine</b></p> <ul style="list-style-type: none"> <li>◆ Adolescent females 11 through 12 years of age: A 3-dose series for the quadravalent HPV vaccine is routinely recommended for this age group.</li> <li>◆ Vaccination is recommended for females 13-18 years of age who have not been previously vaccinated or who have not completed the full series.</li> <li>◆ Females as young as 9 years of age can be vaccinated.</li> </ul> <p><b>Recommended intervals for quadravalent HPV vaccine</b></p> <p><b>1st dose:</b> at elected date  <b>2nd dose:</b> 2months after the first dose  <b>3rd dose:</b> 6 months after the first dose</p>
IPV (Polio)	Children from 6 weeks of age up to the 19 <sup>th</sup> birthday

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Meningococcal (MCV-4)	<p>Adolescents age 11 up to the 19<sup>th</sup> birthday:</p> <ul style="list-style-type: none"> <li>◆ A single dose of meningococcal vaccine is recommended for adolescents 11 through 12 years of age.</li> <li>◆ Catch-up vaccination is allowed for children less than 19 years of age who have not been previously vaccinated.</li> </ul>
MMR	<p>Children from 12 months of age up to the 19<sup>th</sup> birthday:</p> <p><u>First</u> dose: *</p> <ul style="list-style-type: none"> <li>◆ All persons 12 months of age up to the 19<sup>th</sup> birthday</li> <li>◆ Students entering college who were born in or after 1957</li> </ul> <p><u>Second</u> dose: *</p> <ul style="list-style-type: none"> <li>◆ All children at 4 to 6 years of age</li> <li>◆ Any child less than 19 years of age who has not previously received a second dose</li> <li>◆ Students entering college who were born in or after 1957 who have not yet received a second dose</li> </ul> <p>* Please consult with the state immunization program for appropriate use of MMR vaccine during measles outbreaks.</p>
MMRV (mumps measles, rubella; varicella combination vaccine) ProQuad™	<p>Children from 12 months of age up to the 7<sup>th</sup> birthday:</p> <p>Administer MMRV when <b>both</b> MMR <b>and</b> varicella vaccine is indicated for the first or second dose as follows:</p> <p><u>First</u> dose:</p> <ul style="list-style-type: none"> <li>◆ Children 12-24 months of age receiving <b>both</b> MMR <b>and</b> Varicella for the first time.</li> </ul> <p><u>Second</u> dose:</p> <ul style="list-style-type: none"> <li>◆ MMRV may be used for the second dose at 4 to 6 years of age for children receiving <b>both</b> MMR <b>and</b> Varicella.</li> </ul> <p><u>Catch up vaccination:</u></p> <ul style="list-style-type: none"> <li>◆ MMRV (ProQuad™) may be used for catch up vaccination for children up to the 7<sup>th</sup> birthday receiving <b>both</b> MMR <b>and</b> Varicella for either the first or second dose in the series.</li> </ul> <p><b>Considerations:</b>            Due to funding limitations for combination vaccines in Washington through the end of this biennium, the availability of the vaccine is subject to funding.            MMRV (ProQuad™) must be used within 30 minutes of reconstitution.            MMRV (ProQuad™) must be stored frozen at or below -15° C. (5° F.).            Providers must be certified for MMRV. Contact your local health department regarding certification requirements. Providers currently certified for varicella will be considered certified for ProQuad™.</p>

