

2010 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				
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	DTaP			DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib	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	HepA Catch-up	
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. This schedule was developed to help increase the protection of Oklahoma children against these 15 dangerous diseases. 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. Licensed combination vaccines may be used whenever any components of the combination are indicated

and other components of the vaccine are not contraindicated. Providers should consult the Advisory Committee on Immunization Practices recommendations and the manufacturers' package inserts for detailed recommendations.

 Recommended Age
 For High Risk Groups
 Catch-up



Immunization Service
Oklahoma State
Department of Health

(405) 271-4073
1-800-234-6196
<http://imm.health.ok.gov>

The OK BY ONE Schedule is compatible with the recommendations of the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the Centers for Disease Control and Prevention Vaccines web site at <http://www.cdc.gov/vaccines> or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

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).

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 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 after completion of at least 3 doses of HepB series, at age 9 through 18 months (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks. 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).
- Do not start the series later than age 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is age 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 is not indicated at 6 months of age.

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.
- Administer the final dose in the series at age 4 through 6 years.

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.
- TriHIBit[®] (DTaP/Hib) and 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.

- Administer PPSV to children aged 2 years or older with underlying medical conditions, including a cochlear implant. See MMWR 1997; 6 (No. RR-8)).

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])

- Administer annually to children aged 6 months through 18 years.
- For healthy children 2 through 6 years (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..
- 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.

8. Measles, mumps, and rubella vaccine (MMR). (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 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 to all children aged 1 year (i.e., 12-23 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 MCV to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV to children previously vaccinated with MCV or MPSV after 3 years if first dose administered at age 2 through 6 years and who remain at increased risk for meningococcal disease.