

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* 1st as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Arizona Administrative Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES COMMUNICABLE DISEASES

PREAMBLE

1. **Sections Affected**

<u>Sections Affected</u>	<u>Rulemaking Action</u>
R9-6-107	Amend
R9-6-701	Amend
Table 1	Amend
Table 2	Amend
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statute: A.R.S. §§ 36-104(3), 36-136(A)(7), 36-136(F), and 15-872(A).
Implementing statute: A.R.S. §§ 36-136(H)(1), 36-672, and 15-872.
3. **The effective date of the rules:**

January 19, 1999
4. **A list of all previous notices appearing in the Register addressing the proposed rules:**

Notice of Rulemaking Docket Opening: 4 A.A.R. 793-794, March 27, 1998.
Notice of Proposed Rulemaking: 4 A.A.R. 2743-2751, October 2, 1998.
5. **The name and address of agency personnel with whom persons may communicate regarding the rule:**

Name: Susan L. Baum, MD, MPH
Address: Arizona Department of Health Services
Bureau of Epidemiology and Disease Control Services
3815 North Black Canyon Highway
Phoenix, Arizona 85015
Phone: (602) 230-5823
Fax: (602) 263-4956
e-mail: sbaum@hs.state.az.us

OR

Name: Kathleen Phillips, Rules Administrator
Address: Arizona Department of Health Services
1740 West Adams, Room 410
Phoenix, Arizona 85007
Phone: (602) 542-1264
Fax: (602) 542-1289
e-mail: kphillips@hs.state.az.us
6. **An explanation of the rule, including the agency's reasons for initiating the rule:**

The Department of Health Services' (Department) rules concerning vaccine preventable diseases are located in Title 9, Chapter 6 of the *Administrative Code*. The Department is amending Chapter 6, Articles 1 and 7, which encompass vaccine preventable diseases and applicable definitions. The substantive amendments concern the hepatitis A vaccine program. Non-substantive changes in nomenclature, grammar, and style have been made in other parts of the rules for improved consistency.

Arizona Administrative Register
Notices of Final Rulemaking

In 1997, the Maricopa County Department of Public Health (MCDPH) and Department health officials noted an approximate 50% increase in the number of hepatitis A cases in Maricopa County from January through September, as compared to the same time-frame in 1996. Some communities in Maricopa County experienced nearly a 100% increase in the rate of hepatitis A cases in 1997. In response, the Department declared an outbreak of hepatitis A in Maricopa County in the summer of 1997. Historically, such outbreaks have occurred in Maricopa County every 7 to 10 years, the most recent outbreak having been in 1988-89. Since the late 1970's, public health investigators have postulated that, unlike most sites in the U.S., child care has been a major contributor to hepatitis A outbreaks in Maricopa County. Even during "non-outbreak" years, Maricopa County has an intermediate amount of hepatitis A cases, corresponding to 50-200 cases per 100,000 population as defined by the Centers for Disease Control & Prevention (CDC).

In November 1997, the CDC conducted an investigation of the 1997 hepatitis A outbreak in Maricopa County. The CDC investigation showed that at least 50% of all hepatitis A cases in Maricopa County were attributable to child care. As a result, CDC recommended that all children aged 2 through 5 years old in child care in Maricopa County receive the hepatitis A vaccine series. Although the results of the CDC investigation have not yet been published in a scientific journal, the public may obtain a synopsis of unpublished study results from agency personnel with whom persons may communicate regarding the rule.

In past outbreak and non-outbreak years in Maricopa County, immunoglobulin has been administered to individuals who have been exposed to hepatitis A. Immunoglobulin makes it less likely that an individual will develop a serious case of hepatitis A, but its use has not consistently stopped outbreaks from spreading through communities. Immunoglobulin only confers temporary, short-term protection against hepatitis A, which lasts for 3-5 months. As a result, when a child care in Maricopa County has more than 1 outbreak spaced greater than 3-5 months apart, children and child care workers must be given immunoglobulin shots for each outbreak. This entails repetitive expenses and use of public health resources. Furthermore, there is a nationwide shortage of immunoglobulin, and its future availability is not clear at this time.

