

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB	see footnote 1	HepB							
Rotavirus ²			RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote 3	DTaP					DTaP
Haemophilus influenzae type b ⁴			Hib	Hib	Hib ⁴	Hib						
Pneumococcal ⁵			PCV	PCV	PCV	PCV					PPSV	
Inactivated Poliovirus			IPV	IPV		IPV						IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR		see footnote 7			MMR
Varicella ⁸							Varicella		see footnote 8			Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰											MCV	

Range of recommended ages
Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

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. 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 (anti-HBs) after completion of at least 3 doses of the 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 combination vaccines containing HepB are administered after the birth dose.

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 or older (i.e., 15 weeks, 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix[®] is administered at ages 2 and 4 months, 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.
- 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) should not be used for doses at ages 2, 4, or 6 months 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 certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

6. 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 nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- 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.

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

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

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

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the 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 the first dose, it can be accepted as valid.

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

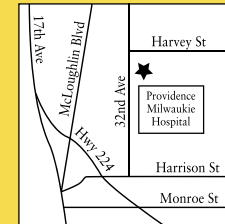
- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55[No. RR-7].

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

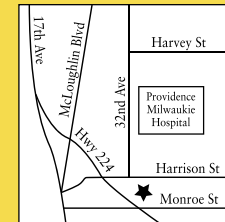
- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54[No. RR-7].
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

LOCATIONS IMMUNIZING YOUR CHILD

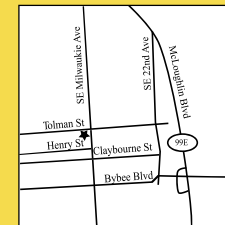
NORTHWEST PRIMARY CARE LOCATIONS



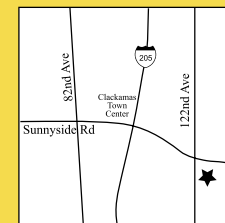
CLACKAMAS
INTERNAL MEDICINE
10024 SE 32nd Ave.
Milwaukie, OR 97222
(Patients 15 years and older)



MILWAUKIE
FAMILY PRACTICE
3033 SE Monroe St.
Milwaukie, OR 97222



SELLWOOD/
MORELAND CLINIC
6327 SE Milwaukie Ave.
Portland, OR 97202



TALBERT CENTER
FAMILY PRACTICE
12360 SE Sunnyside Rd.
Clackamas, OR 97015

For appointments and assistance, call
503.659.4988.
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IMMUNIZING YOUR CHILD

WHY IMMUNIZE?

As a parent, your child's health and safety are always on your mind. When you immunize your child, you not only greatly reduce your child's risk for illness and infectious disease, you also reduce the risk for other children around them, as well as the community at large. Immunizations are one of the easiest and most powerful health tools ever developed. Around the world, they have been effective in reducing polio, smallpox, measles, diphtheria and other diseases to the point that we rarely see them anymore.

All vaccines are thoroughly tested before being licensed by the Federal Drug Administration (FDA). Most common side effects are mild, such as a slight fever or a sore arm. Overall, the risk of receiving immunizations outweighs the risk of getting the disease. Very rarely, a serious reaction may occur.

Northwest Primary Care encourages you to talk to your child's Primary Health Care Practitioner about any questions, concerns or doubts you may have before you immunize.

You can also visit our Web site at www.nwpc.com for additional information and links concerning immunizations.

WHEN DO I IMMUNIZE?

Most often, immunizations begin at birth

and then become part of the subsequent well-child visits. If your child is behind in their immunizations, your health care practitioner may follow a "catch-up" schedule. Talk with your child's Primary Health Care Practitioner to determine the best schedule for your child.

The enclosed chart shows the recommended ages for immunizations. (A gold bar indicates the age range within which an immunization should be given.) Any dose not given at the recommended age should be given at a subsequent visit, when indicated and feasible.

DURING THE VISIT

Each time your child receives an immunization, even if it is the second or third dose, you should receive a Vaccine Information Statement (VIS). The VIS is an informational sheet outlining the purpose of the vaccine, a list of conditions under which your child should not receive the vaccine, and any risks associated with the vaccine. You will be asked to sign a consent form indicating that you received the VIS form and that any questions you had regarding the immunization were answered. Because many immunizations require more than one dose, a child may receive up to 6 shots in one visit. If your child is receiving multiple shots, they will usually be given in several different body locations (arm, thigh, etc.). Minor swelling in the area where the shot was given is normal.

AFTER THE VISIT

After your child has their shots, be sure to watch them for the next two to three days. Although their appetite may be reduced for the 24 hours following shots, make sure your child drinks plenty of fluids. If you notice any reaction that concerns you, you may call our office at 503.659.4988 any time, day or night, to talk to one of our Practitioners. Also, please keep a record of your child's immunizations. If you do not have this, please ask your Primary Health Care Practitioner for a copy.

DISEASES FOR WHICH YOUR CHILD SHOULD BE VACCINATED

- Diphtheria, Tetanus and Pertussis
- Haemophilus Influenza Type b (Hib)
- Hepatitis A
- Hepatitis B
- Influenza
- Measles, Mumps and Rubella
- Pneumococcal Disease
- Polio
- Varicella (Chickenpox)

IF YOU CANNOT AFFORD IMMUNIZATIONS

The Vaccines for Children Program is a federally-funded program that provides free childhood immunizations to patients with no insurance or who are participating in the Oregon Health Plan. If you feel you may qualify for free immunizations, please talk with your Primary Health Care Practitioner.

Northwest Primary Care is able to provide these federally-funded vaccines for a minimal injection fee.

CURRENT OREGON IMMUNIZATION REQUIREMENTS FOR SCHOOL, DAYCARE AND HEAD START

DIPHTHERIA TETANUS, PERTUSSIS (DTP)

- 4 doses for daycare and Head Start
- 5 doses for grades K-12

HAEMOPHILUS INFLUENZA TYPE B (Hib)

- Age-specific requirements for daycare and Head Start (see enclosed chart)

HEPATITIS A

- Is not required, but is strongly recommended

HEPATITIS B

- 3 doses for daycare, Head Start and grades K-9

MEASLES, MUMPS, RUBELLA (MMR)

- 1 dose on or after 1st birthday for daycare and Head Start
- 2 doses for grades K-12, college/university

MENINGOCOCCAL

- Is not required, but is strongly recommended

POLIO

- 3 doses (depending on age) for daycare and Head Start (see enclosed chart)
- 4 doses for grades K-12

VARICELLA (CHICKENPOX)

- 1 dose on or after 1st birthday for daycare, Head Start, and grades K-2 and grades 7-9

