

Adult Health Risk Profile

Name: _____ Date of Birth/Age: _____ Male: _____ Female: _____ MR# or SS#: _____
 Ethnicity: _____ Medications: _____ Old Records: _____
 Allergies: _____ Smoker: _____ ETS: _____ Date: _____

Screening	Annual Assessment of Risk Factors	Counseling Provided
1. Vaccine-preventable diseases	Needs the following immunizations: ___ Td booster—≥10 yr since last booster ___ Date of last Td _____ ___ Hepatitis B—at increased risk ___ Varicella—nonimmune adults ___ Rubella—nonimmune females of childbearing age and health care workers without evidence of immunity or prior immunization ___ Hepatitis A—at high risk ___ Influenza—≥50 yr or high risk ___ Pneumococcal—≥65 yr or high risk	
2. Blood pressure (BP)	___ Weight ___ BP ___ Does not exercise 30 minutes most days of week ___ First-degree family history of high blood pressure or personal history of hypertension ___ Diabetes mellitus	
3. Height/weight	___ Above healthy weight range for height OR ___ BMI >25. Formula for calculating BMI is $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$	

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Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
4. Cholesterol	<input type="checkbox"/> In males ≥35 yr and females ≥45 yr <input type="checkbox"/> >1 yr since previous abnormal test <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Family history of cardiovascular disease < 50 yr in male relatives, <60 yr in female relatives <input type="checkbox"/> Family history suggestive of familial hyperlipidemia <input type="checkbox"/> Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) <input type="checkbox"/> Adults with hypertension or hyperlipidemia	
5. Diabetes	<input type="checkbox"/> Is or has been sexually active <input type="checkbox"/> >3 yr since last Pap smear <input type="checkbox"/> Abnormal <input type="checkbox"/> Date	
6. Pap smear	<input type="checkbox"/> ≥40 yr and has not had a mammogram within the past 1–2 yr <input type="checkbox"/> Family history of breast cancer	
7. Mammogram	<input type="checkbox"/> ≥50 yr <input type="checkbox"/> Family members who have a positive history of cancer of colon, intestine, breast, ovaries, or uterus <input type="checkbox"/> History of polyps <input type="checkbox"/> Women ≥ 65 <input type="checkbox"/> Women ≥ 60 at increased risk for fractures	
8. Colorectal cancer screening	<input type="checkbox"/> Drinks >2 drinks/day (men) OR >1 drink/day (women)	
9. Osteoporosis	<input type="checkbox"/> If >65 yr, does not see an eye doctor for regular eye exams <input type="checkbox"/> Glaucoma <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Wears glasses <input type="checkbox"/> Family history of glaucoma	
10. Problem drinking		
11. Vision		

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Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
12. Hearing	<input type="checkbox"/> >65 yr strains to hear a normal conversation <input type="checkbox"/> Turns up volume on TV and radio so loud that others complain	
13. Chlamydial infection	<input type="checkbox"/> Is sexually active and ≤25 yr <input type="checkbox"/> Prior history of STD <input type="checkbox"/> New or multiple sex partners <input type="checkbox"/> Had cervical ectopy <input type="checkbox"/> Uses barrier contraceptives inconsistently	
For Persons at High Risk	Annual Assessment of Risk Factors	Counseling Provided
14. STD/HIV	<input type="checkbox"/> Contraception <input type="checkbox"/> Has or has had any one of the following risk factors: Previous STD, multiple sex partners, or shared needles	
15. Tuberculosis (TB) infection	<input type="checkbox"/> Close contact with a person who has active TB <input type="checkbox"/> Occupational high risk (health care, correctional, residential, etc.) <input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America) <input type="checkbox"/> Medical risk factors (e.g., diabetes, HIV, alcoholism) <input type="checkbox"/> PPD status <input type="checkbox"/> INH	
Chemoprevention	Annual Assessment of Risk Factors	Counseling Provided
16. Discuss aspirin to prevent coronary heart disease	<input type="checkbox"/> At risk for coronary heart disease	
17. Discuss breast cancer chemoprevention	<input type="checkbox"/> Women of older age <input type="checkbox"/> Breast cancer in first degree relative <input type="checkbox"/> Atypical hyperplasia or breast biopsy	

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Adult Health Risk Profile (cont.)