A vaccine that confers years of protection against hepatitis A and can prevent or diminish community outbreaks, has been commercially available since 1995. The hepatitis A vaccine is licensed by the U.S. Food and Drug Administration for persons aged 2 and older. Two doses of hepatitis A vaccine are nearly 100% effective in conferring immunity to recipients, and have not been associated with serious side effects.

By implementing a rule to require children aged 2 through 5 years old in child care in Maricopa County to be vaccinated for hepatitis A, the Department expects to decrease cases of hepatitis A in the county by more than 40%, or by approximately 500 cases, per outbreak year. The Department also expects to decrease the amount of post-exposure immunoglobulin that must be administered. Because an average of 10 contacts of each hepatitis A case receive immunoglobulin, the rule could avert the need for thousands of painful immunoglobulin injections.

In the long term, the hepatitis A rule will increase the number of immune children, thereby decreasing the number of susceptible individuals in the community. Immunized children in child care would also decrease exposure to hepatitis A in other higher risk groups, such as child care workers.

The Department is amending R9-6-107 to add or modify definitions for "ASHS," "catch-up vaccination schedule," "child care," "DTaP," "emancipated person," "entry," "guardian," "Hep A," "Hep B," "IPV," "kindergarten," "parochial," "responsible person," "school," and "Td".

The Department is amending R9-6-701 by adding hepatitis A vaccine to the list of immunizations required for children aged 2 through 5 years old who are in child care in Maricopa County. "School" entry is being changed to "child care or school" entry in Table 2 to more accurately reflect the scope of the rules. Other amendments include substituting "child" for "infant," "pupil" or "children" for consistency. Because it is recognized that some public school enrollees may be more than 18 years of age or be emancipated persons, these groups are being specifically included. Sections pertaining to Department acceptance of non-conforming immunization schedules have been deleted because they are either obsolete or already addressed in Tables 1 or 2. In Tables 1 and 2, age ranges for child care or school enrollees are being clarified, for example, using "2 through 3 months" instead of "2-3 months" or "2 to 3 months". "Hep B" is being substituted for "HBV" to provide consistency with federal public health usage. "IPV" is corrected to mean "inactivated" rather than "injectable" polio vaccine. Language is being added to clarify that polio vaccine is not required for individuals more than 18 years of age for school entry.

7. A reference to any study the agency proposes to rely on in its evaluation of or justification for the proposed rules and where the public may obtain or review the study, all data underlying each study, any analysis of the study, and other supporting material:

a. The role of child care in a community-wide outbreak of hepatitis A, Maricopa County, Arizona, 1997 (Unpublished). L. Venczel, M. Desai, B. Bell, et al. Contact: Dr. Venczel at MS-G37, Hepatitis Branch, DVRD, NCID, CDC, Atlanta, GA 30333.

b. Economic feasibility of a hepatitis A vaccine program for children in child care in Maricopa County, Arizona, 1998 (Unpublished). S. Baum and M. Meltzer. Contact: Dr. Baum at Arizona Department of Health Services, 3815 N. Black Canyon Hwy., Phoenix, AZ 85015.

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant authority of a political subdivision of this state:

Not applicable.

Arizona Administrative Register
Notices of Final Rulemaking

9. The summary of the economic, small business, and consumer impact:

As used in this summary, "minimal" economic impact means less than \$1000 per year, and "substantial" means greater than \$10,000 per year.

The Department's cost for the preparation of the rule package is minimal. The Department's expenses include, writing and printing drafts, distribution and consultation with stakeholders, costs to copy and mail materials, purchase of vaccine for a portion of underinsured children not covered by federal funds, and attendance at 1 public hearing in Maricopa County. Off-setting these expenses is the savings the Department will realize through decreased purchase of immunoglobulin; the net result to the Department is a minimal annual savings.

The estimated cost to the Secretary of State's office is minimal, reflecting staff time to publish the amendments.

The estimated cost to MCDPH is substantial. Costs will be incurred for additional staffing, purchase of vaccine administration supplies, printing costs for consent forms and educational materials, and staff time to organize clinics.

Cost to the federal government is substantial, through the "Vaccines for Children" (VFC) and other federal programs which cover uninsured or underinsured children.

