

# GRANTEE Update

January 26, 2009

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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## Break the Silence: Stop the Violence

*National Center for Injury Prevention and Control (NCIPC)*

It may shock you to know that one out of every eleven teens reports being hit or physically hurt by a boyfriend or girlfriend in the past twelve months. But why is that, and how can we change it? In "Break The Silence: Stop the Violence," parents talk with teens about developing healthy, respectful relationships before they start dating.

The Centers for Disease Control and Prevention has launched CDC-TV, a new online video resource available through [www.cdc.gov](http://www.cdc.gov). CDC-TV videos will cover a variety of health, safety and preparedness topics.

The premiere series on CDC-TV is "Health Matters." The first segment of the series, "Break the Silence: Stop the Violence," addresses the topic of teen dating violence. In this video, parents and teens discuss the problem of dating violence and how to prevent it.

The library of available videos through CDC-TV will expand to include single-topic presentations as well as series for children, parents and public health professionals. Most are short and all include captioning for the hearing-impaired.



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## Break the Silence: Stop the Violence *continued*

Other videos include:

- Go with the Flow (CDC studies show that widespread water fluoridation prevents cavities and saves money)
- Personal Flu Stories: Why Flu Vaccination Matters
- Put Your Hands Together (Learn how to help stop the spread of infection and stay healthy. It's easy when you 'Put Your Hands Together')
- The Quiet Killer (Each year, nearly 500 die while as many as 20,000 visit emergency rooms for exposure to carbon monoxide)
- Baby Steps: Learn the Signs. Act Early (CDC manages a campaign to help parents measure their children's development by how they play, learn, speak and act)
- A New Era of Preparedness (CDC efforts to assure preparedness for emerging health threats)

The videos are part of CDC's efforts to increase access to information that can help people prevent illness and injury. "Online video is one of the best tools we have to reach a large number of people and help them make informed health decisions by providing accurate health information," said Jay Bernhardt, Ph.D., director of CDC's National Center for Health Marketing. "CDC-TV marks an exciting new chapter in our continuing efforts to provide CDC's health information to the public when, where, and how they want it."

The videos are available at [www.cdc.gov/CDCtv](http://www.cdc.gov/CDCtv).

## Fire Prevention Safety in Iowa Child Care Centers

January 30, 2009, 10 a.m. to 12 p.m., ICN

### Target Audience:

Consultants working with the following programs:

Child Care Business owners/directors, Child Care Home Consultants, Child Care Licensing Consultants, Child Care Nurse Consultants, Community Empowerment Consultants, Early ACCESS Consultants, Early Childhood Educators, Head Start or Early Head Start Consultants, Iowa State University Extension Consultants, PITC Consultants, School Personnel, Shared Visions Consultants

### Purpose:

To keep consultants working with early childhood care and education businesses informed of fire prevention and safety strategies and regulations.

For more information, go to page 7 of **The Update**.



# Program Management

## Bureau of Family Health Grantee Committee Meeting

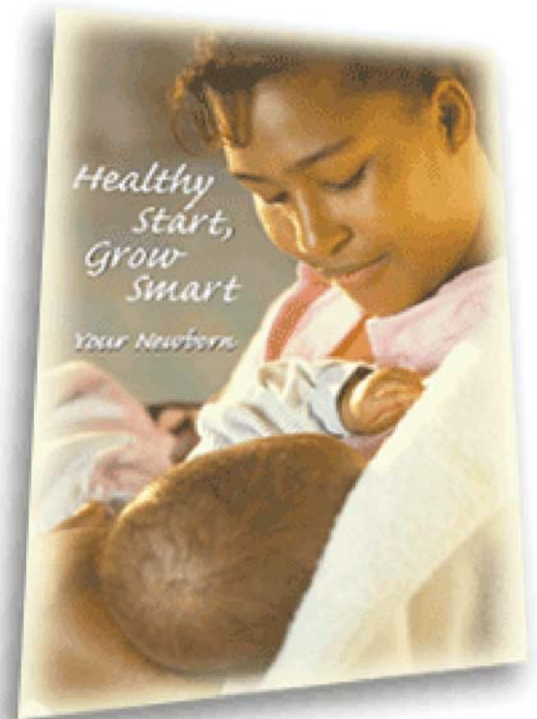
The next Bureau of Family Health Grantee Committee will be scheduled during the 2009 Iowa Public Health Conference, April 7-8. *This is a required meeting for Bureau of Family Health contract agencies.*

### Healthy Start, Grow Smart

The “Healthy Start, Grow Smart,” health education series is intended to improve early childhood education for America’s youngest children by providing easily understood information to parents and caregivers about best practices in early childhood development.

