

New York City VacScene

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**New Tdap
requirement for
6th grade students
effective
September 2007**

THE 2007 RECOMMENDED CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE

The Advisory Committee on Immunization Practices (ACIP) along with the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) released the Recommended Childhood and Adolescent Immunization Schedule for 2007 earlier this year. This harmonized schedule has been updated to reflect revised recommendations and includes recommendations for the use of newly licensed vaccines.

The 2007 schedule has been separated into two parts: one schedule for persons aged 0–6 years (Figure 1) and another for persons aged 7–18 years (Figure 2). Specific vaccines recommended for certain high-risk groups are indicated. The importance of the early adolescent visit is emphasized.

Changes to the 2007 schedule include:

- Rotavirus vaccine is recommended as a 3-dose schedule at ages 2, 4, and 6 months. The first dose should be administered no sooner than 6 weeks of age and no later than the end of the 12th week; subsequent doses should be administered at 4–10 week intervals. The final dose in the series should be given before the end of the 32nd week.
- Influenza vaccine is recommended for all children 6 months to 59 months of age.
- All persons are recommended to receive two doses of varicella vaccine. The first dose is recommended at 12 months of age and a second dose at 4–6 years of age. All older children who have documentation of only one dose of varicella vaccine should receive a 2nd dose.
- The new human papillomavirus (HPV) vaccine is recommended in a 3-dose schedule with the second and third doses administered 2 and 6 months after the first dose. Routine vaccination with HPV is recommended for all females aged 11–12 years; the vaccination series can be started in females as young as 9 years; and catch-up vaccination is recommended for females aged 13–18 years who have not yet received this vaccine or who have not completed the full vaccine series. The vaccine is licensed for use in females up through age 26.

FIGURE 1

RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 0–6 YEARS — UNITED STATES, 2007

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	see footnote 1		HepB				HepB Series		
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b ⁴				Hib	Hib	Hib ⁴	Hib		Hib			
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PCV PPV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA Series (2 doses)				HepA Series	
Meningococcal ¹⁰											MPSV4	

 Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at www.cdc.gov/nip/recs/child-schedule.htm. 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 may be used 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. 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 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 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 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 only be delayed with a physician's order and mother's negative HBsAg laboratory report documented 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 at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for both HBsAg and antibody to HBsAg after completion of ≥3 doses of a licensed HepB series, preferably at age 9 months.

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.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. 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.

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

- If PRP-OMP (PedvaxHIB® or Comvax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children aged ≥12 months.

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

- Administer PCV at ages 24–59 months in high-risk groups. Administer PPV to children aged ≥2 years in certain high-risk groups. See *MMWR* 2000;49(RR-9).

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

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, health care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55(RR-10).
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).
- Children <9 years of age who received only one dose of influenza vaccine in their first season of vaccination should receive two doses in their second season of vaccination.

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

- The first dose of MMR is preferred at 12 months of age.
- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months. New York State Regulation requires the second dose of MMR at or after 15 months of age to meet requirements for school attendance.

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

- The first dose of varicella is preferred at 12 months of age.
- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If the second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

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

- HepA is recommended for all children aged 1 year (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.
- Children aged 24–59 months of age living in communities identified with high rates of hepatitis A infection (see www.nyc.gov/html/doh/downloads/pdf/imm/imm-alert-20060515.pdf) should be vaccinated.
- HepA is recommended for certain other groups of children, including those with underlying liver disorders and persons traveling to areas where Hepatitis A is endemic. See *MMWR* 2006;55(RR-7).

10. Meningococcal polysaccharide vaccine (MPSV4). (Minimum age: 2 years)

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(RR-7).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org); modified to include recent recommendations from ACIP and to include New York City recommendations and New York State requirements. For additional information about vaccines, vaccine supply, and contraindications to immunization, please visit www.cdc.gov/nip or www.nyc.gov/health or call the New York City Department of Health and Mental Hygiene Bureau of Immunization at 212-676-2259.

RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 7–18 YEARS — UNITED STATES, 2007

Vaccine ▼	Age ►	7–10 years	11–12 years	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	see footnote 1		Tdap		Tdap	
Human Papillomavirus ²	see footnote 2		HPV (3 doses)		HPV Series	
Meningococcal ³		MPSV4	MCV4		MCV4 ³ MCV4	
Pneumococcal ⁴		PPV				
Influenza ⁵		Influenza (Yearly)				
Hepatitis A ⁶		HepA Series				
Hepatitis B ⁷		HepB Series				
Inactivated Poliovirus ⁸		IPV Series				
Measles, Mumps, Rubella ⁹		MMR Series				
Varicella ¹⁰		Varicella Series				

Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at www.cdc.gov/nip/recs/child-schedule.htm. 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 may be used 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. 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 www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
- Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series.
- Adolescents who received Td but not Tdap are encouraged to receive a dose of Tdap vaccine.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (4 months after the second dose).
- Administer the HPV vaccine series to females 13–18 years of age if not previously vaccinated.