Small businesses that will be affected by the amendments include child care facilities and health care providers. Child care facilities will incur a minimal cost for record keeping by staff; this will be more than offset, however, by avoidance of lost revenues from children who contract hepatitis A. Child care facilities will therefore realize a net minimal savings. Health care providers will experience either a minimal cost or minimal savings associated with vaccine administration, depending on the reimbursement structure with health care payers.

Large businesses that will be affected by the amendments include vaccine manufacturers and health care payers. Vaccine manufacturers will incur a substantial cost through donation of vaccine during the implementation year for children with inadequate private insurance who would normally be covered by depleted federal or state funds. In the long term, however, vaccine manufacturers are expected to make a substantial profit due to an increased demand for vaccine in Maricopa County and other locations. The net effect to the manufacturers will be substantial increased revenue. Regarding health care payers, there will be substantial costs associated with reimbursement of health care providers for vaccine purchase, supplies and administration. Health care payers will also realize substantial savings through reduction of medical care costs for hepatitis A cases, and reduced reimbursements for post-exposure prophylaxis immunoglobulin injections. As a result, the net effect to health care payers is expected to be a substantial savings.

The cost to each parent will be minimal, mainly comprised of lost work time for some parents to take their child to be immunized. Few parents will have to pay for the vaccine "out of pocket," since children who are underinsured for vaccinations are covered by federal or state funds. Given the large number of children to be immunized, however, the cost to parents as a group will be substantial.

Society at large will clearly benefit by a reduction of illness and death from hepatitis A. This benefit will extend not just to child care attendees, but to the large number of Maricopa County residents with direct or indirect exposure to child care (for example, child care workers, parents, siblings) This, in turn, prevents an unknown, but probably large, number of secondary and tertiary cases of hepatitis A. By establishing "herd immunity" in a target group shown to perpetuate outbreaks of hepatitis A, greater protection is provided for all Maricopa County residents.

10. A description of the changes between the proposed rules, including supplemental notices, and final rules, (if applicable):

No substantive changes have been made in the text of the adopted rules from that in the proposed rules. Some grammatical, stylistic, and verbiage changes have been made to make the rules more clear, concise, and understandable. The changes include:

1. The words "over age 18" have been replaced by the words "more than 18 years of age" throughout the document.
2. The words "under age 7" have been replaced by the words "less than 7 years of age" throughout the document.
3. In R9-6-701(B), the phrase "set forth" in the 1st sentence has been struck out.
4. In Table 2, item number 2, 3rd paragraph, the word "one" has been changed to number "1".
5. In Table 2, item number 3, 2nd paragraph, the word "has" has been struck out, and the word "have" been added and underlined.
6. In Table 2, item number 4, the words "younger than 5 years old" have been replaced by the words "less than 5 years of age".

11. A summary of the principal comments and the agency responses to them:

No written or oral comments were received by the Department.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable.

13. Incorporation by reference and their location in the rules:

R9-6-107(23):

"Establishments and Products Licensed Under Section 351 of the Public Health Service Act," HHS Publication No. (FDA)-89-9003, September 30, 1989, pp. 111-150, Center for Biologics Evaluation and Research, 8800 Rockville Pike, Bethesda, Maryland 20892.

Arizona Administrative Register
Notices of Final Rulemaking

This incorporation was made in a previous rulemaking.

14. Was this rule previously adopted as an emergency rule?
No.

15. The full text of the rule follows:

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES

ARTICLE 1. DEFINITIONS

Section

R9-6-107. Vaccine Preventable Diseases

ARTICLE 7. VACCINE PREVENTABLE DISEASES

R9-6-701. Required Immunizations for Child Care or School Attendance Entry

Table 1 Immunization Requirements for Child Care and or School Enrollment Entry

Table 2 Recommended Catch-Up Immunization Schedule for Pupils Starting Immunization after Child Care or School Enrollment Entry

ARTICLE 1. DEFINITIONS

R9-6-107. Vaccine Preventable Diseases

In Article 7, unless otherwise specified:

