

Mt. Dora Pediatrics Vaccine Schedule (Last revised 2/2/11)

Trade name for individual Vaccine is in Bold and Underlined. Vaccine component(s) below the Trade name

Birth	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yrs	4-6 yrs	11-12 yrs	15 yrs	17-18yr
<u>Hep B</u>	<u>Pediarix</u> Diphtheria, Acellular Perussis, Hepatitis B, Polio		<u>Pediarix</u> Diphtheria, Acell.Perussis, Hep B, Polio <i>Pentacel is used if Hepatitis B not started at birth</i>	We will use this well child visit to "catch-up" on missed immunizations	<u>MMR</u> Measles, Mumps, Rubella <u>Varicella</u> Chickenpox	<u>DTaP</u> Diphtheria, Tetanus and Acellular Pertussis	We will use this well child visit to "catch-up" on missed immunizations	<u>Havrix</u> Hepatitis A Virus (optional)	<u>Kinrix</u> Diphtheria, Tetanus and Acellular Pertussis Inactivated polio	<u>Adacel</u> Tetanus & Acellular Pertussis. Give at 8 to 10 years if incomplete Pertussis		
	<u>Prevnar</u> or Streptococcus Pneumonia	<u>Prevnar</u> or Strept. Pneumonia	<u>Prevnar</u> or Strept. Pneumonia		<u>Prevnar</u> Strept. Pneumonia. Final Prevnar given at 12, 15 or 18 months	<u>Prevnar?</u> If not previously	<u>Prevnar?</u> If not previously		<u>MMR</u> Measles, Mumps, Rubella <u>Varicella</u> Chickenpox (Booster if no prior disease)	<u>Menactra</u> meningitis vaccine 1 of 2 Though optional most Colleges require		<u>Menactra</u> meningitis vaccine Booster 2 of 2 at 16 to 18 yrs of age. Most Colleges require
	<u>ActHIB</u> Haemophilus Influenza		<u>ActHIB</u> Haemophilus Influenza <i>ActHIB is not needed if Pentacel is given</i>	<u>Enterix</u> Hepatitis B Final Hepatitis B vaccine if Hep B vaccine started at 2 months or not started at birth		<u>Act HIB</u> Final HIB vaccine May also be given at 18 mo	<u>Act HIB</u> Final HIB vaccine May also be given at 15 mo		<u>Act HIB</u> HIB booster vaccine for children for children at least 5 years old if Sickle Cell or asplenia	<u>Gardasil</u> Papilloma virus (2 nd dose 2 & 6 mos later Can start at 9 yrs. Recc also for boys	<u>Gardasil</u> Papilloma virus (2 nd dose 2 & 6 mos later Can start at 9 yrs. Recc also for boys	<u>Gardasil</u> Papilloma virus (2 nd dose 2 & 6 mos later Can start at 9 yrs. Recc also for boys
	<u>Rotarix</u> Rotovirus Oral (optional)	<u>Rotarix</u> Rotovirus Oral (optional)										
		<u>Pentacel</u> Diphtheria, Tetanus, Acell. Pertussis, Haem. Influenza ,Polio	<u>Fluzone</u> Seansonal Viral Flu (optional) → <u>Pediarix*?</u>	<u>Fluzone</u> 2 nd Booster in 1 month if first time vaccine	<u>Havrix</u> Hepatitis A (optional)	3 dose series if Hep B is not given previous		<u>Havrix</u> Hepatitis A (optional) Second final dose		<u>Recombivax</u> <u>Hepatitis B</u> →	2 dose series if Hep B is not given previous	

- **Pediarix** = DTaP + IPV (inactivated polio) + Hepatitis B **NOTE** Pediarix vaccine may be used in place of Pentacel when the separate Haemophilus Influence (ACT HIB) is in good supply.
- **DTaP** is complete if at least 4 doses given and last dose was given after the 4th birthday (or dT given to the child ≥ 7 yrs) •DTap is not given for children ≥ 7 yrs (dT or Addavell is given instead for children ≥ 7 yrs)
- **Varicella**: Second dose is required at the 4-5 yr old well check. No varicella vaccine is required if the child has had Varicella illness. If the child has had no Varicella vaccinations or disease and ≤ 12 yrs old, the second dose is given 3 months later, if ≥ 13 yrs old the second dose is given 1 month later.
- **Fluzone (Flu)**: can be given during the Flu season at anytime after age 6 months: If Fluzone is given at 6-35mos 2 doses required if not rec'd in past @ 0.25ml/dose. At 36 mos-8yrs 2 doses **Fluzone** are required if not rec'd in past @ 0.5ml/dose (otherwise only one dose) Children 9 yrs and older 1 dose required only @ 0.5ml of **Fluzone**
- If child is 12 to 24 months and has not received **Prevnar** in the past, they get 2 doses at least 2 months apart
- If the child is 12 to 24 months and has received 1 **Prevnar** dose before 12 months of age, they should get 2 more doses > 2 months apart
- If the child is 12 to 24 months and received 1 **Prevnar** dose after 12 months of age, they should receive 1 more dose
- If the child is 12 to 24 months and has received 2 to 3 **Prevnar** doses before 12 month of age, they should receive 1 more dose
- If child is 24 to 59 months and not a high risk patient with any incomplete schedule, they should get one more **Prevnar** dose
- If the child is 24 to 59 months and a **high risk patient** (Sickle cell, asplenia, chronic heart & lung , diabetes, CSF leak, Cochlear implants, HIV, American Indian) with any incomplete schedule of < 3 doses should get 2 more **Prevnar** doses 2 months apart; if > 3 doses previous doses should get 1 more dose
- Patients who started with **Prevnar 7** should be completed with PCV13. All children 14 mo to 59 mo old who received an age-appropriate series of **Prevnar 7** should receive a single supplemental dose of **Prevnar 13**
- All children 60 through 71 months old with underlying medical conditions who have received an age-appropriate series of Pevnar7 should receive a single supplemental dose of PCV13.
- The supplemental **Prevnar 13** dose should be given at least 8 weeks after the previous dose of **Prevnar 7**. Children 6 through 18 years old with functional or anatomic asplenia, HIV infection or other immunocompromized conditions, cochlear implant, or cerebrospinal fluid leak may be given a single dose of **Prevnar 13**. Extra **HIB boosters** recommended for Sickle Cell and asplenia patients at least 5 yrs of age

For more information on vaccines go to American Academy of Pediatrics (AAP) <http://www.cisimmunize.org> or National Network for Immunization Information <http://www.immunizationinfor.org/about/index.cfm>