Counseling	Annual Assessment of Risk Factors	Counseling Provided
18. Tobacco use	<input type="checkbox"/> Currently smokes cigarettes, cigars, or pipes or uses smokeless tobacco <input type="checkbox"/> Is exposed to tobacco smoke regularly <input type="checkbox"/> Number of packs per day <input type="checkbox"/> Carcinoma <input type="checkbox"/> Coronary artery disease	
19. Alcohol/drug use	<input type="checkbox"/> Long-term use of certain prescription drugs <input type="checkbox"/> Has had medical/social problems related to alcohol or drug use <input type="checkbox"/> Uses or has used "street drugs"	
20. Nutrition	<input type="checkbox"/> Does not limit intake of fat and cholesterol, maintain caloric balance in diet, or eat foods containing fiber	
21. Physical activity	<input type="checkbox"/> Does not exercise 30 minutes most days	
22. Oral health	<input type="checkbox"/> Poor dental hygiene (e.g., does not brush with a fluoride toothpaste and floss daily) <input type="checkbox"/> Does not see a dentist regularly <input type="checkbox"/> Smokes or chews tobacco and/or drinks alcohol	
23. Sun exposure	<input type="checkbox"/> Immunosuppression <input type="checkbox"/> Family history of skin cancer <input type="checkbox"/> Freckles and poor tanning ability <input type="checkbox"/> Light skin, hair, and eye color	
24. Injury prevention	<input type="checkbox"/> Does not use seatbelts when in a motor vehicle <input type="checkbox"/> Does not use a helmet when on a bike/motorcycle <input type="checkbox"/> Drinks alcohol and drives, or rides with someone who does <input type="checkbox"/> Medicines, chemicals/poisons, or firearms are accessible to children <input type="checkbox"/> Does not have working smoke detectors in the home <input type="checkbox"/> At risk for battering or abuse (emotional, verbal, or physical)	

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Adult Health Risk Profile (cont.)

Counseling	Annual Assessment of Risk Factors	Counseling Provided
25. STD/HIV	<input type="checkbox"/> Contraception <input type="checkbox"/> Previous STD, multiple sex partners, or shared needles	
26. Unintended pregnancy	<input type="checkbox"/> Sexually active male or sexually active female of childbearing age <input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control method	
27. Multivitamin with folic acid	<input type="checkbox"/> Sexually active female of childbearing age	
28. Osteoporosis	<input type="checkbox"/> Does not do weight-bearing exercises <input type="checkbox"/> Does not get adequate calcium <input type="checkbox"/> Low body weight <input type="checkbox"/> Caucasian female <input type="checkbox"/> Hormone replacement therapy (HRT) <input type="checkbox"/> Menopause at <40 yr	

Notes/Instructions: _____

Completed by: _____ Date: _____
 Reviewed by clinician: _____ Date: _____

Note: Information is based on U.S. Preventive Services Task Force recommendations.
 ETS = environmental tobacco smoke; Td = tetanus-diphtheria; BMI = body mass index; STD = sexually transmitted disease; HIV = human immunodeficiency virus; PPD = tuberculin purified protein derivative; INH = isoniazid.

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Child and Adolescent Health Risk Profile

Name: _____ Date of Birth/Age: _____ Male: _____ Female: _____ MR# or SS#: _____
 Ethnicity: _____ Medications: _____ Old Records: _____
 Allergies: _____ Smoker: _____ ETS: _____ Date: _____

Screening	Annual Assessment of Risk Factors	Counseling Provided
1. Height/weight	<input type="checkbox"/> Above or below healthy weight range for height <input type="checkbox"/> Screen during office visits	
2. Blood pressure	<input type="checkbox"/> Screen at approximately 3-4 yr <input type="checkbox"/> Eyes turning inward or outward <input type="checkbox"/> Squinting <input type="checkbox"/> Headaches <input type="checkbox"/> Not doing as well in school as before <input type="checkbox"/> Blurred or double vision	
4-6. PKU, hemoglobinopathies, hypothyroidism	<input type="checkbox"/> Screening tests done in first 7 days after delivery <input type="checkbox"/> Records from hospital should be in chart	
7. Hearing	<input type="checkbox"/> Family history of hereditary childhood sensorineural hearing loss <input type="checkbox"/> Congenital perinatal infection with herpes <input type="checkbox"/> Perinatal infection with herpes, syphilis, rubella, cytomegalovirus, or toxoplasmosis <input type="checkbox"/> Malformations involving head or neck <input type="checkbox"/> Birth weight below 1500 g <input type="checkbox"/> Bacterial meningitis <input type="checkbox"/> Hyperbilirubinemia requiring exchange transfusion <input type="checkbox"/> Severe perinatal asphyxia <input type="checkbox"/> Ototoxic medications	