1. "ASIIS" means the Arizona State Immunization Information System, ~~which is a child an~~ immunization reporting system that collects, stores, analyzes, releases, and reports immunization data.
2. "Catch-up immunization schedule" means set times in Table 2 for immunizations for a child, an individual more than 18 years of age, or an emancipated person who has not completed the vaccine series required in Table 1 before child care or school entry.
- 23 "Child" means an individual 18 years of age or less.
4. "Child care" means:
 - a. A child care facility as defined in A.R.S. § 36-881;
 - b. A child care home as defined in A.R.S. § 46-807;
 - c. A child care group home as defined in A.R.S. § 36-897;
 - d. A child care home receiving monies under A.R.S. § 46-321; or
 - e. A Head Start program operating under the Head Start Act, 42 U.S.C. 9801, et seq.
35. "DT" means diphtheria and tetanus vaccine, pediatric dose, for a child less than 7 years of age.
6. "DTaP" means diphtheria, tetanus, and acellular pertussis vaccine.
47. "DTP" means diphtheria, tetanus, and pertussis vaccine.
8. "Emancipated person" means the same as the definition in A.R.S. § 15-1801.
9. "Entry" means 1st day of attendance at a child care or at a specific grade level in a school.
10. "Guardian" means an individual appointed by a court of competent jurisdiction to care for the person or property of a child.
11. "Hep A" means hepatitis A vaccine.
512. "HBV" "Hep B" means hepatitis B vaccine.
613. "Hib" means Haemophilus influenzae type b vaccine.
714. "IPV" means injectable inactivated polio vaccine.
15. "Kindergarten" means the grade level in a school that precedes 1st grade.

§16. "MMR" means measles, mumps, and rubella vaccine.

917. "OPV" means oral polio vaccine.

18. "Parochial" means supported by a church or religious order.

4019. "Person in loco parentis" means an individual acting in the place of a parent or guardian and exercising parental duties, rights or responsibilities.

4420. "Responsible person" means:

a. a A parent, guardian, or person in loco parentis of a child;

b. an An individual more than 18 years of age; or

c. an An emancipated person.

21. "School" means the same as the definition in A.R.S. § 36-671.

4322. "Td" means tetanus and diphtheria vaccine, adult dose for an individual aged 7 years and older.

4423. "Vaccine" means any immunizing agent approved and licensed by the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, for the prevention and control of vaccine preventable diseases as set forth in "Establishments and Products Licensed Under Section 351 of the Public Health Service Act," HHS Publication No. (FDA)-89-9003, September 30, 1989, pp. 111-150, Center for Biologics Evaluation and Research, 8800 Rockville Pike, Bethesda, Maryland 20892, incorporated by reference, and on file with the Department and the Office of the Secretary of State. This incorporation by reference includes no future editions or amendments.

ARTICLE 7. VACCINE PREVENTABLE DISEASES

R9-6-701. Required Immunizations for Child Care or School Attendance Entry

A. Subject to the exemptions Except as permitted in R9-6-705;

1. a pupil Before entry in a school, or no later than 15 days following entry in a child care, a child, an individual more than 18 years of age, or an emancipated person enrolled in any public, private, or parochial school, pre-school, or other institution providing instructional or custodial care to children shall be immunized against each of the following diseases:

1a. Diphtheria,

2b. Tetanus,

3c. Hepatitis B,

4d. Pertussis,

5e. Poliomyelitis,

6f. Measles (rubeola),

7g. Mumps,

8h. Rubella (German Measles), and

9i. *Haemophilus influenzae* type b.

2. A child aged 2 through 5 years old in child care in Maricopa County shall be immunized against the hepatitis A virus.

Arizona Administrative Register
Notices of Final Rulemaking

- B. A child or pupil, an individual more than 18 years of age, or an emancipated person shall be immunized in accordance with the schedule set forth in Tables 1 or 2 for admission to and attendance at a school. The Department or a school administrator may exempt a child, an individual more than 18 years of age, or an emancipated person from immunizations as authorized by A.R.S. § 15-873 or A.R.S. § 36-883(C).
- C. The Department or local health agency shall accept immunization schedules which do not conform to those specified in Table 1 when any of the following conditions occur:
1. An outbreak of a disease preventable by immunization is declared by the Department or local health agency;
 2. If IPV or a combination of IPV or OPV was used for pupils age 6 months and older, 1 dose in addition to the number specified for each age group shall be required; or
 3. If DT, DTP, or Td vaccines were used, individually or combined, for pupils who have reached their seventh birthday, to meet the requirement set forth for tetanus and diphtheria.

