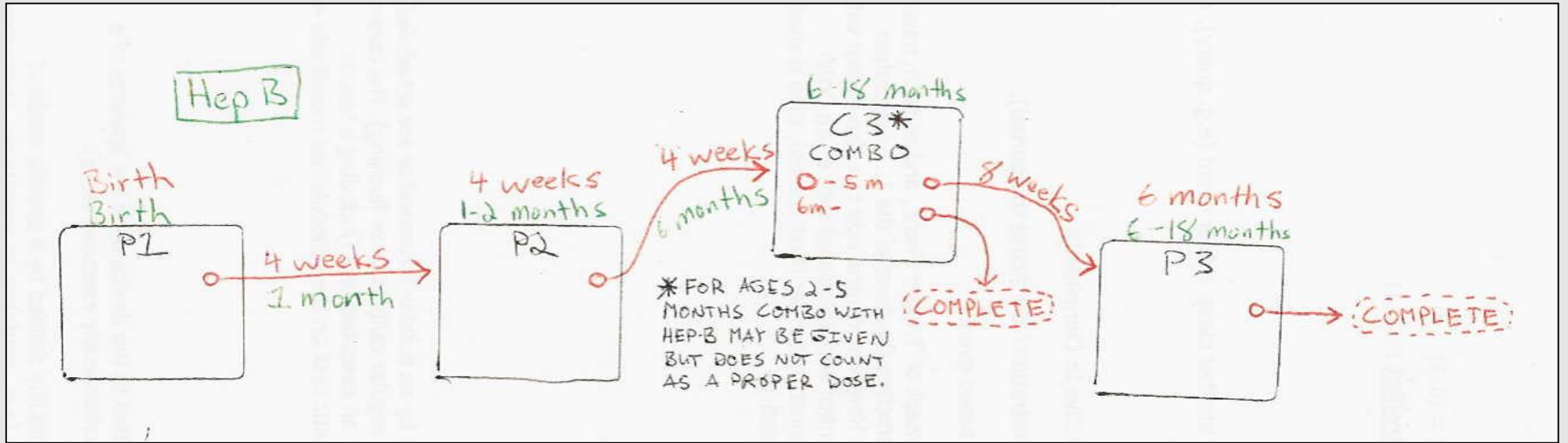


Forecast Series Name		HepB
Vaccines	Vaccine Ids	
First	137, 1240	
Series	137, 114, 1150, 146, 1240, 1250, 1270, 2100, 136, 142	
Combo	114, 136, 142	
Adult	2090, 1260	
Recombivax	1250	
Assume Comp	-137	

Vaccines		
Vaccine	Trade Name(s)	Id
DTaP-HepB-IPV	Pediarix	114
DTP-Hib-Hep B		1150
Hep A-Hep B		146
Hep B		137
Hep B, adolescent or pediatric		1240
Hep B, adolescent/high risk infant	Recombivax	1250
Hep B, adult		1260
Hep B, dialysis		1270
HepB-4		2100
HepB-Adult		2090
Hib-HepB	COMVAX	136
DTaP-IPV-Hib-HepB	Pentavalente	142



Schedule	Dose	Indication	birth
P1	1	BIRTH	
Determine if dose is valid or when next is due			
	Age	Interval	Grace
Valid	0 days		
Early due			
Due	0 days		
Overdue	4 weeks		
Finished	200 years		
After invalid dose		4 weeks	4 days
Dose before previous			
Assume Comp	18 years	Reason	Adult assumed to have completed Hep B series.
If valid, pick the next schedule to use			
Vaccine	Schedule	Before Age	Reason
First	P2	4 weeks	
Adult	P2		
Series	INVALID	4 weeks	A series dose should not be given in the first 6 weeks after birth.
Recombivax	P2	11 years	
Recombivax	A2	16 years	Recombivax given before 16 years old, switching to 2 dose schedule.
Series	P2		
Assume Comp	COMPLETE		Assuming adult received full Hep B series.
Show Column	1		
Show Row	1		

Schedule		Dose		1-2 months	
P2		2			
Determine if dose is valid or when next is due					
	Age	Interval	Grace		
Valid	4 weeks	4 weeks	4 days		
Early due					
Due	1 month				
Overdue	3 months				
Finished	200 years				
After invalid dose		4 weeks	4 days		
Dose before previous					
If valid, pick the next schedule to use					
Vaccine	Schedule	Before Age	Reason		
Recombivax	P3	11 years			
Adult	P3				
Recombivax	T2				
Series	P3				
Assume Comp	COMPLETE		Assuming adult received		
Show Column	2				
Show Row	1				

Schedule	Dose	6-18 months	
P3	3	1,3	
Determine if dose is valid or when next is due			
	Age	Interval	Grace
Valid	24 weeks	8 weeks	4 days
Early due			
Due	6 months		
Overdue	19 months		
Finished	200 years		
After invalid dose		8 weeks	4 days
Dose before previous		16 weeks	4 days
If valid, pick the next schedule to use			
Vaccine	Schedule	Before Age	Reason
Series	COMPLETE		
Adult	COMPLETE		
Assume Comp	COMPLETE		Assuming adult received full Hep B series.
Show Column	3		
Show Row	1		

Schedule	Dose	4 months Recombivax			
T2	2	2,2			
Determine if dose is valid or when next is due					
	Age	Interval	Grace		
Valid		4 months	4 months -28 days	4 days	
Early due					
Due		4 months			
Overdue		7 months			
Finished	200 years				
After invalid dose		4 months	4 days		
Dose before previous					
If valid, pick the next schedule to use					
Vaccine	Schedule	Before Age	Reason	Min Interval	Previous Vaccine
Recombivax	COMPLETE	16 years		4 months -4 days	
Recombivax	INVALID	16 years	Recombivax must be administered at least 4 months after previous Recombivax.		
Recombivax	P3				
Adult	P3				
Series	P3				
Assume Comp	COMPLETE		Assuming adult received full Hep B series.		
Show Column	2				
Show Row	2				

Schedule		Dose		2 nd Adolescent	
A2		2		2,2	
Determine if dose is valid or when next is due					
	Age		Interval	Grace	
Valid			4 months	4 days	
Early due					
Due			4 months		
Overdue			7 months		
Finished	200 years				
After invalid dose			4 weeks	4 days	
Dose before previous					
If valid, pick the next schedule to use					
Vaccine	Schedule		Before Age	Reason	Min Interval
Recombivax	COMPLETE		16 years		4 months -4 days
Series	P3				
Adult	P3				
Assume Comp	COMPLETE			Assuming adult received full Hep B series.	
Show Column	2				
Show Row	3				