“Healthy Smart, Grow Smart” offers several issues, one for the newborn and one for each of the first 12 months of the new infant’s life. A 15-month, 18-month and 24-month series is also available. Published in English, Spanish, Vietnamese and Chinese, these booklets have been developed by health experts to provide valuable age-appropriate information about health, safety, nutritional needs and early cognitive development.

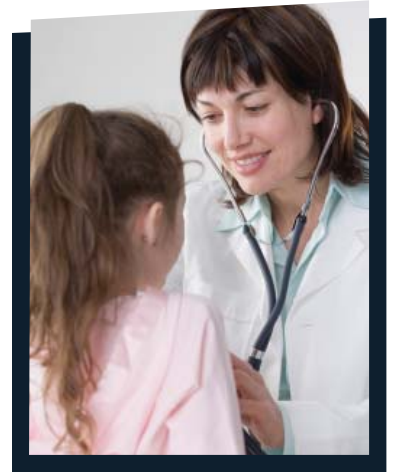
This is a tool you can provide to assist parents in raising healthy children, and it is absolutely free. You may order individual booklets or the entire series by visiting <http://cms.ntis.gov>. The series is also available for download.



# Program Management

## 2009 Immunization Schedules

On January 2, 2009, the Centers for Disease Control and Prevention (CDC) published the “Recommended Immunization Schedules for Persons Aged 0 through 18 Years-United States, 2009” as endorsed by the CDC, AAP, and AAFP. The Advisory Committee on Immunization Practices (ACIP) annually publishes immunization schedules that summarize recommendations for currently licensed vaccines for children aged 18 years and younger. Go to pages 9-11 of **The Update** to view the 2009 Schedules for Persons Aged 0-6 Years, Persons Ages 7-18 Years, and the Catch-Up Schedule.



Changes from the year's previous schedule include:

- Recommendations for rotavirus vaccines include changes for the maximum age for the first dose (14 weeks 6 days) and the maximum age for any dose (8 months 0 days). The rotavirus footnote also indicates that if RV1 (Rotarix) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Routine annual influenza vaccination is recommended for all children aged 6 months through 18 years. Children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous season but only received 1 dose should receive 2 doses of influenza vaccine at least 4 weeks apart. Healthy non-pregnant persons aged 2 through 49 years may receive either live attenuated influenza vaccine or inactivated influenza vaccine.
- The minimum interval between tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) for persons aged 10 through 18 years is addressed. An interval less than 5 years may be used if pertussis immunity is needed.
- Information about the use of Haemophilus influenzae type b (Hib) conjugate vaccine among persons aged 5 years and older at increased risk for invasive Hib disease has been added. Use of Hib vaccine for these persons is not contraindicated.
- Catch-up vaccination with human papillomavirus (HPV) vaccine is clarified. Routine dosing intervals should be used for series catch-up (i.e., the second and third doses should be administered 2 and 6 months after the first dose). The third dose should be given at least 24 weeks after the first dose.
- Abbreviations for rotavirus, pneumococcal polysaccharide, and meningococcal polysaccharide vaccines have been changed.
- The National Childhood Vaccine Injury Act requires that healthcare providers provide parents or patients with copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedules. Additional information is available from CDC at [www.cdc.gov/vaccines/pubs/vis](http://www.cdc.gov/vaccines/pubs/vis).

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# Program Management

## 2009 Immunization Schedules *continued*

Detailed recommendations for using vaccines are available from ACIP statements available at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm) and the 2006 Red Book. Guidance regarding the Vaccine Adverse Event Reporting System form is available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone at (800) 822-7967. To access a ready-to-print (PDF) version of the issue of MMWR which contains the schedule, go to [www.cdc.gov/mmwr/PDF/wk/mm5751.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5751.pdf). To access the “Recommended Immunization Schedules for Persons Aged 0 through 18 Years – United States, 2009”, go to [www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm).

