

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

# Immunization Guidelines For the Use of State Supplied Vaccine

VACCINE	ELIGIBILITY
HPV	<p>Adolescent females from 9 years of age up to the 19th birthday who are eligible for state supplied vaccine.</p> <p>Eligible adolescents include those who are:</p> <ul style="list-style-type: none"> <li>• Medicaid enrolled (Healthy Options or Fee For Service)</li> <li>• State sponsored health plan enrolled (CHIP, CHP, Basic Health Plan)</li> <li>• Uninsured</li> <li>• Underinsured</li> <li>• American Indian or Alaska Native</li> </ul> <p><b>These children may be vaccinated in their medical home with state supplied vaccine.</b></p> <p><b>Recommended schedule for quadravalent HPV vaccine</b></p> <ul style="list-style-type: none"> <li>• Adolescent females 11 through 12 years of age: A 3-dose series of the quadravalent HPV vaccine is routinely recommended for this age group.</li> <li>• Vaccination is recommended for females 13-18 years of age who have not been previously vaccinated or who have not completed the full series.</li> <li>• Females as young as 9 years of age can be vaccinated.</li> </ul> <p><b>Recommended intervals for quadravalent HPV vaccine</b></p> <p><b>1st dose:</b> at elected date  <b>2nd dose:</b> 2 months after the first dose  <b>3rd dose:</b> 6 months after the first dose</p>
IPV (Polio)	Children from 6 weeks of age up to the 19 <sup>th</sup> birthday
Meningococcal (MCV-4)	<p><b>Adolescents age 11 up to the 19<sup>th</sup> birthday:</b></p> <p>A single dose of meningococcal vaccine is recommended for:</p> <ul style="list-style-type: none"> <li>• Adolescents 11 through 12 years of age</li> <li>• Adolescents who have not previously received MCV4, before high school entry (at approximately age 15 years)</li> <li>• Adolescents less than 19 years of age who have not previously been vaccinated</li> </ul> <p><b>Children age 2 up to the 19<sup>th</sup> birthday meeting the following high risk criteria:</b></p> <ul style="list-style-type: none"> <li>• children 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</li> <li>• children who have terminal complement component deficiencies</li> <li>• children who have anatomic or functional asplenia</li> <li>• children previously vaccinated with MPSV4 who remain at increased risk for meningococcal disease</li> <li>• providers may elect to vaccinate children infected with human immunodeficiency virus (HIV)</li> </ul>
MMR	<p>Children from 12 months of age up to the 19<sup>th</sup> birthday:</p> <p><u>First dose:</u>*</p> <ul style="list-style-type: none"> <li>• All persons 12 months of age up to the 19<sup>th</sup> birthday</li> <li>• Students entering college who were born in or after 1957</li> </ul> <p><u>Second dose:</u>*</p> <ul style="list-style-type: none"> <li>• All children at 4 to 6 years of age</li> <li>• Any child less than 19 years of age who has not previously received a second dose</li> <li>• Students entering college who were born in or after 1957 who have not yet received a second dose</li> </ul> <p>*Please consult with the state immunization program for appropriate use of MMR vaccine during measles outbreaks.</p>

VACCINE	ELIGIBILITY
MMRV (mumps, measles, rubella, varicella combination vaccine) ProQuad™	<p>Children from 12 months of age up to the 7<sup>th</sup> birthday:</p> <p>Administer MMRV when <b>both</b> MMR <b>and</b> varicella vaccine is indicated for the first or second dose as follows:</p> <p><u>First</u> dose:</p> <ul style="list-style-type: none"> <li>Children 12-24 months of age receiving <b>both</b> MMR <b>and</b> Varicella for the first time.</li> </ul> <p><u>Second</u> dose:</p> <ul style="list-style-type: none"> <li>MMRV may be used for the second dose at 4 to 6 years of age for children receiving <b>both</b> MMR <b>and</b> Varicella.</li> </ul> <p><u>Catch up vaccination:</u></p> <ul style="list-style-type: none"> <li>MMRV (ProQuad™) may be used for catch up vaccination for children up to the 7<sup>th</sup> birthday receiving <b>both</b> MMR <b>and</b> Varicella for either the first or second dose in the series.</li> </ul> <p><b>Considerations:</b> 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 MMRV. Contact your local health department regarding certification requirements. Providers currently certified for varicella will be considered certified for ProQuad™.</p>
Pneumococcal Conjugate (PCV7)	<p>Children 2 months of age up to the 5<sup>th</sup> birthday.</p> <ul style="list-style-type: none"> <li>All children 2 months of age up to the 2<sup>nd</sup> birthday at 2, 4, 6 and 15 – 18 months of age (although the vaccine can be given as early as 6 weeks of age)</li> </ul> <p><u>Catch up vaccination:</u></p> <ul style="list-style-type: none"> <li>For all healthy children aged 24- 59 months who have not completed the recommended schedule for PCV7, administer 1 dose of PCV7.</li> <li>For all children with underlying medical conditions aged 24--59 months who have received 3 doses, administer 1 dose of PCV7.</li> <li>For all children with underlying medical conditions aged 24--59 months who have received &lt;3 doses, administer 2 doses of PCV7 at least 8 weeks apart.</li> </ul>
Pneumococcal Polysaccharide	<p>Children from 2 years of age up to the 19<sup>th</sup> birthday who meet the following <b>high-risk</b> criteria:</p> <ul style="list-style-type: none"> <li>Asplenia</li> <li>Sickle cell disease</li> <li>Nephrotic syndrome</li> <li>Cerebrospinal fluid leaks</li> <li>Immunosuppression</li> <li>Living in environments or social settings with an identified increased risk of pneumococcal disease or its complications</li> </ul>
Rotavirus	<p>Infants aged 6 weeks through 8 months.</p> <ul style="list-style-type: none"> <li>Rotateq® (RV5) – 3 dose series (2, 4 and 6 months of age)</li> <li>Rotarix® (RV1) – 2 dose series (2 and 4 months of age)</li> <li>1<sup>st</sup> dose of rotavirus vaccine 6 -14 weeks 6 days (maximum age is 14 weeks 6 days)</li> <li>Minimum interval between doses: 4 weeks.</li> </ul> <p><b>Considerations</b> 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	Children from 7 years of age up to the 19 <sup>th</sup> birthday for whom Tdap is contraindicated or unavailable.

