



FAQ's on Scheduling Vaccinations

What is meant by "minimum intervals" between vaccine doses?

Vaccination schedules are generally determined by clinical trials, usually prior to licensure of the vaccine. The spacing of doses in the clinical trial usually becomes the recommended schedule. A "minimum interval" is shorter than the recommended interval, and is the shortest time between two doses of a vaccine series in which an adequate response to the second dose can be expected. The concern is that a dose given too soon after the previous dose may reduce the response. The minimum spacing between doses is generally included in the ACIP recommendation for that vaccine which can be found at: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. In addition, an extensive listing of recommended and minimum intervals and ages for vaccination can be found at: <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf>.

If two live virus vaccines are inadvertently given less than 4 weeks apart, what should be done?

If two live virus vaccines are administered less than 4 weeks apart and not on the same day, the vaccine given second should be considered invalid and repeated. The repeat dose should be administered at least 4 weeks after the invalid dose. Alternatively, one can perform serologic testing to check for immunity, but this option may be more costly.

We gave a dose of vaccine too soon after the previous dose. When can we give another (valid) dose?

ACIP allows a grace period of 4 days (i.e., vaccine doses administered up to 4 days before the recommended minimum interval or age can be counted as valid). However, if a dose was administered 5 or more days earlier than the recommended minimum interval between doses, it is not valid and must be repeated. The repeat dose should be spaced after the invalid dose by the minimum interval.

If the first dose in a series is given >5 days before the recommended minimum age, the dose should be repeated on or after the date when the child reaches at least the minimum age. If the vaccine is a live vaccine, ensuring that a minimum interval of 28 days has elapsed from the invalid dose is recommended. Avoid such errors by knowing the minimum intervals and ages for routinely given vaccines. You can look up such information at: <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf>

What should we do if we give a dose of vaccine at less than the minimum interval since the previous dose?

If vaccines are given too close together, it can result in a less than optimal immune response. However, in most instances, a difference of a few days is unlikely to have a negative effect on immune response. With the exception of rabies vaccine, CDC recommends that vaccine doses given 4 or fewer days before the minimum interval be counted as valid, unless local or state requirements specify otherwise. If the dose needs to be repeated, the repeat dose should be spaced after the invalid dose by the minimum interval. You can look up minimum intervals here: <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf>

AFIX Corner

How will AFIX benefit my clinic?

AFIX can help your clinic improve:

- Immunization coverage rates; patients will be better protected against vaccine preventable disease
- Consistency in immunization services
- Staff knowledge about immunizations
- Employee morale; staff throughout the organization will gain leadership opportunities

VACCINE FUN FACT

Immunization prevents between 2-3 million deaths every year

Immunization prevents deaths every year in all age groups from diphtheria, tetanus, pertussis (whooping cough), and measles. It is one of the most successful and cost-effective public health interventions.

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If you have any questions, please contact the Maine Immunization Program at:
Phone (207) 287-3746 or (800) 867-4775

