

OK BY ONE Recommended Childhood Immunization Schedule 0-6 Years

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	18 months	2-3 years	4-6 years
Hepatitis B ¹ (HepB)		HepB		HepB		HepB					
Rotavirus ² (RV)				RV	RV	See footnote #2					
Diphtheria, Tetanus, Pertussis ³ (DTaP)				DTaP	DTaP	DTaP		DTaP			DTaP
<i>Haemophilus influenzae</i> type b ⁴ (Hib)				Hib	Hib	See footnote #4		Hib			
Pneumococcal ⁵ (PCV13)				PCV13	PCV13	PCV13		PCV13		PPSV23 see footnote #5	
Inactivated Poliovirus ⁶ (IPV)				IPV	IPV	IPV					IPV
Influenza ⁷ (IIV; LAIV)						Annual vaccination (For children under 2 use only inactivated influenza vaccine)				Annual vaccination	
Measles, Mumps, Rubella ⁸ (MMR)								MMR			MMR
Varicella ⁹ (VAR)								VAR			VAR
Hepatitis A ¹⁰ (HepA)								HepA	HepA		Catch-up
Meningococcal ¹¹ (MCV)				See footnote #11							

OK BY ONE is a simplified, slightly accelerated schedule that allows children to complete 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.

Providers should consult the Advisory Committee on Immunization Practices statements for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

	Recommended Ages
	For High Risk Groups



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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.

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

At birth:

- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB vaccine and 0.5 mL of hepatitis B Immune Globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine to all infants regardless of birth weight. For infants weighing <2,000 grams administer HBIG in addition to HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if she is HBsAg-positive, administer HBIG for infants weighing ≥2,000 grams (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.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible.
- The minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and dose 3 is 8 weeks. The final (3rd or 4th dose) dose in the HepB series should be administered no earlier than age 24 weeks and at least 16 weeks after the first dose.
- Administration of a total of 4 doses of HepB vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV-1 [Rotarix®] and RV-5 [RotaTeq®])

- Administer a series of RV vaccine to all infants as follows:
 1. If RV-1 (Rotarix) is used, administer a 2-dose series at 2 and 4 months of age.
 2. If RV-5 (RotaTeq) is used, administer a 3-dose series at ages 2, 4, and 6 months.
 3. If any dose in the series was RV-5 or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.
- The maximum age for the first dose in the series is 14 weeks, 6 days. Vaccination should not be started for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.

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.
- The fifth (booster) dose of DTaP is not necessary if the fourth dose was administered at 4 years of age or older.

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 of age, a dose at age 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.
- Hiberix (PRP-T) should only be used for the booster (final) dose in children 12 months through 4 years of age, who have received at least one dose of Hib. If Hiberix is administered inadvertently during the primary series, the dose is counted as a valid PRP-T dose that does not have to be repeated if it was administered according to schedule. (MMWR, 2009:58 p. 1008-1009)

5. a. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV])

- For children 14 through 59 months of age who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).
- Administer 1 dose of PCV13 to all healthy children 24 through 59 months (2 through 4 years) of age who are not completely vaccinated for their age.

b. Catch-up vaccination of children with high-risk conditions

- For children aged 24 through 71 months with certain underlying medical conditions (see footnote 5. d. below) administer 1 dose of PCV13 if 3 doses of PCV were received previously, or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
- A single dose of PCV13 may be administered to previously unvaccinated children 6 through 18 years of age who have anatomic or functional asplenia (including sickle cell disease), HIV infection or an immunocompromising condition, cochlear implant or cerebrospinal fluid leak. See MMWR 2010:59(No. RR-11) available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.

c. Pneumococcal polysaccharide vaccine (PPSV23). (Minimum age: 2 years)

Vaccination of children with high-risk conditions

- Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnote 5.d below).
- A single revaccination with PPSV should be administered after 5 years to children with anatomic or functional asplenia (including sickle cell disease) or an immunocompromising condition.

d. Medical conditions for which PPSV23 is indicated in children aged 2 years and older and for which use of PCV13 is indicated in children aged 24 through 71 months:

- Immunocompetent children with chronic heart disease (particularly, cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus; cerebrospinal fluid leaks; or cochlear implant.
- Children with anatomic or functional asplenia (including sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction);
- Children with immunocompromising conditions: HIV infection, chronic renal failure and nephrotic syndrome, diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; or solid organ transplantation, congenital immunodeficiency.

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 after the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.

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

- For most healthy children 2 years of age and older either LAIV or IIV may be used. However, LAIV should not be administered to some children, including 1) children with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) children who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to the use of LAIV, see MMWR 2010:59(No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.
- For children 6 months through 8 years follow dosing guidelines in the 2013 ACIP influenza vaccine recommendations.

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.
- Administer 1 dose of MMR vaccine to infants 6 through 11 months of age before departure from the U.S. for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at 12 through 15 months of age (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.

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

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

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

- Separate the 2 doses by at least 6 months and up to 18 months.

11. a. Meningococcal vaccine. (Minimum age: 6 weeks for MenHibrix® [Hib-MenCY], 9 months for Menactra® [MCV4-D], 2 years for Menveo® [MCV4-CRM])

- For children younger than 19 months of age with anatomic or functional asplenia (including sickle cell disease), administer an infant series of Hib-MenCY at 2, 4, 6, and 12-15 months.

b. Vaccination of children with high-risk conditions:

- For children 2 through 18 months of age with persistent complement component deficiency, administer either an infant series of Hib-MenCY at 2, 4, 6, and 12 through 15 months or a 2-dose primary series of MCV4-D (Menactra) starting at 9 months, with at least 8 weeks between doses.
- For children aged 19 through 23 months with persistent complement component deficiency who have not received a complete series of Hib-MenCY (MenHibrix) or MCV4-D (Menactra), administer 2 primary doses of MCV4-D at least 8 weeks apart.
- For children aged 24 months and older with persistent complement component deficiency or anatomic or functional asplenia (including sickle cell disease), who have not received a complete series of Hib-MenCY (MenHibrix) or MCV4-D (Menactra), administer 2 primary doses of either MCV4-D (Menactra) or MCV4-CRM (Menveo). Do not administer Menactra to a child with asplenia (including sickle cell disease) until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
- For children who are present during outbreaks caused by a vaccine serogroup, administer or complete an age and formulation-appropriate series of Hib-MenCY or MCV4.
- For children who are traveling to countries in the African meningitis belt or to the annual pilgrimage to Mecca, the Hajj, and for booster doses for children with high-risk conditions refer to: <http://cdc.gov/vaccines/pubs/acip-list#mening>.