LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

IMMUNIZATION SCHEDULE 2020

Routine annual influenza vaccination is recommended for all persons aged ≥6 months that do not have contraindications
Depending on the child's age, choose the appropriate initial set of immunizations. High-risk children may require additional vaccines.
Individuals with an altered immune system, due to disease or medication must be evaluated by a physician prior to vaccination.

RECOMMENDED SCHEDULE FOR IMMUNIZATION OF INFANTS AND CHILDREN

AGE	
At Birth	HepB
2 Months§	DTaP, Hib, IPV, HepB, PCV, RV
4 Months	DTaP, Hib, IPV, PCV, RV
6 Months	DTaP, Hib, IPV, HepB, PCV, RV, Flu
7 Months	Flu, then annually
12-15 Months	DTaP, Hib, MMR, VAR, PCV, HepA
18-23 Months	HepA
4 Years of Age OR at School Entry	DTaP, IPV, MMR, VAR
11-12 Years	Tdap, MenACWY, HPV (VAR, MMR, HepA, HepB if needed)
16 Years	MenACWY, provider-patient discussion for MenB (HPV, VAR, MMR, HepA, HepB, if needed)

ACCELERATED SCHEDULE FOR CHILDREN STARTING IMMUNIZATIONS LATE

CHILDREN 4 MONTHS TO 7 YEARS OF AGE

1st Visit‡	DTaP, Hib, IPV, HepA, HepB, MMR, VAR, PCV, Flu
2nd Visit (4 weeks after the 1st visit)	DTaP, Hib, IPV, HepB, PCV, Flu
3rd Visit (4 weeks after the 2nd visit)	DTaP, Hib, PCV
4th Visit (6 months after the 3rd visit)	DTaP, Hib, IPV, PCV, HepA, HepB
4 Years of Age† OR at School Entry	DTaP, IPV, MMR, VAR

CHILDREN 7 TO 18 YEARS OF AGE

1st Visit	Tdap, IPV, HepA, HepB, MMR, VAR
2nd Visit (4 weeks after the 1st visit)	Td, IPV, HepB, MMR
3rd Visit (6 months after the 2nd visit)	Td, IPV, HepA, HepB
11-12 Years	Tdap, MenACWY, HPV (IPV, VAR, MMR, HepB if needed)
16 Years	MenACWY, provider-patient discussion for MenB

VACCINE ABBREVIATIONS

DTaP DIPHTHERIA - TETANUS - ACELLULAR PERTUSSIS VACCINE, **Tdap** TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE, **Td** ADULT TYPE TETANUS AND DIPHTHERIA VACCINE, **Flu** INFLUENZA VACCINE**, HepA** HEPATITIS A VACCINE, **HepB** HEPATITIS B VACCINE, **Hib** HAEMOPHILUS INFLUENZA TYPE B VACCINE, **HPV** HUMAN PAPILLOMAVIRUS VACCINE, **IPV** INACTIVATED POLIOVIRUS VACCINE, **MMR** MEASLES - MUMPS - RUBELLA VACCINE, **MenACWY** MENINGOCOCCAL CONJUGATE VACCINE, **MenB** MENINGOCOCCAL VACCINE, **PCV** PNEUMOCOCCAL CONJUGATE VACCINE**, RV** ROTAVIRUS VACCINE, **VAR** VARICELLA VACCINE.

THE SCHEDULE ABOVE AND THE FOLLOWING GUIDELINES ARE SUMMARIES, FOR MORE DETAILED INFORMATION ON EACH VACCINE, REFER TO THE MANUFACTURERS' PRODUCT INSERT OR VIST THE NATIONAL IMMUNIZATION PROGRAM WEB SITE AT WWW.CDC.GOV/VACCINES OR CALL THE NATIONAL IMMUNIZATION HOTLINE AT 800-232-2522 (ENGLISH) OR 800-232-0233 (SPANISH)

DTaP - DTaP vaccine is recommended and can be administered any time after 6 weeks through 6 years of age. The 4th dose of DTaP vaccine should be given at least 6 months after the 3rd dose. Pediatric DT (Diphtheria-Tetanus) should be substituted for DTaP when Pertussis vaccine is contraindicated. Persons aged 7 and older who are fully immunized with DTaP should receive a Tdap at 11- 12 years in place of Td booster.

Td/Tdap - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose should be administered at age 11 through 12 years. Td should be administered instead 10 years after the Tdap dose. Adolescents 13-18 years who missed the 11-12 year **Td**/Tdap booster should also receive a single dose of Tdap if they completed the recommended childhood DTaP series. No minimum interval required between giving doses of Td and Tdap. Subsequent routine Td boosters are recommended every 10 years.

Flu - Routine annual influenza vaccination is recommended for all children 6 months – 18 years. Two doses administered at least 1 month apart are recommended for children aged 6 months – 8 years who are receiving the influenza vaccine for the 1st time. Children 6 months through 8 years getting vaccinated for the first time, and those who have only previously gotten one dose of vaccine, should get two doses of vaccine. All children who have previously gotten two doses of vaccine (at any time) only need one dose of vaccine each season.

HepA – Routine Hepatitis A vaccination is recommended for all children 12 months through 18 years of age. The two doses in the series should be administered at least 6 months apart. If the interval between the first and second doses of Hepatitis A vaccine extends beyond 18 months, it is not necessary to repeat a dose.

HepB - Unimmunized infants should be given a first dose of Thimerosal-free HBV when first encountered, a second dose a minimum of 1 month later, and a third dose a minimum of 4 months after the first. Children aged 11-18 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose. The minimum age for dose #3 is 6 months. Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.

