



Department of State Health Services Immunization Schedule - 2006

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-14 years	15 years	16-18 years
Hepatitis B ¹	HepB		HepB	HepB ¹	HepB			HepB Series							
Diphtheria, Tetanus, Pertussis ²				DTaP	DTaP	DTaP		DTaP			DTaP	Tdap	Tdap		
<i>Haemophilus influenzae</i> type b ³				Hib	Hib	Hib ³	Hib								
Inactivated Poliovirus				IPV	IPV	IPV					IPV				
Measles, Mumps, Rubella ⁴							MMR				MMR	MMR			
Varicella ⁵							Varicella					Varicella			
Meningococcal ⁶								Vaccines within broken line are for selected populations				MCV4		MCV4	
Pneumococcal ⁷				PCV	PCV	PCV	PCV				PCV	PPV			
Influenza ⁸						Influenza (Yearly)					Influenza (Yearly)				
Hepatitis A ⁹							HepA Series								

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given.

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- 1. Hepatitis B (HepB) vaccine. AT BIRTH:** All newborns should receive monovalent HepB soon after birth and before hospital discharge.

Infants born to mothers who are HBsAg-positive should receive HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.

Infants born to mothers whose HBsAg status is unknown should receive HepB within 12 hours of birth. The mother should have blood drawn as soon as possible to determine her HBsAg status; if HBsAg-positive, the infant should receive HBIG as soon as possible (no later than age 1 week).

For infants born to HBsAg-negative mothers, the birth dose can be delayed in rare circumstances but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented 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 at age \geq 24 weeks. It is permissible to administer 4 doses of HepB (e.g., when combination vaccines are given after the birth dose); however, if monovalent HepB is used, a dose at age 4 months is not needed.

Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of the HepB series, at age 9-18 months (generally at the next well-child visit after completion of the vaccine series).
- 2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15 to 18 months. The final dose in the series should be given at age \geq 4 years.

Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap – adolescent preparation) is recommended at age 11-12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose. Adolescents 13-18 years who missed the 11-12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. Subsequent **tetanus and diphtheria toxoids (Td)** are recommended every 10 years.
- 3. Haemophilus influenzae type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age \geq 12 months.
- 4. Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by age 11-12 years.
- 5. Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age \geq 13 years should receive 2 doses, given at least 4 weeks apart.
- 6. Meningococcal vaccine (MCV4).** Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11-12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although **meningococcal polysaccharide vaccine (MPSV4)** is an accepted alternative. Vaccination against invasive meningococcal disease is recommended for children and adolescents aged \geq 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see *MMWR* 2005; 54 [RR-7]:1-21); use MPSV4 for children aged 2-10 years and MCV4 for older children, although MPSV4 is an acceptable alternative. **(Not required for school/child-care/students enrolled in health-related and veterinary courses in institutions of higher education).**
- 7. Pneumococcal vaccine.** The **heptavalent pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2-23 months and for certain children aged 24-59 months. The final dose in the series should be given at age \geq 12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000; 49(RR-9):1-35. **(Not required for school entry)**
- 8. Influenza vaccine.** Influenza vaccine is recommended annually for children aged \geq 6 months with certain risk factors (including but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus infection [HIV], diabetes, and conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2005; 54[RR-8]:1-55). In addition, healthy children aged 6-23 months and close contacts of healthy children aged 0-5 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5-49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2005;54(RR-8):1-55. Children receiving TIV should be administered a dose appropriate for their age (0.25 mL if aged 6–35 months or 0.5 mL if aged \geq 3 years). Children aged \leq 8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV). **(Not required for school/child-care entry)**
- 9. Hepatitis A vaccine (HepA).** HepA is recommended for children at 1 year of age (i.e., 12-23 months). In Texas, children and adolescents who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. **(Required for children attending child-care at age 2. *Beginning January 1, 2007*, children will be required to have two doses of hepatitis A, or have begun the series, at 12 months of age. The second dose may be administered 6-18 months from the first dose. Required for students, in grades K-3, attending a school in one of the 40 designated counties only.)**

Informed by recommendations of the 2006 Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), and adopted by the Executive Commissioner of the Health and Human Services Commission on behalf of the Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756. (800) 252-9152. The above information is available at www.ImmunizeTexas.com.