

VACCINE	ELIGIBILITY
DTaP / DT	Children from 6 weeks of age up to the 7th birthday
DTaP/IPV/Hep B Combination (Pediarix [®])	<p>Children from 2 months of age up to the 7th birthday:</p> <ul style="list-style-type: none"> • Indicated for the primary doses of DTaP, IPV, and Hep B series at 2, 4 and 6 months of age. • Pediarix may be used for catch up vaccination for children up to 7 years of age who have not completed the primary series. <p>Considerations: If Pediarix[®] is not available, single injection vaccines may replace any dose in the vaccination series. Pediarix[®] should not be given to infants less than 6 weeks of age or any child 7 years of age or older. Pediarix[®] does not replace the hepatitis B birth dose. ACIP indicates that it is acceptable for children to receive 4 doses of hepatitis B vaccine.</p>
DTaP/IPV/Hib Combination (Pentacel [®])	<p>Children from 6 weeks of age up to the 5th birthday:</p> <ul style="list-style-type: none"> • Indicated for the 4 dose DTaP, IPV, and Hib series at 2, 4, 6 and 15 – 18 months of age. <p>Considerations: If Pentacel[®] is not available, single injection vaccines may replace any dose in the vaccination series. DTaP-IPV/Hib is not licensed for children aged ≥ 5 years or for the 5th doses of the DTaP series. DTaP-IPV/Hib inadvertently administered to children aged ≥ 5 years should be counted as a valid dose.</p>
DTaP-IPV (KINRIX [®])	<p>Children from 4 years through 6 years of age:</p> <ul style="list-style-type: none"> • Indicated for the booster dose (5th dose in the DTaP series and the 4th dose in the IPV series)
Hepatitis A	<p>Children from 12 months of age up to the 19th birthday:</p> <ul style="list-style-type: none"> • All children should receive hepatitis A vaccine at 1 year of age (i.e., 12-23 months). • 2 doses of hepatitis A vaccine are required. The minimum interval between the first and second dose is 6 months.
Hepatitis B	<p>Children from birth up to the 19th birthday:</p> <p>Targeted Groups:</p> <ul style="list-style-type: none"> • Children born on or after 11/22/91 • Adolescents 11 & 12 years of age <p>Targeted High Risk Groups:</p> <ul style="list-style-type: none"> • Children from birth up to the 20th birthday who meet the high risk criteria: <ol style="list-style-type: none"> a. Children born after 10/1/87 to 1st generation immigrant women from countries of high or intermediate hepatitis B virus endemicity b. Persons with occupational risk c. Clients in institutions for the developmentally disabled d. Hemodialysis patients e. Recipients of certain blood products f. Household contacts/sexual partners of HBV carriers g. Adoptees from countries where HBV is endemic h. International travelers i. Injecting drug users j. Sexually active homosexual and bisexual men k. Sexually active heterosexual men and women l. Inmates of long-term correctional facilities

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Hep B – Hib (COMVAX®)	<p>Children from 6 weeks of age up to 15 months of age:</p> <ul style="list-style-type: none"> • Do not administer to infants less than 6 weeks of age. • Must not be used for doses at birth or 1 month of age for a child on a 0, 1, 6 month hepatitis B vaccine schedule. • Licensed for use at 2, 4, and 15-18 months of age.
Hib	<p>Children from 6 weeks of age up to the 5th birthday</p>
HPV	<p>Adolescents 9 years of age up to the 19th birthday 9vHPV (Gardasil 9) is licensed for females and males age 9 – 26 years of age; 4vHPV (Gardasil) is licensed for females and males age 9 – 26 years of age; HPV2 (Cervarix) is licensed for female 9 – 25 years of age.</p> <p>HPV vaccine is routinely recommended for:</p> <ul style="list-style-type: none"> • Adolescent females at 11 through 12 years of age (3 dose series). <ul style="list-style-type: none"> • 9vHPV (Gardasil 9), 4vHPV (Gardasil) or 2vHPV (Cervarix). • Adolescent males at 11 through 12 years of age (3 dose series). <ul style="list-style-type: none"> • 9vHPV (Gardasil 9), 4vHPV (Gardasil) <p>Series Completion: If the type of HPV vaccine previously administered is unknown or not available:</p> <ul style="list-style-type: none"> • Providers may use any available HPV vaccine (2vHPV; 4vHPV or 9vHPV) to continue or complete the series for females for protection against HPV 16 and 18. • Providers may use either 9vHPV or 4vHPV to continue or complete the series for males. <p>Catch-up vaccination:</p> <ul style="list-style-type: none"> • Vaccination is recommended for females and males 13 through 18 years of age who have not been previously vaccinated or who have not completed the full series. <p>Other permitted vaccination:</p> <ul style="list-style-type: none"> • Adolescent females and males from 9 years of age. <p>http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html</p>
IPV (Polio)	<p>Children from 6 weeks of age up to the 19th birthday</p>

