

2011 OK BY ONE Recommended Childhood Immunization Schedule 0-6 Years

Vaccine Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	18 months	2-3 years	4-6 years
Hepatitis B ¹	HepB		HepB	See footnote ¹	HepB				
Rotavirus ²			RV	RV	RV ²				
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	DTaP			DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴	Hib			
Pneumococcal ⁵			PCV	PCV	PCV	PCV		PPSV	
Inactivated Poliovirus ⁶			IPV	IPV	IPV				IPV
Influenza ⁷					Influenza (yearly)				
Measles, Mumps, Rubella ⁸						MMR			MMR
Varicella ⁹						Varicella			Varicella
Hepatitis A ¹⁰						HepA	HepA		
Meningococcal ¹¹								MCV	

OK BY ONE is a simplified, slightly accelerated schedule that allows children to receive the primary series of vaccines in 4 visits at 2, 4, 6, and 12 months of age. This schedule was developed to help increase the protection of Oklahoma children against these 15 dangerous diseases on time. The benefits of this schedule are: more children will be up-to-date by 2 years of age with fewer visits, it is easier to remember than the standard schedule, and it saves parents time. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines.

Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the Advisory committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

- Recommended Age
- For High Risk Groups
- Catch-up

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

At birth:

- Administer monovalent HepB to all newborns before 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 mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. 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 1 to 2 months after completion of at least 3 doses of HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th dose) dose in the HepB series should be administered no earlier than age 24 weeks.

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, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- Data on safety and efficacy outside of these age ranges are insufficient.
- If Rotarix[®] is administered at 2 and 4 months of age, a dose at 6 months is not indicated.

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

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or ComVax[®] [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- Hiberix (PRP-T) should not be used for doses at 2, 4, or 6 months for the primary series, but can be used as the final dose in children aged 12 months or older.

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

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.

- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See *MMWR* 2010;59(No. RR-11).
- Administer PPSV to children aged 2 years or older with underlying medical conditions, including a cochlear implant. See *MMWR* 1997; 6 (No. RR-81).

6. Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829-30.

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

- For healthy children aged 2 years and older (i.e. those who do not have underlying medical conditions that predispose them to influenza complications) either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine.

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

- The second dose may be administered before age 4 years provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4 years, provided at least 3 months have elapsed since first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after first dose, it can be accepted as valid.

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

- Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years should be vaccinated at subsequent visits.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

- Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia and 1 dose every 5 years thereafter
- Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with high endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal diseases who were previously vaccinated with MCV or MPSV after 3 years if first dose administered at age 2 through 6 years.