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Pneumococcal Conjugate (PCV7)	<p>Children 2 months of age up to the 5<sup>th</sup> birthday.</p> <ul style="list-style-type: none"> <li>◆ All children 2 months of age up to the 2<sup>nd</sup> birthday (although the vaccine can be given as early as 6 weeks of age)</li> <li>◆ Children from 24 months of age up to the 5<sup>th</sup> birthday who are at high risk for pneumococcal disease and its complications. The highest risk children include children with:               <ol style="list-style-type: none"> <li>a. Sickle cell disease, asplenia or splenic dysfunction</li> <li>b. Infection with human immunodeficiency virus (HIV),</li> <li>c. Immunocompromising conditions, including                   <ul style="list-style-type: none"> <li>▪ Congenital immunodeficiencies such as B (humoral) or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders, excluding chronic granulomatous disease</li> <li>▪ Renal failure and nephrotic syndrome</li> <li>▪ Diseases associated with immunosuppressive therapy or radiation therapy, including malignant neoplasms, leukemias, and Hodgkin's disease, or solid organ transplantation (excluding children who have received a bone marrow transplant)</li> </ul> </li> <li>d. Chronic illness, including                   <ul style="list-style-type: none"> <li>▪ Chronic cardiac disease</li> <li>▪ Chronic pulmonary disease (excluding asthma unless child is on high dose corticosteroid therapy)</li> <li>▪ Cerebrospinal fluid leaks</li> <li>▪ Diabetes mellitus</li> </ul> </li> </ol> </li> <li>◆ Other groups at increased risk include children who:               <ol style="list-style-type: none"> <li>a. Are of African American, Native American, or Alaskan Native descent</li> <li>b. Attend out-of-home group child care at least 4 hours per week</li> </ol> </li> </ul> <p>2. In addition, state-supplied PCV7 is available for children from 24 months of age up to the 5<sup>th</sup> birthday <b>upon request</b> of parents and after consultation with their health care provider.</p>
Rotavirus	<p>Infants aged 6 weeks through 32 weeks.</p> <p><u>First</u> dose:</p> <ul style="list-style-type: none"> <li>◆ Children 6 weeks to 2 months of age.</li> </ul> <p><u>Second</u> dose:</p> <ul style="list-style-type: none"> <li>◆ Children 4 months of age</li> </ul> <p><u>Third</u> dose:</p> <ul style="list-style-type: none"> <li>◆ Children 6 months of age</li> </ul> <p><b>The first dose of rotavirus vaccine should be initiated for infants between 6 and 12 weeks of age because of insufficient data on the safety of the first dose of the vaccine in older infants.</b></p> <p><b>Rotavirus vaccine should not be administered on or after age 32 weeks, even if fewer than 3 doses have been administered.</b></p>
Td	Children from 7 years of age up to the 19 <sup>th</sup> birthday for whom Tdap is contraindicated or unavailable.

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Tdap	<p>Children from 11 years of age up to the 19<sup>th</sup> birthday</p> <ul style="list-style-type: none"> <li>◆ A single dose of Tdap instead of Td for booster immunization against tetanus, diphtheria and pertussis if they have completed the recommended childhood DTP/DTaP vaccination. The preferred age for Tdap vaccination is 11-12 years.</li> <li>◆ A 5-year interval between Td and Tdap is encouraged to reduce the risk of local or systemic reactions. However, intervals shorter than 5 years between Td and Tdap can be used.</li> </ul> <p>Administration of Tdap for adolescents in special circumstances:</p> <ul style="list-style-type: none"> <li>◆ Tdap is indicated but not available: Td can be administered if the last DTP/DTaP/DT/Td vaccine was equal to or greater than 10 years earlier.</li> <li>◆ Pertussis outbreaks and other setting with increased risk from pertussis: Routine Tdap vaccination recommendations for adolescents should be used</li> <li>◆ Tetanus Prophylaxis in Wound Management: A single dose of Tdap instead of Td if they have not previously received Tdap.</li> <li>◆ No History of DTP/DTaP/Td/Tdap Vaccination: A single Tdap dose, followed by a dose of Td ≥4 weeks after the Tdap dose and a second dose of Td ≥6 months after the Td dose. Tdap may substitute for any one of the 3 Td doses in the series.</li> <li>◆ Pregnancy: If otherwise indicated, consider a single dose of Tdap for adolescents Immediately after delivery.</li> </ul>
Varicella (Chickenpox)	<p>Children at least 12 months of age up to the 19<sup>th</sup> birthday who do not have evidence of varicella immunity.</p> <p><u>First</u> dose:</p> <ul style="list-style-type: none"> <li>◆ Children 12-15 months of age.</li> <li>◆ Children less than 19 years of age who do not have evidence of varicella immunity, and have not received the first dose</li> </ul> <p><u>Second</u> dose:</p> <ul style="list-style-type: none"> <li>◆ Children 4-6 years of age</li> <li>◆ Children less than 19 years of age who do not have evidence of varicella immunity, and have not received two doses of varicella vaccine.</li> </ul>