3. Meningococcal vaccine. (Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
- Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(RR-7). Use MPSV4 for children aged 2–10 years and either MCV4 or MPSV4 for older children.

4. Pneumococcal polysaccharide vaccine (PPV). (Minimum age: 2 years)

- Administer to those in certain high-risk groups. See *MMWR* 1997;46(RR-8), and *MMWR* 2000;49(RR-9).

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

- Influenza vaccine is recommended annually for persons with certain risk factors, health care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55 (RR-10).
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).
- Children <9 years of age who received only one dose of influenza vaccine in their first season of vaccination should receive two doses in their second season of vaccination.

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

- The 2 doses in the series should be administered at least 6 months apart.
- HepA is recommended for certain groups of children, including those with underlying liver disorders and persons traveling to areas where Hepatitis A is endemic. See *MMWR* 2006;55 (RR-7).

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

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

8. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

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

- If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥4 weeks between the doses.

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

- Administer 2 doses of varicella vaccine to persons without evidence of immunity.
- Administer 2 doses of varicella vaccine to persons aged <13 years at least 3 months apart. Do not repeat the second dose if administered ≥28 days after the first dose.
- Administer 2 doses of varicella vaccine to persons aged ≥13 years at least 4 weeks apart.

Report to the Citywide Immunization Registry (CIR)

All doses of any vaccines administered to children and adolescents <19 years of age in New York City must be reported to the Citywide Immunization Registry (CIR) within 14 days of administration. Immunizations administered to persons 19 years and older may be reported to the CIR with consent in the office medical record. For questions about the CIR, please call 212-676-2323.

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org); modified to include recent recommendations from ACIP and to include New York City recommendations and New York State requirements. For additional information about vaccines, vaccine supply, and contraindications to immunization, please visit www.cdc.gov/nip or www.nyc.gov/health or call the New York City Department of Health and Mental Hygiene Bureau of Immunization at 212-676-2259.

FIGURE 3

CATCH-UP IMMUNIZATION SCHEDULE — UNITED STATES, 2007

FOR PERSONS AGED 4 MONTHS – 18 YEARS WHO START LATE OR WHO ARE MORE THAN 1 MONTH BEHIND

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at age < 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age ≥ 15 months	4 weeks* if current age < 12 months 8 weeks (as final dose) ⁴ if current age ≥ 12 months and second dose administered at age < 15 months No further doses needed if previous dose administered at age ≥ 15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at age < 12 months and current age < 24 months 8 weeks (as final dose) if first dose administered at age ≥ 12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥ 24 months	4 weeks if current age < 12 months 8 weeks (as final dose) if current age ≥ 12 months No further doses needed for healthy children if previous dose administered at age ≥ 24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	8 weeks if first dose administered at age < 12 months 6 months if first dose administered at age ≥ 12 months 12 weeks	6 months if first dose administered at age < 12 months	
Human Papillomavirus ¹¹	9 yrs	4 weeks			
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks if first dose administered at age ≥ 13 years 3 months if first dose administered at age < 13 years			

- Hepatitis B vaccine (HepB).** (Minimum age: birth)
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB[®] is licensed for children aged 11–15 years.
- Rotavirus vaccine (Rota).** (Minimum age: 6 weeks)
 - Do not start the series later than age 12 weeks.
 - Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
 - Data on safety and efficacy outside of these age ranges are insufficient.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)
 - The fifth dose is not necessary if the fourth dose was administered at age ≥ 4 years.
 - DTaP is not indicated for persons aged ≥ 7 years.
- Haemophilus influenzae* type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)
 - Vaccine is not generally recommended for children aged ≥ 5 years.
 - If current age < 12 months and the first 2 doses were PRP-OMP (PedvaxHIB[®] or Comvax[®] [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
 - If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.
- Pneumococcal conjugate vaccine (PCV).** (Minimum age: 6 weeks)
 - Vaccine is not generally recommended for children aged ≥ 5 years.
- Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥ 4 years.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
 - The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired. New York State Regulation requires the second dose of MMR at or after 15 months of age to meet requirements for school attendance.
 - If not previously vaccinated, administer 2 doses of MMR during any visit with ≥ 4 weeks between the doses.
- Varicella vaccine.** (Minimum age: 12 months)
 - The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - Do not repeat the second dose in persons aged < 13 years if administered ≥ 28 days after the first dose.
- Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
 - Children aged 24–59 months of age living in communities identified with high rates of hepatitis A infection (see www.nyc.gov/html/doh/downloads/pdf/imm/imm-alert-20060515.pdf) should be vaccinated.
 - HepA is recommended for certain groups of children, including those with underlying liver disorders and persons traveling to areas where Hepatitis A is endemic. See *MMWR* 2006;55 (RR-7).
- Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum ages: 7 years for Td, 10 years for BOOSTRIX[®], and 11 years for ADACEL[™])
 - Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. Shorter intervals may be used.
 - A booster (fourth dose) is needed if any of the previous doses were administered at age < 12 months. Refer to ACIP recommendations for further information. See *MMWR* 2006;55 (RR-3).
- Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
 - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.

