IMMUNIZATION GUIDELINES FOR THE USE OF STATE-SUPPLIED VACCINE

Washington State Department of Health
Office of Immunization and Child Profile
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DTaP/DT

Indication
Children from 6 weeks of age up to their 7th birthday. ACIP recommends 5 doses of DTaP vaccine at ages 2, 4, 6, 15-18 months, and 4-6 years.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html

DTaP/IPV/Hep B Combination (Pediarix®)

Indication
Children from 2 months of age up to their 7th birthday. Indicated for the primary doses of DTaP, IPV, and Hep B series at 2, 4 and 6 months.

Catch-Up Vaccination
Pediarix® may be used for catch up vaccination for children up to 7 years of age who have not completed the primary series.

Considerations
If Pediarix® is not available, single injection vaccines may replace any dose in the series. Pediarix® should not be given to infants less than 6 weeks or any child 7 years of age or older. Pediarix® does not replace the hepatitis B birth dose. ACIP indicates that it is acceptable for children to receive 4 doses of hepatitis B vaccine.

DTaP/IPV/Hib Combination (Pentacel®)

Indication
Children from 6 weeks of age up to their 5th birthday. Indicated for the 4-dose DTaP, IPV, and Hib series at 2, 4, 6 and 15-18 months.

Considerations
If Pentacel® is not available, single injection vaccines may replace any dose in the series. Pentacel® is not licensed for children 5 years or older or for the 5th dose of the DTaP series. Pentacel® inadvertently administered to children 5 years or older should be counted as a valid dose.
DTaP/IPV Combination

Indication
Children from 4 years through 6 years of age. Indicated for the DTaP and IPV booster doses (5\textsuperscript{th} dose in the DTaP series and 4\textsuperscript{th} dose in the IPV series).

Hepatitis A

Indication
Children from 12 months of age up to their 19\textsuperscript{th} birthday. ACIP recommends 2 doses of Hepatitis A vaccine at one year of age (12-23 months) and the second dose 6 months later.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html

Hepatitis B

Indication
Children from birth up to their 19\textsuperscript{th} birthday. ACIP recommends 3 doses of Hepatitis B vaccine at birth, 1-2 months, and 6-18 months for single-antigen vaccinations. Combination vaccines cannot be administered to infants less than 6 weeks; only single-antigen Hepatitis B vaccine may be used for the birth dose.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html

Hib

Indication
Children from 6 weeks of age up to their 5\textsuperscript{th} birthday. Indicated for a 2- or 3-dose series with a recommended booster dose (dose 3 or 4 depending on vaccine type used in primary series).

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html
HPV

Indication
Adolescents from 9 years of age up to their 19th birthday. ACIP recommends routine HPV vaccination at age 11 or 12 years. Adolescents initiating vaccination before their 15th birthday may receive a 2-dose series with the second dose administered 6-12 months after the first dose. Adolescents initiating vaccination on or after their 15th birthday should receive a 3-dose series. The second dose should be administered 1-2 months after the first dose, and the third dose administered 6 months after the first dose.

Series Completion
- If the type of HPV vaccine previously administered is unknown, not available, or in settings transitioning to HPV 9, providers may use HPV 9 to continue or complete the series.
- Adolescents who initiated vaccination before their 15th birthday and received 2 doses of any HPV vaccine at the recommended dosing schedule (0, 6–12 months) or 3 doses of any HPV vaccine at the recommended dosing schedule (0, 1–2, 6 months), are considered adequately vaccinated.
- There is no ACIP recommendation regarding additional vaccination with HPV 9 for adolescents who have been adequately vaccinated with HPV 2 or HPV 4.
- If the vaccination schedule is interrupted, the series does not need to be restarted.

Special Populations
- Children with a history of sexual abuse or assault should begin routine HPV vaccination at age 9 years.
- ACIP recommends routine vaccination for adolescents who are transgender or who identify with the category of men who have sex with men.