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Child and Adolescent Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
8. Anemia (for those at high risk)	<input type="checkbox"/> Lives in poverty <input type="checkbox"/> Black, Native American, or Alaska Native <input type="checkbox"/> Immigrant from developing country <input type="checkbox"/> Preterm and low birth weight infant <input type="checkbox"/> Drinks primarily unfortified cow's milk	
9. Cholesterol (for those at high risk)	<input type="checkbox"/> Has a parent who has high cholesterol <input type="checkbox"/> Has a parent or grandparent who died suddenly or had heart disease before age 55 <input type="checkbox"/> Child is obese <input type="checkbox"/> Has high blood pressure	
10. Lead (for those at high risk)	<input type="checkbox"/> Lived in or regularly visited a house built before 1950 <input type="checkbox"/> Lived in or regularly visited a house built before 1978 with recent, ongoing, or planned renovation or remodeling <input type="checkbox"/> Had a brother or sister, housemate, or playmate followed or treated for lead poisoning <input type="checkbox"/> Is anemic	
11. Tuberculin skin test (for those at high risk)	<input type="checkbox"/> Close contact with a person who has active tuberculosis <input type="checkbox"/> Occupational high risk (health care, correctional, residential, etc.) <input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America) <input type="checkbox"/> Medical risk factors (e.g., diabetes, HIV, alcoholism)	
12. HIV test (for those at high risk)	<input type="checkbox"/> High-risk mother and antibody status of mother is unknown <input type="checkbox"/> Inconsistent and incorrect use of barrier contraceptives <input type="checkbox"/> Has or has had any one of the following risk factors: previous STD, multiple sex partners, or shared needles.	
13. Chlamydia	<input type="checkbox"/> Is sexually active and ≤25 yr	
14. Pap smear	<input type="checkbox"/> Is sexually active and has been over 3 yr since last test	

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Child and Adolescent Health Risk Profile (cont.)

Counseling	Annual Assessment of Risk Factors	Counseling Provided
15. Sleep position	<ul style="list-style-type: none"> <input type="checkbox"/> Places baby on stomach 	
16. Injury prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Does not use child safety car seats/booster seats <input type="checkbox"/> Does not use lap/shoulder belts <input type="checkbox"/> Does not use a bicycle helmet <input type="checkbox"/> Does not have hot-water heater temperature <120–130°F <input type="checkbox"/> Medicines, chemicals/poisons, or firearms are accessible to children <input type="checkbox"/> Does not have window/stair guards or a pool fence <input type="checkbox"/> Does not have syrup of ipecac or the poison control phone number <input type="checkbox"/> Does not have working smoke detectors in the home 	
17. Nutrition	<ul style="list-style-type: none"> <input type="checkbox"/> Mother does not breast-feed <input type="checkbox"/> Does not limit intake of fat and cholesterol, maintain calorie balance in diet, or eat foods containing fiber <input type="checkbox"/> Inadequate calcium intake for teen girls 	
18. Physical activity	<ul style="list-style-type: none"> <input type="checkbox"/> Does not get 30 minutes of physical activity most days 	
19. Oral health	<ul style="list-style-type: none"> <input type="checkbox"/> Poor dental hygiene (e.g., does not brush with a fluoride toothpaste and floss daily) <input type="checkbox"/> Does not see a dentist regularly <input type="checkbox"/> Smokes or chews tobacco and/or drinks alcohol 	
20. Sun exposure	<ul style="list-style-type: none"> <input type="checkbox"/> Immunosuppression <input type="checkbox"/> Family history of skin cancer <input type="checkbox"/> Freckles and poor tanning ability <input type="checkbox"/> Light skin, hair, and eye color 	
21. Tobacco use	<ul style="list-style-type: none"> <input type="checkbox"/> Currently smokes cigarettes, cigars, or pipes or uses smokeless tobacco <input type="checkbox"/> Lives with an adult who smokes inside the home 	

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Child and Adolescent Health Risk Profile (cont.)