Hib - Hib vaccine can be administered any time DTaP vaccine is given. If PRP-OMP (PedvaxHIB [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Children who are 7 months of age or older at the time they receive the 1st Hib vaccination should be immunized as follows: 1) Unimmunized infants 7-11 months of age should receive a 3-dose regimen. A first dose should be given now, a second dose 1 month later, and a 3rd dose after 12 months of age, at least 2 months after the previous dose. (2) Unimmunized children 12-13 months of age should receive a primary series of one dose and a booster at age 15 months. (3) Unimmunized children 15 months of age or older who have not yet reached their 5th birthday should receive 1 dose.

HPV – HPV vaccine is a 2 dose series for ages 9-14 years and a 3 dose series for ages 15-26 years. Administer the first dose of HPV vaccine between 11-12 years. Administer the second dose 6-12 months after the first dose. If the series was started at 15-26 years, then a three dose series is required: Four week minimum interval between dose 1 and dose 2. A minimum interval of 12 weeks required between dose 2 and dose 3. The 3rd dose should be given at least 24 weeks after the 1st dose. Adolescents aged 9-14 years who have already received two doses of HPV vaccine less than 5 months apart, require a third dose.

IPV - For infants, children and adolescents up to 18 years of age, the primary sequential series of IPV consists of four doses. The primary series is administered at 2 months, 4 months, 6-15 months and 4 years of age, or as age appropriate. A minimum of 6 months is required between the last two doses of IPV.

MMR - Two doses of MMR vaccine after 12 months of age are required with a minimum of 28 days separating the doses. If a child has received 2 doses of MMR vaccine after 12 months of age, another dose after the 4th birthday is not necessary. Children 11-18 years of age not previously immunized with MMR should receive two doses. Individuals with one dose of MMR must receive an additional MMR vaccination. Students in schools of higher learning must receive 2 doses of MMR prior to entry.

MenACWY - Meningococcal conjugate vaccine should be administered to all children at age 11-12 years, a booster dose on/after 16 years. The minimum interval between doses of MenACWY vaccine is 8 weeks. Only one (1) dose is needed if first dose given on or after age 16. This vaccine provides protection against meningococcal serogroups A, C, W, and Y, but not against serogroup B.

MenB – Teens age 16 through 18 years may be vaccinated routinely as an Advisory Committee on Immunization Practices Category B recommendation for provider-patient discussion. The 2 dose series protects against serogroup B meningococcal disease, but not serogroups A, C, W and Y. The two MenB vaccines are <u>not interchangeable</u>. The same vaccine product must be used for all doses in a series. Give 2 doses of either MenB vaccine: Bexsero, 1 month apart; Trumenba, 6 months apart.

PCV - All children should receive a 3 dose primary series and a booster if vaccination begun at ≤ 6 months of age; a 2 dose primary series and a booster if vaccination is begun between 7 and 11 months of age; a 2 dose series and no booster if vaccination is begun between 12 and 23 months of age. If vaccination is initiated at ≥ 24 months of age, the child should receive 1 dose of PCV. Children 24 through 59 months of age should receive a single dose of PCV13. Children with underlying medical conditions, a single supplemental PCV13 is recommended following primary series. High risk or presumed high risk for pneumococcal disease should be immunized with Polysaccharide Vaccine (PPSV) depending on the number of doses of PCV that they have received. PCV vaccination is required as part of the Daycare/Head Start Immunization Requirement for children less than 24 months of age.

RV - The first dose should be given between 6 and 14 weeks with the maximum age of first dose being 14 weeks 6 days of age**.** Maximum age for any dose is 8 months of age. Minimum interval between doses is 4 weeks. Monavalent RV1 is administered at 2 months and 4 months of age, a dose at 6 months is not required. Pentavalent RV5 is administered at 2 months, 4 months and 6 – 8 months. If RV brand is unknown a total of three (3) doses are needed.

VAR - All susceptible children who are at least 12 months old through 18 years of age should be vaccinated. Administer the second dose of varicella vaccine at age 4 – 6 years. Varicella vaccine may be administered prior to 4-6 years, provided that ≥ 3 months have elapsed since the first dose and both doses are administered at ≥ 12 months of age. Susceptible persons aged ≥ 12 years should receive two doses at least 1 month apart. Children with a history of typical chickenpox can be assumed to be immune to varicella. Serologic testing of such children is not warranted. Prior history of chickenpox is not a contraindication to varicella vaccination.

§ DTaP, IPV, HBV, PCV, RV and Hib can be administered as early as 6 weeks of age and simultaneously.

‡ Depending on the child's age, choose the appropriate initial set of immunizations. Sometimes a scheduled dose of vaccine may not be given on time. If this occurs, the dose should be given at the next visit. It is not necessary to restart the series of any vaccine due to extended intervals between doses.

† **LOUISIANA STATE LAW** requires prior to school entry: 2 doses of MMR, 3 HepB, 2 VAR and booster doses of DTaP and Polio vaccines on or after the 4th birthday and prior to school entry. A preschool dose is not necessary if the 4th dose of DTaP and the 3rd dose of IPV (provided it is administered at least 6 months after dose 2) are administered after the 4th birthday. Sixth graders (11 -12 years of age) are required: 1 Tdap, 2 VAR, 2 MMR, 3 HepB, 1 MenACWY. Eleventh graders or 16 years of age require 2 MenACWY. Entry for institutions of higher learning requires 2 doses of MMR, 1 Td/Tdap and 2 doses of MENACWY OR 1 dose, if first dose on or after age 16.

Four Day Grace Period: All vaccine doses administered less than or equal to four days before the required minimum interval or age shall be considered valid doses when evaluating a student record for compliance with immunization requirements for schools and child care entry. The Advisory Committee on Immunization Practices (ACIP) continues to recommend that vaccine doses not be given at intervals less than the minimum intervals or earlier than the minimum age.