Public Health—Seattle & King County

GUIDELINES FOR ADMINISTRATION OF STATE-SUPPLIED VACCINES

JULY 2007

All vaccines listed below are to be used in accordance with the CDC recommended vaccination schedule and vaccine manufacturers' specifications. The following describes eligibility for state-supplied vaccine.

VACCINE	ELIGIBILITY
DTaP/DT	**Children from 6 weeks up to the 7th birthday**
DTaP-IPV-Hep B (Pediarix™)	**Children 2-35 months of age:** ♦ Indicated for the primary doses of DTaP, IPV, and Hep. B series at 2, 4 and 6 months of age. ♦ Ideally, Pediarix should be administered when DTaP, IPV ***and*** Hep B vaccination is indicated. ♦ Pediarix may be used for catch up vaccination for children ***19 -35 months of age*** who have not completed the primary series. **IMPORTANT!** Availability of combination vaccines is subject to funding considerations. Supply may not be sufficient for all three doses in the primary series. If Pediarix is not available, give three separate injections (DTaP, IPV, and Hepatitis B). Do not give Pediarix to infants less than 6 weeks of age or to children 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.
HEPATITIS A	**Children from 1 year up to the 19th birthday** ♦ All children should receive hepatitis A vaccine at 1 year of age (12-23 months) ♦ Two doses of hepatitis A vaccine are required; the minimum interval is 6 months between dose #1 and dose #2
HEPATITIS B	**Children from birth up to the 19th birthday**. Targeted groups: ♦ Children born on or after 11/22/1991 ♦ Adolescents 11-12 years of age Targeted high risk groups among children from birth up to the 20th birthday: ♦ Children born after 10/1/1987 to first generation immigrant women from countries of high or intermediate hepatitis B virus endemicity ♦ Persons with occupational risk ♦ Clients in institutions for the developmentally disabled ♦ Hemodialysis patients; recipients of certain blood products ♦ Household contacts/sexual partners of HBV carriers; sexually active men and women ♦ Sexually active men who have sex with men ♦ Adoptees from countries where HBV is endemic; international travelers ♦ Injection drug users ♦ Inmates of long term correctional facilities
HIB	**Children from 6 weeks up to the 5th birthday**
HPV	**Adolescent females from 9 years of age up to the 19th birthday** **Recommended schedule for quadrivalent HPV vaccine—** ♦ Adolescent females 11-12 years of age: a 3-dose series for the quadrivalent HPV vaccine is routinely recommended for this age group ♦ Vaccination is recommended for females 13-18 years of age who have not been previously vaccinated or who have not completed the full series ♦ Females as young as 9 years of age be vaccinated Recommended intervals: ♦ 1st dose: at initial visit ♦ 2nd dose: 2 months after the first dose ♦ 3rd dose: 6 months after the first dose

VACCINE	ELIGIBILITY
IPV (POLIO)	**Children from 6 weeks up to the 19th birthday**
MENINGO-COCCAL	**Adolescents age 11 up to the 19th birthday:** ♦ A single dose of meningococcal vaccine is recommended for adolescents 11 through 12 years of age. ♦ A single dose for those adolescents who have not previously received MCV4, before high school entry (at approximately 15 years of age). **Other Populations at Increased Risk for Meningococcal Disease** Routine vaccination also is recommended for certain persons who have increased risk for meningococcal disease. A single dose is recommended for: ♦ college freshmen living in dormitories; ♦ microbiologists who are routinely exposed to isolates of N. meningitidis; ♦ military recruits; ♦ persons who travel to or reside in countries in which N. meningitidis is hyperendemic or epidemic, particularly if contact with the local population will be prolonged; ♦ persons who have terminal complement component deficiencies; and ♦ persons who have anatomic or functional asplenia.
MMR	**First dose:** ♦ children from 12 months up to the 19th birthday ♦ students born in 1957 or after who are entering college **Second dose:** ♦ all children at 4-6 years of age ♦ any child less than 19 years of age who has not previously received a second dose ♦ students born in 1957 or after who have not received a second dose and are entering college NOTE: Please consult with Public Health regarding use of MMR during measles outbreaks
MMRV (measles, mumps, rubella, varicella combo) **ProQuad™**	**Children 12 months of age up to the 7th birthday**. Administer MMRV when ***both*** MMR ***and*** varicella vaccine is indicated for the first or second dose as follows: ♦ First dose: Children 12-24 months of age receiving ***both*** MMR ***and*** varicella for the first time. ♦ Second dose: MMRV may be used for the second dose at 4-6 years of age for children receiving ***both*** MMR ***and*** varicella. ♦ Catch-up vaccination: MMRV (ProQuad™) may be used for catch up vaccination for children up to the 7th birthday receiving ***both*** MMR ***and*** Varicella for either the first or second dose in the series. Please note: Availability of combination vaccines is subject to funding considerations through this biennium. MMRV (ProQuad™) must be used within 30 minutes of reconstitution. MMRV (ProQuad™) must be stored frozen at or below +5F (-15C). Providers currently certified for varicella will be considered certified for ProQuad™.