Counseling	Annual Assessment of Risk Factors	Counseling Provided
22. Alcohol/drug use	<input type="checkbox"/> Drinks more than 2 drinks/day (men) or 1 drink/day (women) (quantity _____ frequency _____) <input type="checkbox"/> Uses or has used "street drugs" <input type="checkbox"/> Has had medical and/or social problems related to alcohol or drug use	
23. Unintended pregnancy/STDs/HIV	<input type="checkbox"/> Sexually active male or sexually active female of childbearing age <input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control method <input type="checkbox"/> Has or has had previous STD, multiple sex partners, or shared needles <input type="checkbox"/> Sexually active female of childbearing age	
24. Multivitamin with folic acid	<input type="checkbox"/> Sexually active female of childbearing age	

Notes/Instructions: _____

Completed by: _____ Date: _____

Reviewed by clinician: _____ Date: _____

Information based on U.S. Preventive Services Task Force recommendations.
 ETS = environmental tobacco smoke; PKU = phenylketonuria; HIV = human immunodeficiency virus; STD = sexually transmitted disease.

Adult Preventive Care Flow Sheet

Name: _____ Date of Birth/Age: _____ Male: _____ Female: _____ MR# or SS#: _____
 Ethnicity: _____ Medications: _____ Old Records: _____
 Allergies: _____ Smoker: _____ ETS: _____ Date: _____

1. Immunizations	Population/Frequency	I.D.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.
Tetanus – diphtheria	q 10 yr						
Hepatitis B	Adults at increased risk— 3-dose series						
Varicella	Nonimmune adults 2 doses delivered 4–8 wk apart						
Rubella	Women of childbearing age and health care workers without evidence of immunity or prior immunization—1 dose						
Hepatitis A	At high risk						
Influenza vaccine	q 1 yr ≥50 yr or at increased risk						
Pneumococcal vaccine	Once ≥65 yr or at increased risk						

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Adult Preventive Care Flow Sheet (cont.)

Screening Test/Exam	Population/Frequency	Date		N, Results Normal A, Results Abnormal R, Refused P, Pending																
		Age																		
2. Blood pressure																				
3. Height/weight																				
4. Total cholesterol, HDL	≥35yr males ≥45yr females																			
5. Diabetes	Adults with hyperlipidemia or hypertension																			
6. Pap smear	q 3 yr																			
7. Mammogram	q 1-2 yr ≥40 yr																			
8. Colorectal cancer screening	Depends on screening test selected*																			
9. Osteoporosis	≥ 65 yr females ≥ 60 yr females at increased risk for fractures																			
10. Problem drinking																				
11. Vision	>65 yr																			
12. Hearing	≥65 yr																			
13. Chlamydia infection	Sexually active women age ≤25																			
High Risk																				
14. STD/HIV																				

* See www.preventiveservices.ahrq.gov for U.S. Preventive Services Task Force recommendation on colorectal cancer screening

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Adult Preventive Care Flow Sheet (cont.)

High Risk	Population/Frequency	Date	N, Results Normal A, Results Abnormal R, Refused P, Pending																
			Age																
15. TB infection/PPD																			
Chemoprevention																			
16. Discuss aspirin to prevent CHD	High risk																		
17. Discuss breast cancer chemoprevention	Women of older age Breast cancer in first-degree relative Atypical hyperplasia or breast biopsy																		
Counseling																			
18. Tobacco use																			
19. Alcohol/drug use																			
20. Nutrition																			
21. Physical activity																			
22. Oral health																			
23. Sun exposure																			
24. Injury prevention																			
Sexuality/Reproduction																			
25. STD/HIV																			
26. Unintended pregnancy																			
27. Multivitamin with folic acid	Females capable of pregnancy																		
28. Osteoporosis/calcium																			

Adult Preventive Care Flow Sheet (cont.)

Referrals (As indicated)	Date	Result
Diabetes education		
Nutrition education		
Tobacco cessation program		
Dental examination		
Eye exam/glaucoma		

Note: Screening tests/exams and counseling based on U.S. Preventive Services Task Force recommendations.