## Immunization Guidelines For the Use of State-Supplied Vaccine

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Influenza	<p><u>Children aged 6 months up to the 3<sup>rd</sup> birthday:</u></p> <ul style="list-style-type: none"> <li>■ Fluzone PF in the pediatric prefilled .25mL syringe presentation.</li> </ul> <ul style="list-style-type: none"> <li>◆ Children 3 years of age           <ul style="list-style-type: none"> <li>■ Prioritize the use of Fluzone in the multi-dose vial presentation for this group. Fluzone in the single dose vial and single dose .5mL prefilled syringe or vial may be used for this group.</li> </ul> </li> </ul> <p><u>Children 4 years of age:</u></p> <ul style="list-style-type: none"> <li>■ Prioritize the use of Fluviron in the multidose vial presentation for this group. (Fluviron is licensed for 4 years of age and older)</li> <li>■ Fluzone in the multi-dose vial presentation can be used for this group, providing there is sufficient vaccine to do so after 3 year olds are vaccinated.</li> </ul> <ul style="list-style-type: none"> <li>◆ Fluzone in the single dose vial and single dose .5mL prefilled syringe or vial may be used for this group.</li> <li>◆ High risk children 5 years of age up to the 19<sup>th</sup> birthday*:           <ul style="list-style-type: none"> <li>■ Prioritize the use of Fluviron in the multidose vial presentation for this group.</li> <li>■ Fluzone in the multi-dose vial presentation may be used for this group, providing there is sufficient vaccine to do so after 3 year olds are vaccinated.</li> <li>■ Prioritize Fluzone in the single dose vial and single dose .5mL prefilled syringe or vial for pregnant adolescents less than 19 years of age.</li> </ul> </li> <li>◆ Fluzone in the single dose vial and single dose .5mL prefilled syringe or vial may be used for others in this group as well.</li> </ul> <p><u>Children less than 19 years of age who are caregivers or household contacts of any high risk person.</u></p> <ul style="list-style-type: none"> <li>◆ Priority should be given to children less than 19 years of age who are household contacts of infants less than 6 months of age who cannot be vaccinated due to their age.</li> </ul> <p>*Children less than 19 years of age are considered high risk if they meet the following criteria:</p> <ul style="list-style-type: none"> <li>■ Chronic illness, i.e. chronic pulmonary or cardiovascular conditions, metabolic diseases, renal dysfunction, hemoglobinopathies</li> <li>■ Conditions that compromise respiratory function or the handling of respiratory secretions or can increase the risk of aspiration.</li> <li>■ Children receiving chronic aspirin therapy</li> <li>■ Children receiving immunosuppression therapy</li> <li>■ Pregnancy -- those who will be pregnant anytime during influenza season</li> </ul>
Pneumococcal Polysaccharide	<p>Children from 2 years of age up to the 19<sup>th</sup> birthday who meet the following <b>high-risk</b> criteria:</p> <ul style="list-style-type: none"> <li>◆ Asplenia</li> <li>◆ Sickle cell disease</li> <li>◆ Nephrotic syndrome</li> <li>◆ Cerebrospinal fluid leaks</li> <li>◆ Immunosuppression</li> <li>◆ Living in environments or social settings with an identified increased risk of pneumococcal disease or its complications</li> </ul>

For questions or comments, contact the Immunization Program at 360-236-3595.