Table 1. Immunization Requirements for Child Care and School Enrollment Entry

Age at Enrollment Entry	Number of Doses Vaccine Required	Special Notes
<2 months	1 HBV Hep B	(See Note ⁴¹)
2- through 3 months	1 DTP, DTaP or DT 1 OPV or IPV 1 Hib 1 HBV Hep B	(See Note ⁴¹)
4- through 5 months	2 DTP, DTaP or DT 2 OPV or IPV 2 Hib 2 HBV Hep B	(See Note ⁴¹)
6-through 11 months	3 DTP, DTaP or DT 2 OPV or IPV 3 Hib 3 HBV Hep B	(See Note ² for infants <u>a child 7 months and older through 59 months of age.</u>) (See Note ⁴¹)
12-through 14 months	3 DTP, DTaP or DT 3 OPV or IPV 1-4 Hib 1 MMR 3 HBV Hep B	(See Note ²) (See Note ³) (See Note ⁴¹)
15 months to 4 years through 59 months	4 DTP, DTaP or DT 3 OPV or IPV 1-4 Hib 1-2 MMR 3 HBV Hep B	(See Note ²) (See Note ³) (See Note ⁴¹)
2 through 5 years (Only required for Maricopa County child care)	2 Hep A	(See Note ⁴)
4-through 6 years (School entry)	4 DTP, DTaP or DT 3 OPV or IPV 2 MMR 3 HBV Hep B	1. but... <u>One additional dose A child shall receive a 5th dose</u> if the last 4th dose was received before the 4th birthday. (see Note ¹²) (See Note ³) <u>A child entering child care or kindergarten shall receive a 2nd dose 1 month or more after the date of the 1st dose. A child initially entering school at the 1st grade level who has not already received a 2nd dose shall receive a 2nd dose 1 month or more after the date of the 1st dose.</u> (See Note ⁴¹) <u>For kindergarten and 1st grade entry only. A child entering child care or kindergarten shall receive the Hep B series. A child initially entering school at the 1st grade level who has not already received the Hep B series shall receive the Hep B series.</u>

Arizona Administrative Register
Notices of Final Rulemaking

Table 2. Recommended Catch-Up Immunization Schedule for Pupils Starting Immunization after Child Care or School Enrollment Entry

Vaccine	Dose	Time Intervals
1. DTP - Diphtheria, Tetanus and Pertussis		
a. For Pupils <u>A Child Under Age Less Than 7 Years of Age:</u> DTP or any combination of DTP, DTaP and DT	1st	<u>Before admission: A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.</u>
	2nd	<u>If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose shall be received prior to admission before school entry, or no later than 15 days following child care entry.</u>
	3rd	<u>If 4 weeks or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose shall be received prior to admission before school entry, or no later than 15 days following child care entry.</u>
	4th	<u>If 6 months or more have passed since the date of the 3rd dose, a child shall receive the 4th dose shall be received prior to admission before school entry, or no later than 15 days following child care entry.</u>
	5th or more	<u>If a child received the 4th dose was received before the child's 4th birthday, one additional the child shall receive a 5th dose shall be received prior to admission before school entry, or no later than 15 days following child care entry. If a child received the 4th dose was received after the child's 4th birthday, the next the child shall receive a booster dose of (Td) shall be required 10 years after that the date of the 4th dose.</u>
b. For Pupils <u>A Child Aged 7 Years and Older, or An Individual More Than 18 Years of Age:</u> Td - Tetanus Diphtheria (Pertussis not required)	1st	<u>Before admission school entry.</u>
	2nd	<u>If 4 weeks or more have passed since the date of the 1st dose, a child or an individual more than 18 years of age shall receive the 2nd dose shall be received prior to admission before school entry.</u>
	3rd	<u>If 6 months or more have passed since the date of the 2nd dose, a child or an individual more than 18 years of age shall receive the 3rd dose shall be received prior to admission before school entry. If a 3rd dose of DTP was received after the 4th birthday, A child or individual more than 18 years of age shall receive a booster dose of Td shall be required 10 years after that the date of the 3rd dose.</u>
2. OPV or IPV - Polio (See Note ¹ below.)	1st	<u>Before admission: A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.</u>
	2nd	<u>If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose shall be received prior to admission before school entry, or no later than 15 days following child care entry.</u>
	3rd	<u>For children a child receiving all IPV who has received 2 doses of IPV, OPV, or 1 dose of each, if 6 4 months weeks or more have passed since the date of the 2nd dose, the child shall receive the 3rd dose of IPV or OPV shall be received prior to admission before school entry, or no later than 15 days following child care entry. For children a child receiving all who has received 2 doses of OPV, if 4 weeks have passed since the date of the 2nd dose, the 3rd dose shall be received prior to before admission enrollment. For children a child who will be receiving a combination of IPV and OPV, (generally administered as 2 doses of IPV followed by 2 doses of OPV), if 4 weeks have passed since the date of the 2nd dose of IPV, OPV shall be received as the 3rd dose prior to before admission enrollment.</u>