VACCINE	ELIGIBILITY
PNEUMO-COCCAL	**Pneumococcal conjugate (7-valent)** ♦ **All children from 2 months up to the 2nd birthday** ♦ Children from 2 years up to the 5th birthday in consultation with health care provider **Recommended** for children with the following medical conditions: ➢ Sickle cell disease, asplenia or splenic dysfunction ➢ Infection with human immunodeficiency virus (HIV) ➢ Immunosuppressing conditions such as B (humoral) to T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3 or c4 deficiency; and phagocytic disorders, excluding chronic granulomatous diseases ➢ Renal failure and nephrotic syndrome ➢ Diseases associated with immunosuppressive therapy or radiation therapy, including malignant neoplasms, leukemias, and Hodgkins' disease, or solid organ transplantation (excluding children who have received a bone marrow transplant) ➢ Other chronic medical conditions including cardiac and pulmonary disease (excluding asthma unless child is on high dose corticosteroid therapy), cerebral spinal fluid leaks, diabetes mellitus **Consider** for children who ➢ Are of Alaskan Native, Native American or African American descent ➢ Attend group child care centers (defined as a setting outside the home where a child regularly spends ≥4 hours per week with ≥2 unrelated children under adult supervision) In addition, state-supplied PCV7 is available for children from 24 months of age up to the 5th birthday **upon request** of parents and after consultation with their health care provider.
ROTAVIRUS	**Infants aged 6 weeks through 32 weeks:** ♦ First dose: children 6 weeks to 12 weeks of age ♦ Second dose: children 4 months of age (4 to 10 weeks after the first dose) ♦ Third dose: children 6 months of age (4 to 10 weeks after the second dose) The **first dose** of rotavirus vaccine for infants should be given **between 6 and 12 weeks of age** because of insufficient data on the safety of the first dose in older infants. **Rotavirus vaccine <u>should not</u> be administered on or after 32 weeks of age**, even if fewer than 3 doses have been administered.
Td	**Children from 7 years up to the 19th birthday** for whom Tdap is contraindicated or unavailable.
Tdap	**Children from 11 years of age up to the 19th birthday** ♦ 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. ♦ 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 can be used. Administration of Tdap for adolescents in special circumstances: ♦ When 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. ♦ During pertussis outbreaks and other settings with increased risk from pertussis—routine Tdap vaccination recommendations for adolescents should be used. ♦ For tetanus prophylaxis in wound management—a single dose of Tdap instead of Td if they have not previously received Tdap. ♦ If there is no history of DTP/DTaP/DT/Td/Tdap vaccination—a single dose of Tdap followed by a dose of Td ≥4 weeks after the Tdap dose and second dose of Td ≥ 6 months after the Td dose. Tdap may substitute for any one of the 3 Td doses in the series. ♦ Pregnancy—if indicated, consider a single dose of Tdap for adolescents immediately after delivery.

VARICELLA	**Children from 12 months up to the 19th birthday without a reliable history of varicella.** ♦ First dose: children 12-15 months of age, and children up to the 19th birthday who do not have varicella immunity and who have not received the first dose. ♦ Second dose: children 4-6 years of age, and children up to the 19th birthday who do not have varicella immunity and who have not received two doses of varicella vaccine. Minimum intervals for 2nd dose: For children **<13 years, ≥3 months** following the first dose; for **≥13 years, 28 days following 1st dose**. NOTE: If 2nd dose was administered at least 28 days following the first for children <13 years, the dose does not need to be repeated.

VACCINE	ELIGIBILITY
INFLUENZA (seasonal)	Please note the different vaccine presentations depending on age and risk category. ♦ **Children aged 6-35 months** – 0.25 mL Fluzone PF in pediatric pre-filled syringes ♦ **Children aged 36-47 months** – 0.50 mL Fluzone in pre-filled syringes or single dose vials ♦ **Children aged 48-59 months** – 0.50 mL Fluzone in pre-filled syringes or single dose vials, or 0.50 mL Flurivirin ♦ **High risk children 5 years of age up to the 19th birthday** – 0.50 mL Fluvirin in the multi-dose vial or 0.50 mL Fluzone in the multi-dose vial, single dose vial, or pre-filled syringe ♦ **Children up to the 19th birthday who are caregivers or household contacts of any high risk person** – 0.50 mL Fluvirin in the multi-dose vial or 0.50 mL Fluzone in the multi-dose vial, single dose vial, or pre-filled syringe **HIGH RISK CONDITIONS:** ♦ Chronic illness (pulmonary, such as chronic bronchitis and asthma; cardiovascular (except hypertension); metabolic diseases including diabetes mellitus; renal dysfunction; hemoglobinopathies such as sickle cell disease) ♦ Conditions that compromise respiratory function or the handling of respiratory secretions or can increase the risk of aspiration ♦ Immunosuppression receiving immunosuppression therapy ♦ Children receiving chronic aspirin therapy ♦ Pregnancy—those who will be pregnant anytime during influenza season
PNEUMO-COCCAL	**Pneumococcal polysaccharide (23-valent)** **Children from 2 years up to the 19th birthday who meet the following high risk criteria:** ♦ asplenia; sickle cell disease; nephrotic syndrome ♦ cerebral spinal fluid leaks ♦ immunosuppression including asymptomatic or symptomatic HIV infection ♦ children living in special environments or social settings with an identified increased risk of pneumococcal disease or its complications (e.g., certain Native American populations)