## Immunization Guidelines For the Use of State Supplied Vaccine

VACCINE	ELIGIBILITY
Tdap	<p>Children from 11 years of age up to the 19<sup>th</sup> birthday</p> <ul style="list-style-type: none"> <li>• A single dose of Tdap instead of Td for booster immunization against tetanus, diphtheria and pertussis if they have completed the recommended childhood DTP/DTaP vaccination. The preferred age for Tdap vaccination is 11-12 years.</li> <li>• A 5-year interval between Td and Tdap is encouraged to reduce the risk of local or systemic reactions. However, intervals shorter than 5 years between Td and Tdap can be used.</li> </ul> <p>Administration of Tdap for adolescents in special circumstances:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Pertussis outbreaks and other setting with increased risk from pertussis: Routine Tdap vaccination recommendations for adolescents should be used</li> <li>• Tetanus Prophylaxis in Wound Management: A single dose of Tdap instead of Td if they have not previously received Tdap.</li> <li>• No History of DTP/DTaP/Td/Tdap Vaccination: A single Tdap dose, followed by a dose of Td <math>\geq 4</math> weeks after the Tdap dose and a second dose of Td <math>\geq 6</math> months after the Td dose. Tdap may substitute for any one of the 3 Td doses in the series.</li> <li>• Pregnancy: If otherwise indicated, consider a single dose of Tdap for adolescents immediately after delivery.</li> </ul>
Varicella (Chickenpox)	<p>Children at least 12 months of age up to the 19<sup>th</sup> birthday who do not have evidence of varicella immunity.</p> <p><u>First dose:</u></p> <ul style="list-style-type: none"> <li>• Children 12-15 months of age.</li> <li>• Children less than 19 years of age who do not have evidence of varicella immunity, and have not received the first dose</li> </ul> <p><u>Second dose:</u></p> <ul style="list-style-type: none"> <li>• Children 4-6 years of age</li> <li>• Children less than 19 years of age who do not have evidence of varicella immunity, and have not received two doses of varicella vaccine.</li> </ul>

VACCINE	ELIGIBILITY
Seasonal Influenza	<p>All children aged 6 months up to the 19<sup>th</sup> birthday who wish to be protected against influenza disease.</p> <p><b>Priority should be given to:</b></p> <ul style="list-style-type: none"> <li>• Children aged 6 months up to the 5<sup>th</sup> birthday.</li> <li>• High risk children 5 years of age up to the 19<sup>th</sup> birthday.*</li> <li>• Children less than 19 years of age who are care givers, or household contacts of any high risk person or infants less than 6 months of age who cannot be vaccinated due to their age.</li> <li>• Adolescent females less than 19 years of age who will be pregnant anytime during the influenza season.</li> </ul> <p><b>Age groups and influenza vaccine presentations:</b></p> <p><u>Children aged 6 months up to the 3<sup>rd</sup> birthday:</u></p> <ul style="list-style-type: none"> <li>• Fluzone<sup>®</sup> Pediatric, preservative free, 0.25mL single dose prefilled syringe presentation.</li> </ul> <p><u>Adolescent females less than 19 years of age who are pregnant:</u></p> <ul style="list-style-type: none"> <li>• Fluvirin<sup>®</sup> preservative free, 0.5mL single dose syringe presentation. Fluvirin<sup>®</sup> is licensed for children 4 years of age and up. Due to limited availability, Fluvirin<sup>®</sup> must be prioritized for pregnant adolescents.</li> </ul> <p><u>Children 3 years of age up to the 19<sup>th</sup> birthday:</u></p> <ul style="list-style-type: none"> <li>• Fluzone<sup>®</sup> multi-dose vial presentation.</li> <li>• FluMist<sup>®</sup> preservative free, single dose intranasal spray.</li> </ul> <p>*Children less than 19 years of age are considered <b>high risk</b> if they meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Chronic illness, i.e. chronic pulmonary or cardiovascular conditions, metabolic diseases, renal dysfunction, hemoglobinopathies.</li> <li>• Conditions that compromise respiratory function or the handling of respiratory secretions or can increase the risk of aspiration.</li> <li>• Children receiving chronic aspirin therapy.</li> <li>• Children receiving immunosuppression therapy.</li> </ul>