## Monthly CARES and Child Health/EPSTD Training at IDPH

The Bureau of Family Health will be offering both CARES and Child Health / EPSTD training during the months of March through November 2009. The CARES training is the new user training. The EPSTD Part II training is the follow-up to the EPSTD Part I training that you have at your agency (video or CD ROM).

The CARES training will be held from 10:00 a.m. – 12:00 p.m. with the Part II: EPSTD – Serving Iowa’s Children and Families training to follow from 12:30 p.m. – 4:00 p.m. See the dates and Des Moines training locations below.

- Tuesday, March 10, 2009 – Lucas State Office Building, Conference Room 526 (Licensure Board Room)
- Thursday, April 16, 2009 – Lucas State Office Building, Conference Room 523
- Thursday, May 28, 2009 – Lucas State Office Building, Conference Room 517
- Thursday, June 25, 2009 – Hoover State Office Building, A Level Conference Room #4 (inside the DAS double doors and immediately to the right)
- Thursday, July 23, 2009 - Hoover State Office Building, A Level Conference Room #4 (inside the DAS double doors and immediately to the right)
- Thursday, August 27, 2009 - Lucas State Office Building, Conference Room 517
- Thursday, September 24, 2009 - Hoover State Office Building, A Level Conference Room #4 (inside the DAS double doors and immediately to the right)
- Friday, October 23, 2009 - Lucas State Office Building, Conference Room 517
- Thursday, November 12, 2009 - Lucas State Office Building, Conference Room 517

Please e-mail Marcus Johnson or Janet Beaman with the names of staff from your agency that will attend on selected dates. Specify which training each staff member will attend (CAREs or EPSTD Part II or both). Also know that our space is limited. If seating capacity fills, we may need to request that future dates be selected.

If you have questions, please contact: Marcus Johnson - [mjohnson@idph.state.ia.us](mailto:mjohnson@idph.state.ia.us), (515) 242-6284;  
Janet Beaman - [jbeaman@idph.state.ia.us](mailto:jbeaman@idph.state.ia.us), (515) 281-3052; Carol Hinton - [chinton@idph.state.ia.us](mailto:chinton@idph.state.ia.us) (515) 281-6924.

# W O R T H   N O T I N G

## CDC Health Advisory

The CDC continues to collaborate with public health officials in many states and the United States Food and Drug Administration (FDA) to investigate a multistate outbreak of human infections due to Salmonella serotype Typhimurium. As of 9 PM Wednesday, January 21, 2009, the case count is 488 in 43 states (includes Iowa) and one case in Canada.

Please share the following information and resources with the public and other stakeholders through your channels and contacts:

In order to make it easier for consumers to determine whether any of the peanut butter-containing products they have at home are subject to recall, the Food and Drug Administration (FDA) has created and posted an expanded, searchable database that will be updated as new information becomes available. This information is available at [www.accessdata.fda.gov/scripts/peanutbutterrecall/index.cfm](http://www.accessdata.fda.gov/scripts/peanutbutterrecall/index.cfm).

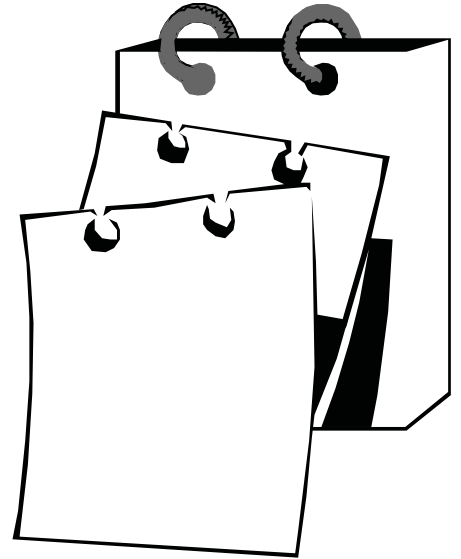
For information on products containing peanut butter from companies not reporting recalls, consumers may wish to consult the company's website or call the toll-free number listed on most packaging. Please note that information consumers may receive from the companies has not been verified by FDA.

Information about recalled products and Salmonella can be found by calling 1-800-CDC-INFO.

