

ADVANTAGE Health Solutions, Inc.sm

Immunization Schedule

2009




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ADVANTAGE Health Solutions, Inc - Immunization Schedule

Child Age Groups

Age ► Vaccine ▼	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 YEARS	13-14 years	15 years	16-18 years
Hepatitis A ¹						HepA (2 doses)				HepA Series						
Hepatitis B ²	HepB	HepB	see footnote 2		HepB				HepB Series							
Rotavirus ³			Rota	Rota	Rota											
Diphtheria, Tetanus, Pertussis (Dtap & Tdap) ⁴			DTaP	DTaP	DTaP		DTaP				DTaP	see footnote 4	Tdap		Tdap	
Haemophilus influenzae type b ⁵			Hib	Hib	Hib	Hib		Hib								
Pneumococcal ⁶			PCV	PCV	PCV	PCV				PCV	PPV		PPV			
Inactivated Poliovirus ⁷			IPV	IPV	IPV						IPV		IPV Series			
Influenza ⁸					Influenza (Yearly)							Influenza (Yearly)				
Measles, Mumps, Rubella ⁹						MMR			see footnote 9		MMR		MMR Series			
Varicella ¹⁰						Varicella			see footnote 10		Varicella		Varicella Series			
Human Papillomavirus ¹¹												see footnote 11	HPV (3 doses)		HPV Series	
Meningococcal ¹²											MPSV4		MCV4		MCV4	MCV4

 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 February 9, 2009, for children through age 18 years. ADVANTAGE Health Solutions, Inc. adopts the most current immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP). Additional vaccines may be licensed and recommended during the year.

ADVANTAGE Health Solutions, Inc - Immunization Schedule

Adult Age Group (yrs)

Age ► Vaccine ▼	19-49	50-64	≥65
Hepatitis A*	2 doses (0, 6-12 mos, or 0, 6-18 mos)		
Hepatitis B*	3 doses (0, 1-2, 4-6 mos)		
Human Papillomavirus (HPV)*	3 doses (females) (0,2,6 mos)		
Diphtheria, Tetanus, Pertussis (Td/Tdap)*	1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
Pneumococcal (polysaccharide)*	1-2 doses		1 dose
Influenza*	1 dose annually		1 dose annually
Measles, Mumps, Rubella*	1 or 2 doses		1 dose
Varicella*	2 doses (0, 4-8 wks)		
Meningococcal*	1 or more doses		
Zoster*			1 dose

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle or other indications)

*This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of February 9, 2009 for adults aged 19 and older. ADVANTAGE Health Solutions, Inc. adopts the most current immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) in conjunction with the Center of Disease and Control (CDC). Additional vaccines may be licensed and recommended during the year. For complete detail regarding each vaccination practice, visit <http://www.cdc.gov/mmwr/pdf/wk/mm5641-Immunization.pdf>

CHILD IMMUNIZATIONS:

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

- Administer to all children aged 1 year (i.e., aged 12-23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

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

At birth:

- Administer monovalent HepB to all newborns prior to 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 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.

Following 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 of HepB:

- 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.

HepB Series:

- 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.

3) Rotavirus vaccine (Rota). *(Minimum age: 6 weeks)*

- Administer the first dose at age 6-12 weeks.
- Do not start the series later than 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.

4) 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.
- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
- DTaP is not indicated for persons aged 7 years or older.

4) Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (*Minimum age: 10 years for BOOSTRIX[®] and 11 years for ADACELTM*)

- 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 (Td) booster dose.
- 13-18 year-olds who missed the 11-12 year Tdap or received Td only are encouraged to receive one dose of Tdap 5 years after the last Td/DTap dose.
- 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. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age.

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

- If PRP-OMP (PedvaxHB[®] 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 and Hib vaccine in children age 12 months or older.
- Vaccine is not generally recommended for children aged 5 years or older.
- If current age is younger than 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.

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

- Administer one dose of PCV to all healthy children aged 24-59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.
- For children with underlying medical conditions, administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses, or 1 dose of PCV if previously received 3 doses.
- Administer PPV to certain high-risk groups.

7) Inactivated poliovirus vaccine (IPV)

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- 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.
- IPV is not routinely recommended for persons aged 18 years and older.

8) 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 6-59 months and to all eligible close contacts of children aged 0-59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at high risk, and to any child whose parents request vaccination.
- For healthy non-pregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) aged 2-49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6-35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

- Administer annually to all close contacts of children aged 0-59 months.
- Administer annually to persons (including household members) in close contact with persons in groups at higher risk.

9) 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.
- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

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

- Administer second dose at age 4-6 years; may be administered 3 months or more after first dose.
- 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 younger than 13 years of age if administered 28 or more days after the first dose.
- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose, if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

11) 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.
- Administer the HPV vaccine series to females at age 13-18 years if not previously vaccinated.

12) Meningococcal Vaccine. (*Minimum age: 2 years for meningococcal conjugate vaccine (MCV4) and for meningococcal polysaccharide vaccine (MPSV4)*)

- Administer MCV4 to children aged 2-10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.
- Administer MCV4 at age 11-12 years and at age 13-18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
- Administer MCV4 to previously unvaccinated college freshman living in dormitories.