Arizona Administrative Register
Notices of Final Rulemaking

3. MMR - Measles, Mumps, Rubella	1st	<u>Before admission for all pupils, 12 months of age or older. A child who is 12 months of age or older, or an individual more than 18 years of age, shall receive the 1st dose before school entry, or no later than 15 days following child care entry.</u>
	2nd	<u>If 1 month or more has passed since the date of the 1st dose was received, a child who is 4 years of age or older shall receive the 2nd dose shall be received prior to admission for before kindergarten entry, or no later than 15 days following child care entry. A child initially entering school at the 1st grade level who has not already received a 2nd dose shall receive a 2nd dose.</u>
4. Hib - <i>Haemophilus influenzae</i> type b (See Note ² below.) (Not required after for individuals aged 5 years and older.)	1	<u>Before admission if under age 5. Not required after age 5. A child who is less than 5 years of age shall receive the vaccine before school entry, or no later than 15 days following child care entry.</u>
5. HBV/Hep B - Hepatitis B Kindergarten and 1st grade only	1st 2nd 3rd	<u>Before admission. A child shall receive the 1st dose before kindergarten entry, or no later than 15 days following child care entry. A child initially entering school at the 1st grade level who has not already had the Hep B series shall also receive the Hep B series.</u> <u>If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose shall be received prior to admission before kindergarten or 1st grade entry, or no later than 15 days following child care entry.</u> <u>If at least 2 months or more have passed since the date of the 2nd dose, and 4 months or more have passed since the date of the 1st dose, a child shall receive the 3rd dose shall be received prior to admission, before kindergarten or 1st grade entry, or no later than 15 days following child care entry.</u>
6. Hep A - Hepatitis A <u>Only required for Maricopa County child care</u>	1st 2nd	<u>A child who is 24 through 71 months of age shall receive the 1st dose no later than 15 days following child care entry.</u> <u>If 6 months or more have passed since the date of the 1st dose, a child shall receive the 2nd dose no later than 15 days following child care entry.</u>

¹ ~~At kindergarten level and above, 1 more dose~~ A child shall receive a 4th dose of OPV or IPV required if the 3rd dose was received before the 4th birthday. OPV or IPV is not required for individuals more than 18 years of age for school entry. Call the Department or local health agency for further clarification if necessary.

² ~~A child 0 through 2 months old shall receive The three the 3 dose Hib series shall be received at when the child is 2, 4, and 6 months of age old with a booster 4th dose at age when the child is 12-15 months old. Infants A child now age 3 months up to age 7 through 6 months old who did not receive is starting the Hib series on schedule shall also receive 4 doses: 1 dose before admission entry, the next 2 spaced 2 months apart 2nd dose 2 months after the date of the 1st dose, the 3rd dose 2 months after the date of the 2nd dose, and a booster 4th dose at age when 12-15 months old. Previously unvaccinated infants A child now 7 to through 11 months old who is starting the Hib series shall receive 3 doses: 1 dose before entry, the second 2nd dose 2 months after the first date of the 1st dose, and a booster 3rd dose at age when 12-15 months old. Previously unvaccinated infants A child now 12 to through 14 months old who is starting the Hib series shall have receive 4 dose 2 doses: 1 dose before entry, now and followed by a booster 2nd dose at least 2 months or more later than after the date of the 1st dose, but not before age 15 months. Previously unvaccinated children A child 15 to 60 through 59 months old who is starting the Hib series shall receive a single dose before entry and do does not require a booster another dose.~~