A podcast on the outbreak, response, and consumer information can be downloaded from CDC's Web site at [www2a.cdc.gov/podcasts/player.asp?f=10684](http://www2a.cdc.gov/podcasts/player.asp?f=10684).

Persons who think they may have become ill from eating peanut butter are advised to consult their health care providers. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 12–72 hours after infection.

# CALENDAR OF EVENTS



**February 10-11, 2009**

Early Childhood Iowa Congress  
Airport Holiday Inn, Des Moines

For more information, go to [www.state.ia.us/earlychildhood/ECI\\_Congress/index.html](http://www.state.ia.us/earlychildhood/ECI_Congress/index.html).

**February 12, 2009**

Early Childhood Iowa Day on the Hill  
State Capitol, Des Moines

For more information, go to [www.state.ia.us/earlychildhood/ECI\\_Congress/index.html](http://www.state.ia.us/earlychildhood/ECI_Congress/index.html).

**\*April 7-8, 2009**

2009 Public Health Conference  
Scheman Conference Center, Ames

For more information, contact Andrew Connet at (515) 281-7184 or [aconnet@idph.state.ia.us](mailto:aconnet@idph.state.ia.us).

\*Required meeting

# GRANTEE Update

## Phone Directory

**Bureau of Family Health: 1-800-383-3826**

**Teen Line: 1-800-443-8336**

**Healthy Families Line: 1-800-369-2229**

**FAX: 515-242-6013**

NAME	PHONE	E-MAIL
Beaman, Janet	281-3052	<a href="mailto:jbeaman@idph.state.ia.us">jbeaman@idph.state.ia.us</a>
Borst, M. Jane (Bureau Chief)	281-4911	<a href="mailto:jbors@idph.state.ia.us">jbors@idph.state.ia.us</a>
Brown, Kim	281-3126	<a href="mailto:kbrown@idph.state.ia.us">kbrown@idph.state.ia.us</a>
Clausen, Sally	281-6071	<a href="mailto:sclausen@idph.state.ia.us">sclausen@idph.state.ia.us</a>
Connet, Andrew	281-7184	<a href="mailto:aconnet@idph.state.ia.us">aconnet@idph.state.ia.us</a>
Dhooge, Lucia	281-7613	<a href="mailto:ldhooge@idph.state.ia.us">ldhooge@idph.state.ia.us</a>
Doyle Scar, Angie	242-5980	<a href="mailto:adoyle@idph.state.ia.us">adoyle@idph.state.ia.us</a>
Ellis, Melissa	281-7044	<a href="mailto:mellis@idph.state.ia.us">mellis@idph.state.ia.us</a>
Goebel, Patrick	281-3826	<a href="mailto:pgoebel@idph.state.ia.us">pgoebel@idph.state.ia.us</a>
Hageman, Gretchen	281-7585	<a href="mailto:ghageman@idph.state.ia.us">ghageman@idph.state.ia.us</a>
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Hodges, Jenny	281-4926	<a href="mailto:jhodges@idph.state.ia.us">jhodges@idph.state.ia.us</a>
Hummel, Brad	281-5401	<a href="mailto:bhummel@idph.state.ia.us">bhummel@idph.state.ia.us</a>
Johnson, Marcus	242-6284	<a href="mailto:mjohnson@idph.state.ia.us">mjohnson@idph.state.ia.us</a>
Jones, Beth	281-7044	<a href="mailto:bjones@idph.state.ia.us">bjones@idph.state.ia.us</a>
Miller, Lindsay	281-7721	<a href="mailto:lmiller@idph.state.ia.us">lmiller@idph.state.ia.us</a>
Monsma, Alison	281-7368	<a href="mailto:amonsma@idph.state.ia.us">amonsma@idph.state.ia.us</a>
Montgomery, Juli	242-5593	<a href="mailto:jmontgom@idph.state.ia.us">jmontgom@idph.state.ia.us</a>
O'Hollearn, Tammy	242-5639	<a href="mailto:tohollea@idph.state.ia.us">tohollea@idph.state.ia.us</a>
Pearson, Analisa	281-7519	<a href="mailto:apearson@idph.state.ia.us">apearson@idph.state.ia.us</a>
Peterson, Janet	242-6388	<a href="mailto:jpeterso@idph.state.ia.us">jpeterso@idph.state.ia.us</a>
Piper, Kim	281-6466	<a href="mailto:kpiper@idph.state.ia.us">kpiper@idph.state.ia.us</a>
Schulte, Kelly	281-8284	<a href="mailto:kschulte@idph.state.ia.us">kschulte@idph.state.ia.us</a>
Trusty, Stephanie	281-4731	<a href="mailto:strusty@idph.state.ia.us">strusty@idph.state.ia.us</a>
Wheeler, Denise	281-4907	<a href="mailto:dwheeler@idph.state.ia.us">dwheeler@idph.state.ia.us</a>

