



“Done By One” Childhood Immunization Schedule



Vaccine	Age of child in months												
	Birth	1	2	3	4	5	6	7-11	12	18	24	48	
DTaP ¹ (Diphtheria, Tetanus, Pertussis)			█		█		█	← need at least 6 months between 3rd and 4th dose →		█			█
Hepatitis A ²										█	█		█ certain high-risk groups
Hepatitis B ³	█		█				█						
HIB ⁴ (Haemophilus influenzae type b)			█		█		█			█			
Influenza ⁵							█	during flu season				█	█
MMR ⁶ (Measles, Mumps, Rubella)										█			█
Meningococcal ⁷													█ certain high-risk groups
Pneumococcal ⁸			█		█		█			█			█ certain high-risk groups
Polio			█		█		█						█
Rotavirus ⁹			█		█		█						
Varicella ¹⁰										█			█

‘DBO’ indicates the earliest ages for routine administration of currently licensed childhood vaccines, as of July 22, 2014 for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines are recommended whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by

the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for 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 VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

(Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

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

- HepA is recommended for all children aged 1 yr (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.

3. Hepatitis B vaccine (HepB). *(Minimum age: birth)*

At birth:

- Administer monovalent HepB vaccine to all newborns weighing more than 2 kg (4 lb 6.5 oz) prior to hospital discharge. Delay giving HepB vaccine until smaller infants reach 2 kg **except that all** infants with Hepatitis B surface antigen (HBsAg)-positive mothers must be given HepB vaccine 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 the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

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 1–2 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 after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

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

- Pedvax-Hib or Comvax are recommended for Native American patients.
- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at both 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 12 months or older.

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

- Administer annually to all over 6 months of age.
- 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 IIV may be used.

- Children receiving IIV 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. Most children younger than 9 years who have not received at least 2 doses in the past 2 years may also need 2 doses. Check current flu season immunization information at www.flu.gov for algorithm to see who needs a second dose.

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

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.
- Where children may be exposed to measles during travel, the first dose may be given as early as 6 months, but any dose delivered before 12 months does not count toward the 2 doses needed at the regularly scheduled ages.

7. Meningococcal vaccine. *(Minimum age: 9 months for meningococcal conjugate vaccine (MCV) and 2 years for meningococcal polysaccharide vaccine (MPSV))*

- MCV is recommended for children aged 9 months to 10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. Use of MPSV is also acceptable.
- Persons who received MPSV 3 or more years prior and remain at increased risk for meningococcal disease should be vaccinated with MCV.

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

- Administer one dose of PCV 13 to all healthy children aged 24–59 months who are not completely vaccinated for their age.
- Administer PPSV to children aged 2 years and older with underlying medical conditions. The definition of qualifying medical conditions causing a need for a PPSV dose is contained in the ACIP statement available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4909a1.htm>

8. 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.
- Only two doses of Rotarix are needed, the first no later than 14 weeks 6 days, and the second no later than 8 months.

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

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Don't repeat second dose if administered 28 days or more after first dose.

The NM "Done by One" Childhood Immunization Schedule is consistent with the schedule approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

New Mexico Department of Health & New Mexico Medical Society, IPAC (Immunization Practices Advisory Council), July 2014