Medical Conditions
- ACIP recommends vaccination with 3 doses of HPV 9 vaccine (0, 1–2, 6 months) for adolescents with primary or secondary immunocompromising conditions that might reduce cell-mediated or humoral immunity, such as B lymphocyte antibody deficiencies, T lymphocyte complete or partial defects, HIV infection, malignant neoplasms, transplantation, autoimmune disease, or immunosuppressive therapy, because immune response to vaccination might be attenuated.

http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html

IPV (Polio)

Indication
Children from 6 weeks of age up to their 19th birthday. ACIP recommends 4 doses of IPV vaccine at ages 2, 4, 6-18 months, and 4-6 years, with a minimum interval of 4 weeks between doses (the minimum interval between the final doses should be 6 months).

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/polio.html
MCV4 (Meningococcal Conjugate)

Indication
Adolescents from 11 years of age up to their 19th birthday. A single dose of meningococcal conjugate vaccine is recommended at 11-12 years for all adolescents. A booster dose is recommended at:
- Age 16 if the first dose was administered at 11-12 years of age
- Age 16-18 if the first dose was administered at 13-15 years of age
- If the first dose is administered at, or after, age 16 no booster dose is required.
- The minimum interval between doses is 8 weeks.

Special Populations
- Infants aged 9-23 months, who are at increased risk for meningococcal disease if traveling to, or residing in, countries in which N. meningitides is hyperendemic or epidemic, are recommended to receive a 2-dose primary series with a dosing interval of 12 weeks.
- A 1-dose primary series is recommended for children 2 years of age up to their 19th birthday who travel to, or reside in, countries in which N. meningitides is hyperendemic or epidemic, particularly if contact with the local population will be prolonged.
- A 2-dose primary series is recommended for children and adolescents who:
  - Have persistent complement component deficiencies
  - Have anatomic or functional asplenia
  - Were previously vaccinated with MCV4 but who remain at increased risk for meningococcal disease
  - Are infected with human immunodeficiency virus (HIV).

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html

MenB (Meningococcal B)

Indication
Teens from 16 years of age up to their 19th birthday. The two MenB vaccines are not interchangeable; the same product must be used for all doses. For healthy adolescents who are not at increased risk for meningococcal disease, ACIP recommends a 2-dose series of Trumenba (0 and 6 month schedule) or a 2-dose series of Bexsero (0 and 1–6 month schedule).

Special Populations
- For persons at increased risk for meningococcal disease and for use during serogroup B meningococcal disease outbreaks, ACIP recommends that 3 doses of Trumenba be administered at 0, 1-2, and 6 months.
- MenB vaccine is also recommended for adolescents 10 years of age up to their 19th birthday who are at increased risk due to persistent complement component deficiencies including adolescents taking eculizumab, or adolescents with anatomic or functional asplenia, sickle cell disease or meningococcal disease outbreak attributable to serogroup B.
Considerations

- Trumenba and Bexsero may be administered concomitantly with other vaccines indicated for this age, but at a different anatomic site, if feasible.

Ordering Vaccine

MenB vaccines are not currently available for routine ordering due to ACIP Category B permissive recommendations. Providers can order directly from the State by sending an email to WACDCChildhoodVaccines@doh.wa.gov.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html

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**MMR**

**Indication**

Children from 12 months of age up to their 19th birthday. 2 doses of MMRII vaccine are required; all children should receive their first dose at 12-15 months. The second dose is recommended for all children 4-6 years, before entering kindergarten. The second dose of MMR can be given as early as 4 weeks (28 days) after the first dose.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html

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**MMRV Combination (ProQuad®)**

**Indication**

Children from 12 months up to 12 years of age. Routine recommended ages for MMRV are 12-15 months for the first dose and 4-6 years for the second dose. MMRV is not licensed for use among adolescents 13 years or older.