VACCINE	ELIGIBILITY
Meningococcal (MCV-4)	<p>Children 11 up to the 19th birthday and children 6 months – up to the 19th birthday at high risk:*, **</p> <p>Adolescents age 11 up to the 19th birthday:</p> <p>A single dose of meningococcal vaccine is recommended at</p> <ul style="list-style-type: none"> • 11 through 12 years of age for all adolescents. <p>A second dose (booster) of meningococcal vaccine is recommended at:</p> <ul style="list-style-type: none"> • Age 16 if the first dose was administered at 11-12 years of age. • Age 16 – 18 if the first dose was administered at 13 – 15 years of age. • If the first dose is administered at or after age 16, no booster dose is required. <p>* MCV4 Children age 9 months up to the 19th birthday meeting the following high risk criteria:</p> <p>A one dose primary series is recommended for:</p> <ul style="list-style-type: none"> • Children 2 years up to the 19th birthday who travel to or reside in countries in which N. meningitidis is hyperendemic or epidemic, particularly if contact with the local population will be prolonged. <p>A two dose primary series is recommended as follows:</p> <ul style="list-style-type: none"> • Children 9 months up to the 2nd birthday who travel to or reside in countries in which N. meningitidis is hyperendemic or epidemic, particularly if contact with the local population will be prolonged • Children who have terminal complement component deficiencies • Children who have anatomic or functional asplenia (first dose 2 years of age or older) • Children previously vaccinated with MPSV4 who remain at increased risk for meningococcal disease • Children who are infected with human immunodeficiency virus (HIV) <p>**HibMenCY (MenHibrix) or MenACWY-CRM (MCV4 - Menveo) for children age 2 - 8 months of age (may be given as early as 6 weeks of age) meeting the following high risk criteria:</p> <ol style="list-style-type: none"> a. Persistent complement pathway deficiencies b. Asplenia c. Sickle cell disease d. infants in communities with outbreaks of meningitis from serogroups C and Y. <p>Ordering from the State Department of Health</p> <p>HibMenCY (MenHibrix) vaccine is not be available for routine ordering due to limited supply. Providers can order directly from the state as needed for high risk patients:</p> <ul style="list-style-type: none"> • The provider may order single doses of this vaccine to complete the series for a child. The vaccine will be shipped from the distributor in a zip locked baggie with a photocopy of the prescribing information. • Contact information for state staff to assist with order placement: <ul style="list-style-type: none"> ○ Phone: Office of Immunization and Child Profile: 360-236-3595 (ask to speak to a member of the vaccine management team about ordering vaccine). ○ E-mail: WACChildhoodVaccine@doh.wa.gov <p>In addition to the primary series, boosters are recommended for children at high risk. The number and spacing of these boosters varies. Please see the ACIP recommendation or ACIP Recommended Schedule.</p> <p>http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e%0d%0a</p>

