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SINCE THE 1960s, the two groups that historically have developed vaccine guidelines for the United States have been the Advisory Committee on Immunization Practices (ACIP) and the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP). During 1994, these organizations participated in a working group that included representatives from the American Academy of Family Physicians to develop one vaccination schedule that would accommodate the current ACIP and AAP recommendations and ensure the earliest administration of vaccines. The recommended childhood immunization schedule has been endorsed by these groups and becomes effective January 1995.

In the first year of life, three doses each of diphtheria and tetanus toxoids and pertussis vaccine (DTP), *Haemophilus influenzae* type b (Hib) vaccine, and oral poliovirus vaccine (OPV) are recommended to be administered at ages 2, 4, and 6 months; however, the third dose of OPV may be administered through age 18 months, and for children who receive *Haemophilus b* conjugate vaccine (Meningococcal Protein Conjugate) (PRP-OMP) at ages 2 and 4 months, a dose at age 6 months is not required. For hepatitis B vaccine, the first dose is recommended at birth (but can be given up to age 2 months), the second at age 2 months (age 1-4 months is acceptable, provided at least 1 month has elapsed

since receipt of the first dose), and the third at age 6-18 months.

Vaccines recommended at age 12-15 months can be administered simultaneously during one visit or during two separate visits. The second dose of measles, mumps, and rubella vaccine (MMR) may be given at entry to kindergarten or middle school. Diphtheria and tetanus toxoids (Td) is recommended at age 11-12 years but may be given through age 14-16 years. When this vaccine is given at age 11-12 years, health-care providers can ensure that the child has received a second dose of MMR.

Reported by: Advisory Committee on Immunization Practices. American Academy of Pediatrics. American Academy of Family Physicians. National Immunization Program, CDC.

## Monthly Immunization Table

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TO TRACK progress toward achieving the goals of the Childhood Immunization Initiative (CII), CDC publishes monthly a tabular summary of the number of cases of all diseases preventable by routine childhood vaccination reported during the previous month and year-to-date (provisional data). In addition, the table compares provisional data with final data for the previous year and highlights the number of reported cases among children aged <5 years, who are the primary focus of CII. Data in the table are derived from CDC's National Notifiable Diseases Surveillance System.

Number of reported cases of diseases preventable by routine childhood vaccination — United States, November 1994 and 1993-1994\*

Disease	No. cases, November 1994	Total cases January-November		No. cases among children aged <5 years†	
		1993	1994	1993	1994
Congenital rubella syndrome (CRS)	2	5	6	4	5
Diphtheria	0	0	1	0	1
<i>Haemophilus influenzae</i> ‡	69	1,222	1,031	379	266
Hepatitis B†	817	11,469	10,399	120	106
Measles	3	300	876	114	211
Mumps	97	1,484	1,212	245	198
Pertussis	258	5,689	3,198	3,398	1,708
Polio myelitis, paralytic**	0	3	1	1	1
Rubella	2	175	211	31	21
Tetanus	1	39	34	0	0

\*Data for 1993 are final and for 1994, are provisional.

†For 1993 and 1994, age data were available for 90% or more cases, except for 1993 age data for CRS, which were available for 80% of cases.

‡Invasive disease; *H. influenzae* serotype is not routinely reported to the National Notifiable Diseases Surveillance System.

†Because most hepatitis B virus infections among infants and children aged <5 years are asymptomatic (although likely to become chronic), acute disease surveillance does not reflect the incidence of this problem in this age group or the effectiveness of hepatitis B vaccination in infants.

\*\*One case with onset in 1994 has been confirmed; this case is vaccine-associated. An additional six suspected cases are under investigation. In 1993, three of 10 suspected cases were confirmed; two of the confirmed cases of 1993 were vaccine-associated, and one was imported. The imported case occurred in a 2-year-old Nigerian child brought to the United States for care of his paralytic illness; no poliovirus was isolated from the child.

## Occupational Silicosis—Ohio, 1989-1994

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1 table omitted

SILICOSIS is a chronic lung disease associated with the inhalation and pulmonary deposition of dust that contains crystalline silica. Through the Sentinel Event Notification System for Occupational Risks (SENSOR)\* program, CDC's National Institute for Occupational Safety and Health (NIOSH) is assessing practical models for imple-

menting state-based surveillance of silicosis and linking follow-up intervention activities to surveillance reports. From 1989 through 1992, the Ohio Department of Health (ODH) SENSOR program identified silicosis cases through reports of Bureau of Workers' Compensation (BWC) claims, physician reports, and death certificates. The addition in 1993 of hospital discharge reports as an ascertainment source resulted in a sub-

stantial increase in the number of silicosis case reports identified annually. This report describes the investigation of a case of occupational silicosis in Ohio and summarizes the impact of hospital-based reporting on surveillance for silicosis in Ohio during 1993-1994.

### Case Report

In September 1991, a case report† was sent to ODH by an infectious dis-