**Further Guidance**

- 1st dose (ages 12-47 months) – either MMR or MMRV may be used. Providers should discuss benefits and risks of both options with parents or caregivers. Unless the parent or caregiver expresses a preference for MMRV, ACIP recommends that MMR and varicella vaccines should be given separately for the first dose.
- 1st dose (age ≥48 months) – use of MMRV generally preferred over separate injections. Considerations should include provider assessment, patient preference, and the potential for adverse events.
- 2nd dose (ages 15 months-12 years) – use of MMRV generally preferred. Considerations should include provider assessment, patient preference, and the potential for adverse events.

**Considerations**

- MMRV must be stored frozen at or below -15°C (5°F) and must be used within 30 minutes of reconstitution.
- Providers must be certified for frozen vaccine storage. Providers certified for varicella will be considered certified for MMRV.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmrv.html
PCV13 (Pneumococcal Conjugate)

Indication
Children 2 months of age up to their 5th birthday. PCV13 is recommended as a 4-dose series at ages 2, 4, 6 and 12-15 months. Routine use of PCV13 is not recommended for healthy children aged 5 years and older.

Further Guidance
- A single supplemental dose of PCV13 is recommended for all children aged 14–59 months who have received 4 doses of PCV7 or another age-appropriate, complete PCV7 schedule.
- Children with underlying medical conditions should receive a supplemental PCV13 dose through 71 months.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html

PPSV23 (Pneumococcal Polysaccharide)

Indication
Children from 2 years of age up to their 19th birthday. ACIP recommends 1 dose of PPSV23 for persons aged 2 years and older who have certain underlying medical conditions.

Further Guidance
- Children aged 2-18 years with high-risk medical conditions should receive PPSV23 after completing all recommended doses of PCV13.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html

Rotavirus

Indication
Infants aged 6 weeks through 8 months. Rotavirus vaccine should either be administered as a 3-dose series (RotaTeq; 2, 4 and 6 month schedule) or a 2-dose series (RotaRix; 2 and 4 month schedule). The minimum interval between doses of rotavirus vaccine is 4 weeks. All doses should be administered by 8 months of age.

Considerations
- ACIP recommends the rotavirus vaccine series be completed with the same product whenever possible. However, vaccination should not be deferred because the product used for a previous dose(s) is not available or is unknown. The provider should continue or complete the series with any product available. If any dose in the series was RV5 or if the vaccine product is unknown, a total of 3 doses of vaccine should be administered.
- The minimum age for the first dose of rotavirus is 6 weeks; the maximum age for the first dose is 14 weeks and 6 days. Vaccination should not be initiated for infants aged 15 weeks or older.

https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html
**Td**

**Indication**
Adolescents from 7 years of age up to their 19th birthday. Td can be used to catch-up adolescents who are not fully vaccinated with a primary series of DTaP, if Tdap is contraindicated, or as a booster dose given every 10 years after the primary series is completed.

[https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html)

**Td**

**Indication**
Adolescents from 11 years of age up to their 19th birthday. ACIP recommends that children aged 7 through 10 years who are not fully vaccinated against pertussis and for whom no contraindication to pertussis vaccine exists, should receive a single dose of Tdap to provide protection against pertussis.

**Considerations**
- If there is no history of DTaP vaccination, children 7 years of age or older should receive a Tdap dose, followed by 2 doses of Td (dosing schedule of 0, 1 and 7 months). Tdap may substitute for any one of the 3 Td doses in the series.

**Special Population**
If indicated, a dose of Tdap is recommended for pregnant adolescents, during each pregnancy. Recommended administration during 27-36 weeks of pregnancy, or as soon as possible after birth.

[https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html)

**Varicella**

**Indication**
Children from 12 months of age up to their 19th birthday who do not have evidence of varicella immunity. Routine recommended ages for varicella vaccine are 12-15 months for the first dose and 4-6 years for the second dose.

**Considerations**
- For children ages 12 months through 12 years, the recommended minimum interval between doses is 3 months. However, if at least 4 weeks has elapsed between doses, the second dose is considered valid.
- The minimum interval between doses is 4 weeks for children 13 years and older.
- Providers must be certified for frozen vaccine storage. Providers certified for MMRV will be considered certified for varicella.
https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html