ETS = environmental tobacco smoke; HDL = high-density lipoprotein; STD = sexually transmitted disease; HIV = human immunodeficiency virus; TB = tuberculosis; PPD = tuberculin purified protein derivative; CHD = coronary heart disease.

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Child and Adolescent Preventive Care Flow Sheet

Name: _____ Date of Birth/Age: _____ Male: _____ Female: _____ MR# or SS#: _____
 Ethnicity: _____ Medications: _____ Old Records: _____
 Allergies: _____ Smoker: _____ ETS: _____ Date: _____

Screening Test/Exam	Frequency	Date Age	N, Results Normal A, Results Abnormal R, Refused P, Pending						
1. Height/weight									
2. Blood pressure									
3. Vision	At 3-4 yr								
4. PKU	Newborn								
5. Sickle cell hemoglobinopathies	Newborn								
6. Hypothyroidism	Newborn								
High Risk									
7. Hearing									
8. Anemia									
9. Cholesterol									
10. Lead	12 mo								

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Child and Adolescent Preventive Care Flow Sheet (cont.)

Screening Test/Exam	Frequency	Date	N, Results Normal						A, Results Abnormal	R, Refused	P, Pending
		Age									
High Risk											
11. Tuberculin skin test											
12. HIV test											
For Sexually Active Females											
13. Chlamydia	Sexually active										
14. Pap smear	Sexually active										
Counseling											
15. Sleep position											
16. Injury prevention including car seat/seatbelt											
17. Nutrition including calcium											
18. Physical activity											
19. Oral health including fluoride											
20. Sun exposure											
21. Tobacco use											
22. Alcohol/drug use											

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Child and Adolescent Preventive Care Flow Sheet (cont.)

Counseling	Frequency	Date	N, Results Normal A, Results Abnormal R, Refused P, Pending												
		Age													
23. Unintended/ pregnancy/STDs/HIV															
24. Multivitamin with folic acid	Females														
Referrals (as indicated)	Date	Result													
Hearing examination															
Dental examination															
Mental health counseling															
Substance abuse counseling															

Note: Screening tests/exams and counseling based on U.S. Preventive Services Task Force recommendations.
ETS = environmental tobacco smoke; HIV = human immunodeficiency virus; STD = sexually transmitted disease.

Child Immunization Flow Sheet¹

Name: _____ D.O.B. _____ No. _____

Disease(s)	Vaccine Type	Vaccine Name	Recommended Age	Date Given	Age Given	Manufacturer	Lot Number	Site	Signature of Person Giving Vaccine	Handout Pub. Date	Signature of Parent or Guardian in Response to Informed Consent Statement (below)
Hepatitis B ²	HBV #1		Birth-2 mo or as soon thereafter as possible								
	HBV #2		1-4 mo or as soon thereafter as possible								
	HBV #3		6-18 mo or as soon thereafter as possible								
Diphtheria ³ Tetanus Pertussis	DTaP		2 mo								
	DTaP		4 mo								
	DTaP		6 mo								
	DTaP		15-18 mo								
	DTaP		4-6 yr								
	Td		11-16 yr								
Haemophilus ⁴ influenzae type b	Hib #1		2 mo								
	Hib #2		4 mo								
	Hib #3		6 mo								
	Hib #4		12-15 mo								
Polio ⁵	IPV		2 mo								
	IPV		4 mo								
	IPV		6-18 mo								
	IPV		4-6 yr								
Measles ⁶ Mumps Rubella	MMR #1		12-15 mo								
	MMR #2		4-6 yr or as soon thereafter as possible								
Varicella ⁷	VAR		12-18 mo or under 13 yr								
			24 mo-18 yr								
Hepatitis A ⁸ (in selected areas)	Hep A #1		6-12 mo after first dose								
	Hep A #2		2 mo								
Pneumococcal Disease ⁹	Prevnar TM		4 mo								
			6 mo								
			12-15 mo								
Influenza ¹⁰ (high-risk children)			6 mo + (2 doses if first time)								

Informed Consent Statement
 "I have been given a copy of, and have read or have had explained to me, information about each of the diseases and the vaccines listed. I have had a chance to ask questions, and they were answered to my satisfaction. I believe I understand the benefits and risks of each vaccine and ask that they be given to the minor named above (for whom I am authorized to make this request)."