AVOID THESE COMMON ERRORS!

With the increasing complexity of the immunization schedule, the health care professional faces considerable challenges in ensuring that immunizations are administered at appropriate intervals. It is no surprise that some recurring themes are identified:

- Only single antigen hepatitis B vaccine is licensed for use before 6 weeks of age. DTaP, IPV, Hib, PCV, and rotavirus vaccines should not be administered before 42 days of age; the recommended age for routine administration of these vaccines is 2 months.
- The final dose of hepatitis B vaccine should be administered at or after 24 weeks of age (≥ 168 days of age). Following a birth dose (single antigen hepatitis B vaccine only), if a combination vaccine is used, a total of 4 doses of hepatitis B-containing vaccine may be used.
- MMR and varicella vaccines are licensed for use at 12 months of age. If not administered simultaneously, there must be at least a 28 day interval between these antigens.
- The combination product DTaP-Hib (TriHIBit[®] [sanofi pasteur]) is licensed for use only for the 4th dose of DTaP and the booster dose of Hib.
- The combination DTaP-IPV-HepB (Pediarix[™] [GlaxoSmithKline]) is licensed for use only as a primary series. It may be used for the first three doses of the component antigens for children 6 weeks to 7 years of age.
- Although the total number of doses for the Hib series is age- and product-dependent, at least one dose is required at or after the first birthday (≥ 12 months of age).
- The final dose of DTaP should be given at or after the 4th birthday, and no sooner than 6 months after the previous dose.

The Citywide Immunization Registry (CIR) has decision-support algorithms that will provide correct intervals for all vaccines. Visit www.nyc.gov/health/cir today!

COMBINATION VACCINES

Combination vaccines provide protection against more than one disease with one injection, thus reducing the number of shots that a child may need at a given visit. The Advisory Committee on Immunization Practices (ACIP) recommends that combination vaccines be used 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 (FDA) for that dose of the series (*MMWR* 2006:55[RR-15]:6).

We receive many questions about combination vaccines; some common concerns are:

Q: What about an extra dose of an antigen?

A: Sometimes, with the use of a combination vaccine, a dose of an antigen is included in the vaccine product that might not otherwise be administered. This is not contraindicated and should not preclude use of the combination product.

Q: A child started a vaccine series with a combination vaccine that is not available in this office. What should we do?

A: Immunization should *not* be delayed or deferred if the same brand of vaccine is not available. Use what you have — and continue the immunization series with the available and age-appropriate vaccine. The challenge is to “mix and match” available vaccine products to provide a timely and complete series.

Q: What about figuring out intervals?

A: When using different vaccine products, remember to observe the minimum age for a specific combination product (e.g., 6 weeks for HepB-Hib [Comvax[®]] and DTaP-IPV-HepB [Pediarix[™]]), and to observe valid intervals between subsequent doses of the same antigen in a series (e.g., between doses of DTaP, IPV, and HepB). Observe rules for the final dose in a series (i.e., not before 24 weeks of age for the final dose of HepB).

Guidance for the use of combination vaccines can be found in the footnotes to the Recommended Schedule, in specific ACIP vaccine statements, and in the American Academy of Pediatrics *Red Book*, or at www.cdc.gov/nip or www.immunize.org. The algorithms are available in the Citywide Immunization Registry (CIR), www.nyc.gov/health/cir; their use is encouraged.

Q: How should I record the vaccines given?

A: To reduce confusion that may result from the use of different vaccine products, including combination vaccines, record vaccines in the patient-held record by the component antigens (e.g., DTaP-IPV-Hep B or HepB-Hib) rather than by brand names. And of course, report all immunizations administered to children and teens to the CIR. When reporting to the CIR, indicate the specific vaccine product used (either single antigen or combination). The CIR will automatically display the vaccine product as well as the component antigens.

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE BUREAU OF IMMUNIZATION

Citywide Immunization Registry (CIR)212-676-2323
or www.nyc.gov/health/cir

Vaccines for Children Program (VFC).....212-447-8175

Immunization Disease (Case) Reporting212-676-2284/88
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Vaccine Adverse Event Reporting212-676-2284/88
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or www.vaers.hhs.org

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Perinatal Hepatitis B Program718-520-8245

Adult Immunization Initiatives212-676-2283

Public Health Education and Training212-368-9600

Bureau of Immunization Hotline212-676-2273

Bureau of Immunization — all other inquiries212-676-2259

Immunization Home Page.....
www.nyc.gov/html/doh/html/imm/immprog.shtml

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