Area code is 515



# Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

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

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. 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 <http://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 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 mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

### 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 or 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 (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

### 4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

## 2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix<sup>®</sup> is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

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

- If PRP-OMP (PedvaxHIB<sup>®</sup> or Comvax<sup>®</sup> [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHiBit<sup>®</sup> (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

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

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

## 6. 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 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

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

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

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

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

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

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55[No. RR-7].

## 10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54[No. RR-7].
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

# Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>		see footnote 1	<b>Tdap</b>	<b>Tdap</b>
Human Papillomavirus <sup>2</sup>		see footnote 2	<b>HPV (3 doses)</b>	<b>HPV Series</b>
Meningococcal <sup>3</sup>		<b>MCV</b>	<b>MCV</b>	<b>MCV</b>
Influenza <sup>4</sup>		<b>Influenza (Yearly)</b>		
Pneumococcal <sup>5</sup>		<b>PPSV</b>		
Hepatitis A <sup>6</sup>		<b>HepA Series</b>		
Hepatitis B <sup>7</sup>		<b>HepB Series</b>		
Inactivated Poliovirus <sup>8</sup>		<b>IPV Series</b>		
Measles, Mumps, Rubella <sup>9</sup>		<b>MMR Series</b>		
Varicella <sup>10</sup>		<b>Varicella Series</b>		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. 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 <http://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 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

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

- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.

## 3. Meningococcal conjugate vaccine (MCV).

- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See *MMWR* 2005;54(No. RR-7).
- Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.

## 4. Influenza vaccine.

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

## 5. Pneumococcal polysaccharide vaccine (PPSV).

- Administer to children with certain underlying medical conditions (see *MMWR* 1997;46[No. RR-8]), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.

## 6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

## 7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB® is licensed for children aged 11 through 15 years.

## 8. Inactivated poliovirus vaccine (IPV).

- 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 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.

## 9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

## 10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip)), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

# Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2009

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.

<b>CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS THROUGH 6 YEARS</b>					
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 <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus <sup>2</sup>	6 wks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, Tetanus, Pertussis <sup>3</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>4</sup>	6 wks	4 weeks if first dose administered at younger than 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 or older	4 weeks <sup>4</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>4</sup> if current age is 12 months or older and second dose administered at younger than age 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>5</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks	4 weeks <sup>6</sup>	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	3 months			
Hepatitis A <sup>9</sup>	12 mos	6 months			
<b>CATCH-UP SCHEDULE FOR PERSONS AGED 7 THROUGH 18 YEARS</b>					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis <sup>10</sup>	7 yrs <sup>10</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus <sup>11</sup>	9 yrs	Routine dosing intervals are recommended <sup>11</sup>			
Hepatitis A <sup>9</sup>	12 mos	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks	4 weeks <sup>6</sup>	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	3 months if the person is younger than age 13 years 4 weeks if the person is aged 13 years or older			

## 1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB<sup>®</sup> is licensed for children aged 11 through 15 years.

## 2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix<sup>®</sup> was administered for the first and second doses, a third dose is not indicated.

## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

## 4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHib<sup>®</sup> or Comvax<sup>®</sup>), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.

## 5. Pneumococcal vaccine.

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant, at least 8 weeks after the last dose of PCV.

## 6. Inactivated poliovirus vaccine (IPV).

- 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 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.

## 7. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

## 8. Varicella vaccine.

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

## 9. Hepatitis A vaccine (HepA).

- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

## 10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

## 11. Human papillomavirus vaccine (HPV).

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 2 and 6 months after the first dose). However, the minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be given at least 24 weeks after the first dose.