On October 22, 1999, the Advisory Committee on Immunization Practices (ACIP) recommended that Rotashield® (RRV-TV), the only U.S.-licensed rotavirus vaccine, no longer be used in the United States (MMWR 1999 Nov. 5; 43[5]). Parents should be reassured that their children who received rotavirus vaccine before July are not at increased risk for intussusception now.

¹This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines as of 10/2000. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. The information in this Child Immunization Flow Sheet is based on ACIP recommendations, which are the most current available.

²Infants born to HBsAg-negative mothers should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least 1 month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants (MMWR 1999 Jan 22;48(2): 33-34).

An optional 2-dose schedule of Recombivax HB® is licensed for adolescents 11-15, with the 2nd dose given 4-6 months after the 1st (MMWR 2000 March 31;49(12):261-262).

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose of hepatitis B vaccine is recommended at 1-2 months of age and the 3rd dose at 6 months of age.

Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).

All children and adolescents (through 18 years of age) who have not been immunized against hepatitis B should begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

³The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15-18 months. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 years. Note: q.5 years if wounded. (MMWR 1997 March 28; 46 [RR-7], 1-25).

⁴Three Haemophilus influenzae type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax™ [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4 or 6 months of age, unless FDA-approved for these ages (MMWR 1993 Sept. 17; 42[RR-13], 1-15).

⁵To eliminate the risk of vaccine-associated paralytic polio (VAPP), an all-IPV schedule is now recommended for routine childhood polio vaccination in the United States. (MMWR 2000 May 19; 49[RR-5], 1-22). All children should receive 4 doses of IPV at 2

months, 4 months, 6-18 months, and 4-6 years. OPV (if available) may be used only for the following special circumstances:

1. Mass vaccination campaigns to control outbreaks of paralytic polio.
 2. Unvaccinated children who will be traveling in less than 4 weeks to areas where polio is endemic or epidemic.
 3. Children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for the 3rd or 4th dose or both; in this situation, health care providers should administer OPV only after discussing the risk for VAPP with parents or caregivers.
 4. During the transition to an all-IPV schedule, recommendations for the use of remaining OPV supplies in physicians' offices and clinics have been issued by the American Academy of Pediatrics (see *Pediatrics*, December 1999).
- ⁶The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who did not receive the 2nd dose at 4-6 years should receive this dose as soon thereafter as possible (MMWR 1998 May 22; 47 [RR-8], 1-57).

⁷Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e., those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart (MMWR 1996 Jul. 12; 45 [RR-11], 1-36).

⁸Hepatitis A (Hep A) is recommended in 2 doses 6-12 months apart in selected states and/or regions; consult your local public health authority (MMWR 1999 Oct. 1; 48[RR-12], 1-37).

⁹Children \leq 23 months should be vaccinated according to the proposed vaccination schedule.

Prevnar™ vaccine also should be used for all children aged 12-23 months and for children aged 24-59 months who are at increased risk for pneumococcal disease (e.g., children with sickle cell disease, human immunodeficiency virus (HIV) infection, and other immunocompromising or chronic medical conditions). ACIP also recommends that the vaccine be considered for all other children aged 24-59 months, with priority given to a) children aged 24-35 months, b) children who are of Alaska native, American Indian and African-American descent, and c) children who attend group day care centers (MMWR 2000 Oct. 6; 49 [RR-9], 1-38).

Pneumococcal vaccine is recommended for children 24 months and older who have chronic diseases/asplenia (functional or anatomic) and children 24 months and older who reside in nursing homes and other long-term care facilities.

It is recommended that immunocompromised children and children with asplenia be revaccinated after 5 years (MMWR 1997 Apr. 4; 46 [RR-8], 1-24).

¹⁰Annual influenza vaccination is recommended for children 6 months-18 years with chronic diseases, hemoglobinopathies, those who are residents of long-term care facilities, those who are undergoing long-term aspirin therapy, and those who are at increased risk of complications from influenza. Two doses administered at least 1 month apart are recommended for children 6 months to <9 years of age who are receiving influenza vaccine for the first time (MMWR 2000 Apr. 14; 49 [RR-3], 6-29).