Child Immunization Flow Sheet[1]

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								
Hepatitis A[8] (in selected areas)	Hep A #1		24 mo-18 yr								
	Hep A #2		6-12 mo after first dose								
Pneumococcal Disease[9]	Prevnar™		2 mo								
			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)."

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Child Immunization Flow Sheet (cont.)

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.

[1] This 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.

[2] Infants 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.

[3] The 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).

[4] Three 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).

[5] To 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).

[6] The 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).

[7] Varicella (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).

[8] Hepatitis 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).

[9] Children ≤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).

[10] Annual 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).

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