

AN EPIDEMIOLOGY PUBLICATION OF THE OREGON DEPARTMENT OF HUMAN SERVICES

NO CHILD LEFT BEHIND — CATCH-UP CHILDHOOD IMMUNIZATION SCHEDULE

EACH YEAR, CDC's Advisory Committee on Immunization Practices reviews the recommended childhood and adolescent immunization schedule to ensure that it remains current with changes in manufacturers' vaccine formulations and that

revised recommendations for the use of licensed vaccines, including the new ones. The schedule, published every year in *CD Summary*, indicates recommended ages for routine administration of vaccines and the required interval between doses in a vaccination series.

However, when children do not start their immunizations on time, or start them on time but get behind, the catch-up schedules shown in the tables below should be used. Do not neglect to consider the important information in the footnotes, *verso*.

Catch-up schedule for children age 4 months through 6 years

Dose 1 (Minimum Age)	Minimum Interval Between Doses			
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
DTaP (6 wk)	4 wk	4 wk	6 mo	6 mo ¹
IPV (6 wk)	4 wk	4 wk	4 wk ²	
HepB ³ (birth)	4 wk	8 wk (and 16 wk after first dose)	The blankness of cells Means no more doses required. Immunity gained.	
MMR (12 mo)	4 wk ⁴			
Varicella (12 mo)				
Hib ⁵ (6 wk)	4 wk: if first dose given at age <12 mo 8 wk (as final dose): if first dose given at age 12–14mo No further doses needed: if first dose given at age ≥15 mo	4 wk ⁶ : if current age <12 mo 8 wk (as final dose) ⁶ : if current age ≥12 mo and second dose given at age <15 mo No further doses needed: if previous dose given at age ≥15mo	8 wk (as final dose): this dose only necessary for children age 12 mo–5 y who received 3 doses before age 12 mo	
PCV ⁷ (6 wk)	4 wk: if first dose given at age <12 mo and current age <24 mo 8 wk (as final dose): if first dose given at age ≥12 mo or current age 24–59mo No further doses needed: for healthy children if first dose given at age ≥24 mo	4 wk: if current age <12 mo 8 wk (as final dose): if current age ≥12 mo No further doses needed: for healthy children if previous dose given at age ≥24 mo	8 wk (as final dose): this dose only necessary for children age 12 mo–5 y who received 3 doses before age 12 mo	

See footnotes verso for both tables

Catch-up schedule for children age 7 through 18 years

Minimum Interval Between Doses		
Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
Td 4 wk	6 mo	6 mo: ⁸ if first dose given at age <12 mo and current age <11 y 5 y: if first dose given at age ≥12 mo and third dose given at age <7 y and current age ≥11 y 10 y: if third dose given at age ≥7 y
IPV ⁹ 4 wk	4 wk ⁹	2,9
HepB 4 wk	8 wk (and 16 wk after first dose)	Surely, silently, "No more doses are needed" Do blank cells bespeak.
MMR 4 wk		
Varicella ¹⁰ 4 wk		



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Flu Vaccine Restrictions Rescinded

BECAUSE OF the flu vaccine shortage last fall, the Oregon State Public Health Officer invoked statutory authority to restrict access to vaccine to those most likely to suffer consequences from influenza, or most likely to transmit disease to those at highest risk. The policy was published in the *CD Summary* on October 8, 2004, as the Oregon Vaccine Education and Prioritization Plan (VEPP).

With vaccine demand from the priority groups diminishing, on December 21 vaccine eligibility was expanded to include anyone age ≥ 50 years and caregivers. Because of continued weak demand, all restrictions on influenza vaccination were revoked on January 6,

2005. Vaccine may now be given in Oregon to anyone who wants it.

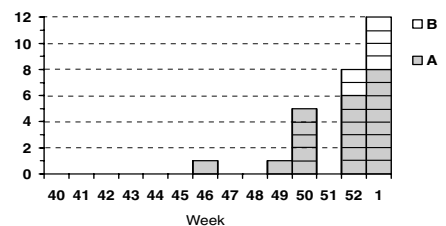
Since lifting restrictions, calls to the Flu Hotline have surged as Oregonians seek information about where to obtain a flu shot. Of the 600,000 doses of flu vaccine that entered Oregon, all but a few thousand have been administered. Supplies are being brokered among providers as pockets of demand are identified.

Influenza was confirmed in Oregon in mid-December. As this issue goes to press, culture-confirmed cases continue to be reported slowly, but are on the rise (Figure); 1/3 of isolates are type B. We urge that you continue to vaccinate as long as influenza is circulating in Oregon and vaccine supplies last. To purchase additional vaccine or to sell vaccine that you will not use, please contact your

local health department. If you are continuing to offer flu shots to the public, please call SafeNet (800/SAFENET or 800/723-3638; in Portland, 503/988-5858) to list your site for referrals.

In addition, visit our web site at <http://www.healthoregon.org>, click on "Immunizations" and then on "Influenza 2004–2005," for information on additional ways to prevent the flu.

Lab-confirmed Influenza by Week Oregon, 2004–2005



FOOTNOTES

Note: A vaccine series does not require restarting, regardless of the time that has elapsed between doses.

- DTaP:** The fifth dose is not necessary if the fourth dose was given after the fourth birthday.
- IPV:** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was given at age ≥ 4 years. If both OPV and IPV were given as part of a series, a total of 4 doses should be given, regardless of the child's current age.
- HepB:** All children and adolescents who have not been immunized against hepatitis B should begin the HepB immunization series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B virus infection is moderately or highly endemic.
- MMR:** The second dose of MMR is recommended routinely at age 4 to 6 years but may be given earlier if desired.
- Hib:** Vaccine is not generally recommended for children age ≥ 5 years.
- Hib:** If current age < 12 months and the first 2 doses were PRP-OMP (PedvaxHIB or ComVax [Merck]), the third (and final) dose should be given at age 12 to 15 months and at least 8 weeks after the second dose.
- PCV:** Vaccine is not generally recommended for children age ≥ 5 years.
- Td:** For children age 7 to 10 years, the interval between the third and booster dose is determined by the age when the first dose was given. For adolescents age 11 to 18 years, the interval is determined by the age when the third dose was given.
- IPV:** Vaccine is not generally recommended for persons age ≥ 18 years.
- Varicella:** Give 2-dose series to all susceptible adolescents age ≥ 13 years.

Reporting Adverse Reactions

Report adverse reactions to vaccines through the federal Vaccine Adverse Event Reporting System. For information on reporting reactions following immunization, please visit www.vaers.org or call the 24-hour national toll-free information line (800) 822-7967.

Disease Reporting

Report suspected cases of vaccine-preventable diseases to your local health department.