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Meningococcal B	<p>Adolescents from 10 years of age up to the 19th birthday who meet the following <u>high-risk</u> criteria:</p> <ul style="list-style-type: none"> • Children with persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D or taking eculizumab [Soliris®]) • Children with anatomic or functional asplenia, including sickle cell disease • Children who are at increased risk due to a meningococcal disease outbreak attributable to serogroup B <p>Permissive vaccination is allowed for adolescents from 16 years of age up to the 19th birthday (preferably at 16 – 18 years of age) when deemed clinically appropriate by the provider.</p> <p>Providers will find clinical guidance for the permissive use of meningococcal B vaccine for persons not at high risk for disease: http://tinyurl.com/WAVACMenBGuidance</p> <p>Advisory Committee on Immunization Practice Guidance is at: http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html</p> <p>Schedule: Bexsero, GlaxoSmithKline: 2 doses at least one month apart (0 and 1 – 6 month schedule) Trumenba, Pfizer / Wyeth: 3 doses (0, 2, and 6 month schedule)</p> <p>Ordering from the State Department of Health Providers may order Meningococcal B vaccines directly from the state as needed:</p> <ul style="list-style-type: none"> • The provider may order single doses of this vaccine to complete the series for a child. The vaccine will be shipped from the distributor in a zip locked baggie with a photocopy of the prescribing information. • Contact information for state staff to assist with order placement: <ul style="list-style-type: none"> ○ Phone: Office of Immunization and Child Profile: 360-236-3595 (ask to speak to a member of the vaccine management team about ordering vaccine). ○ E-mail: WACChildhoodVaccine@doh.wa.gov
MMR	<p>Children from 12 months of age up to the 19th birthday:</p> <p><u>First</u> dose:*</p> <ul style="list-style-type: none"> • All persons 12 months of age up to the 19th birthday • Students entering college who were born in or after 1957 <p><u>Second</u> dose:*</p> <ul style="list-style-type: none"> • All children at 4 to 6 years of age • Any child less than 19 years of age who has not previously received a second dose • Students entering college who were born in or after 1957 who have not yet received a second dose <p>*Please consult with the state immunization program for appropriate use of MMR vaccine during measles outbreaks.</p>

VACCINE	ELIGIBILITY
<p>MMRV (mumps, measles, rubella, varicella combination vaccine) (ProQuad®)</p>	<p>Children from 12 months of age up to 12 years: Administer MMRV when MMR and varicella vaccine is indicated for the first or second dose as follows:</p> <ul style="list-style-type: none"> • Ages 12 – 47 months -- first dose of measles, mumps, rubella, and varicella vaccines: either measles, mumps, and rubella (MMR) vaccine and varicella vaccine or MMRV vaccine may be used. CDC recommends that MMR vaccine and varicella vaccine should be administered for the first dose in this age group. • Second dose of measles, mumps, rubella, and varicella vaccines at any age (15 months--12 years) or the first dose at ≥48 months of age, use of MMRV vaccine generally is preferred over separate injections of its equivalent component vaccines (i.e., MMR vaccine and varicella vaccine). <p>Considerations: MMRV (ProQuad™) must be used within 30 minutes of reconstitution. MMRV (ProQuad™) must be stored frozen at or below -15° C. (5° F.). Providers must be certified for frozen vaccine storage. Contact your local health department regarding certification requirements. Providers currently certified for varicella will be considered certified for MMRV.</p>
<p>Pneumococcal Conjugate (PCV)</p>	<p>Children 2 months of age up to the 5th birthday:</p> <ul style="list-style-type: none"> • All children 2 months of age up to the 5th birthday at 2, 4, 6 and 12-15 months of age (although the vaccine can be given as early as 6 weeks of age) <p>Children aged 60-71 months of age with underlying medical conditions that increase their risk for pneumococcal disease or complications may receive a booster dose of this vaccine.</p> <p>Children 6 – 18 years of age: One dose is recommended for Children 6 -18 years of age with <u>no previous dose</u> of PCV13 who are at increased risk for invasive pneumococcal disease due to one of the following;</p> <ul style="list-style-type: none"> • Anatomic or functional asplenia • Sickle cell disease, • HIV-infection and other immune compromising conditions. • Cochlear implant, • Cerebrospinal fluid leak <p>See MMWR for ACIP Recommendations for other permitted vaccination: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm?s_cid=rr6202a1_w</p>

VACCINE	ELIGIBILITY
Pneumococcal Polysaccharide	<p>Children from 2 years of age up to the 19th birthday who meet the following <u>high-risk</u> criteria:</p> <ul style="list-style-type: none"> • Asplenia • Sickle cell disease • Nephrotic syndrome • Cerebrospinal fluid leaks • Immunosuppression • Living in environments or social settings with an identified increased risk of pneumococcal disease or its complications
Rotavirus	<p>Infants aged 6 weeks through 8 months:</p> <ul style="list-style-type: none"> ▪ Rotateq[®] (RV5) – 3 dose series (2, 4 and 6 months of age) ▪ Rotarix[®] (RV1) – 2 dose series (2 and 4 months of age) ▪ 1st dose of rotavirus vaccine 6 -14 weeks 6 days (maximum age is 14 weeks 6 days) ▪ Minimum interval between doses: 4 weeks. <p>Considerations: Vaccination should not be initiated for infants age 15 weeks or older; minimum interval 4 weeks; all doses administered by 8 calendar months of age; use same product if possible – if any dose in the series is Rotateq[®] or unknown, use 3 dose series.</p>
Td	<p>Children from 7 years of age up to the 19th birthday for whom Tdap is contraindicated or unavailable</p>

