Recommended Childhood Immunization Schedule—United States, January–December 1998

The Recommended Childhood Immunization Schedule is updated every January. This schedule is produced by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and the American Academy of Family Physicians (AAFP). Since the last publication of the schedule, several minor changes have been made.

1. The bar indicating the age for the third dose of poliovirus vaccine now covers 6 to 18 months, and the footnote has been modified accordingly. The word “Polio” is placed in the center of the bar indicating no preference for age of administration in this range. In January 1997, the Food and Drug Administration approved a modification in the package labeling for inactivated poliovirus vaccine (IPV) to allow a schedule of 2, 4, and 6 to 18 months of age. Clinical trials have demonstrated that either IPV or oral poliovirus vaccine (OPV) can be administered effectively at 6 months of age to infants who received IPV at 2 and 4 months of age. The ACIP recommends the sequential schedule with the first dose of OPV administered at 12 to 18 months of age. The AAP gives no preference for any of the three acceptable schedules and recommends for children who received IPV at 2 and 4 months of age that the third dose (of either IPV or OPV) be given at 6 to 18 months of age.

2. The recommended age for the second dose of measles-mumps-rubella vaccine (MMR) is now 4 to 6 years. Additional details including the rationale for the change in Academy policy are available in an accompanying statement in this issue of Pediatrics.

3. The 11- to 12-year visit remains an important time to assure that all children have received two doses of MMR beginning at or after 12 months of age, one dose of varicella vaccine, and that the hepatitis B vaccine series has been initiated or completed. A shaded oval is used to distinguish this assessment from the need to routinely administer the tetanus and diphtheria toxoids (Td) vaccine to all children as indicated by the clear bar. Additional changes have been made in the wording at the top of the chart to clarify this difference.

4. Three Haemophilus influenzae type b (Hib) vaccines are licensed for infant immunization: HbOC (HibTITER [Wyeth-Lederle Laboratories]), PRP-T (ActHIB, OmniHIB [Pasteur Merieux Vaccines, distributed by Connaught and SmithKline Beecham], and PRP-OMP (PedvaxHIB [Merck]). These products now are considered interchangeable for primary as well as booster vaccination. Excellent immune responses have been achieved when different manufacturers’ vaccines have been interchanged in the primary series. If PRP-OMP (PedvaxHIB [Merck]) is given in a series with one of the other two products licensed for infants, the recommended number of doses to complete the series is determined by the other product (and not by PRP-OMP), as given in the 1997 Red Book. For example, if PRP-OMP is given for the first dose at 2 months and another vaccine is given at 4 months, a third dose of any of the three licensed Hib vaccines is recommended at 6 months to complete the primary series.

5. Minor changes in the footnotes have been made to clarify some recommendations including timing for the third dose of hepatitis B vaccine for children born to HBsAg-negative women and the need for two doses of varicella vaccine for susceptible persons 13 years of age or older.

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

REFERENCES


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