VACCINE	ELIGIBILITY
Tdap	<p><u>Children from 11 through 18 years of age (up to the 19th birthday):</u> Tdap vaccine is routinely recommended:</p> <ul style="list-style-type: none"> • For adolescents at 11 through 12 years of age (a single dose). • Tdap may be used regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. <p>Administration of Tdap for adolescents in special circumstances:</p> <ul style="list-style-type: none"> • Tdap is indicated but not available: Td can be administered if the last DTP/DTaP/DT/Td vaccine was equal to or greater than 10 years earlier. • Pertussis outbreaks and other setting with increased risk from pertussis: Routine Tdap vaccination recommendations for adolescents should be used. • Tetanus Prophylaxis in Wound Management: A single dose of Tdap instead of Td if they have not previously received Tdap. • No History of DTP/DTaP/Td/Tdap Vaccination: A single Tdap dose, followed by a dose of Td ≥ 4 weeks after the Tdap dose and a second dose of Td ≥ 6 months after the Td dose. Tdap may substitute for any one of the 3 Td doses in the series. • Pregnant adolescents: If indicated, a single dose of Tdap for pregnant adolescents, at each pregnancy. Vaccination is preferably after 20 weeks gestation. If not vaccinated during pregnancy, vaccinate the mother as soon as possible after birth. <p>Catch-up vaccination using state-supplied Tdap vaccine is allowed for children 7 through 18 years of age who have:</p> <ul style="list-style-type: none"> • Received tetanus and diphtheria containing vaccines (DT or Td) instead of DTP/DTaP for some or all doses of the childhood series. • Received fewer than 5 doses of DTP/DTaP or 4 doses if the fourth dose was administered at age 4 years or older. • Never been vaccinated against tetanus, diphtheria, or pertussis (no doses of pediatric DTP/DTaP/DT or Td). • Providers may use State supplied Tdap vaccine for 7 – 10 year olds when based on their clinical judgment it is appropriate to do so. <p>The preferred schedule is a single Tdap dose, followed by a dose of Td four weeks after the first dose and a second dose of Td 6-12 months later. If not administered as the first dose, Tdap can be substituted for any of the other Td doses in the series.</p>
Varicella (Chickenpox)	<p>Children at least 12 months of age up to the 19th birthday who do not have evidence of varicella immunity.</p> <p><u>First dose:</u></p> <ul style="list-style-type: none"> • Children 12-15 months of age. • Children less than 19 years of age who do not have evidence of varicella immunity, and have not received the first dose <p><u>Second dose:</u></p> <ul style="list-style-type: none"> • Children 4-6 years of age • Children less than 19 years of age who do not have evidence of varicella immunity, and have not received two doses of varicella vaccine. <p>Considerations:</p> <ul style="list-style-type: none"> • Providers must be certified frozen vaccine storage. Contact your local health department regarding certification requirements.

VACCINE	ELIGIBILITY	
Seasonal Influenza (2014-2015)	All children aged 6 months up to the 19th birthday:	
	Flu Vaccine	Age Indications for Use of State-Supplied Vaccine
	Sanofi Pasteur Fluzone® Preservative free, 0.25 mL Single Dose Syringe	Children aged six months up to the third birthday.
	GlaxoSmithKline, FluLaval® 5.0 mL Multi Dose Vial	Children aged three years up to the nineteenth birthday.
	MedImmune FluMist® Preservative free , Single Dose Nasal Spray	Children aged two years up to the nineteenth birthday.
GlaxoSmithKline Fluarix® Preservative free, 0.5 mL Single Dose Syringe	For pregnant adolescents less than age 19 years of age. Providers may use this presentation for children aged <u>3</u> years up to the nineteenth birthday who cannot tolerate FluMist.	

For questions or comments, contact the Immunization Program at 360-236-3595. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388). DOH348-123 July 2014