

**VFC/VFA Vaccine Availability and Eligibility – Effective *January 1, 2008***

| <b>VFC VACCINE- BIRTH TO AGE 18</b>                                                                                                                                                                                                           | <b>PEDIATRIC LICENSING</b> | <b>SPECIFICS FOR USE OF STATE SUPPLIED VACCINE</b>                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DTaP</b> Diphtheria and tetanus toxoids, and acellular pertussis                                                                                                                                                                           | 6 wks – 6 yrs              | None                                                                                                                                                                                                                                                                                                                                        |
| <b>DTaP-Hep B-IPV</b>                                                                                                                                                                                                                         | 6 wks – 6 yrs              | None                                                                                                                                                                                                                                                                                                                                        |
| <b>Td</b> Tetanus and diphtheria toxoid (adult formulation)                                                                                                                                                                                   | 7 yrs – 18 yrs             | Use when a medical contraindication to acellular pertussis vaccine exists                                                                                                                                                                                                                                                                   |
| <b>Tdap</b> Tetanus and diphtheria toxoids, and acellular pertussis                                                                                                                                                                           | 10 yrs – 18 yrs            | Give as a one time booster/ recommended at age 11/12                                                                                                                                                                                                                                                                                        |
| <b>Hep B</b> Hepatitis B                                                                                                                                                                                                                      | Birth – 18 yrs             | None                                                                                                                                                                                                                                                                                                                                        |
| <b>IPV</b> Inactivated poliovirus                                                                                                                                                                                                             | 6 wks – 18 yrs             | None                                                                                                                                                                                                                                                                                                                                        |
| <b>Hib</b> Haemophilus influenzae type b                                                                                                                                                                                                      | 6 wks – 59 months          | Due to national restrictions, the 4 <sup>th</sup> dose of HIB due at 12-15 months must be deferred, except for high-risk children (asplenic, sickle cell disease, immunocompromised or Alaskan native or American Indian). Keep a call-back list.                                                                                           |
| <b>MMR</b> Measles, mumps and rubella                                                                                                                                                                                                         | 12 months – 18 yrs         | None                                                                                                                                                                                                                                                                                                                                        |
| <b>Var</b> Varicella                                                                                                                                                                                                                          | 12 months – 18 yrs         | None                                                                                                                                                                                                                                                                                                                                        |
| <b>Flu</b> Influenza                                                                                                                                                                                                                          | 6 months – 18 yrs          | None                                                                                                                                                                                                                                                                                                                                        |
| <b>PCV 7</b> Pneumococcal conjugate                                                                                                                                                                                                           | 6 wks – 59 months          | None                                                                                                                                                                                                                                                                                                                                        |
| <b>PPV 23</b> Pneumococcal polysaccharide                                                                                                                                                                                                     | 2 yrs – 18 yrs             | Available for individual pediatric patients with high risk medical need                                                                                                                                                                                                                                                                     |
| <b>MCV 4</b> Meningococcal conjugate                                                                                                                                                                                                          | 2 yrs – 18 yrs             | Recommended for individuals age 11-18 and college freshman living in dorms. Excludes out-of-state students who attend school in VT. Can be used for children 2 -10 who are at increased risk for meningococcal disease, e.g. travel to endemic areas, individuals without a spleen and those with terminal complement deficiency disorders. |
| <b>Hep A</b> Hepatitis A                                                                                                                                                                                                                      | 12 months – 18 yrs         | Routinely for 12-23 mo and only for high risk (travel, MSM, IDU) 2-18yo                                                                                                                                                                                                                                                                     |
| <b>Rota</b> Rotavirus                                                                                                                                                                                                                         | 6 wks – 32 wks             | None                                                                                                                                                                                                                                                                                                                                        |
| <b>HPV</b> Human papillomavirus                                                                                                                                                                                                               | Females 9 yrs – 18 yrs     | None                                                                                                                                                                                                                                                                                                                                        |
| <b>VFA VACCINE - AGE 19 – 65+</b>                                                                                                                                                                                                             | <b>ADULT LICENSING</b>     | <b>SPECIFICS FOR USE OF STATE SUPPLIED VACCINE</b>                                                                                                                                                                                                                                                                                          |
| <b>Tdap</b>                                                                                                                                                                                                                                   | 19 yrs – 64 yrs            | None                                                                                                                                                                                                                                                                                                                                        |
| <b>Pneumococcal Vaccine</b>                                                                                                                                                                                                                   | 19 yrs and older           | Age 65+ or persons with chronic medical conditions (see MMWR)                                                                                                                                                                                                                                                                               |
| <b>Hepatitis B</b>                                                                                                                                                                                                                            | 19 yrs and older           | Available to individuals who are at risk for Hepatitis A and B<br>Excludes those who need vaccination for travel or occupational risk without additional behavioral or medical risk factors.                                                                                                                                                |
| <b>Hepatitis A</b>                                                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                             |
| <b>Hepatitis A/B</b>                                                                                                                                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                             |
| For the Vermont Recommended Immunization Schedule and the most recent Vaccine Availability and Eligibility please go to: <a href="http://healthvermont.gov/hc/imm/provider.aspx">http://healthvermont.gov/hc/imm/provider.aspx</a> 12.21.2007 |                            |                                                                                                                                                                                                                                                                                                                                             |

Vaccines are available to children universally from the VT Dept of Health through Vaccines For Children (VFC) and/or Vaccines For Adults (VFA) enrolled providers

All individuals, birth to age 18, must have VFC eligibility screening documented as follows:

- 1= Enrolled in Medicaid/ Dr.Dynasaur      3= No insurance  
2= Alaskan Native or Native American      4= Insurance (other than Medicaid/Dr. Dynasaur)

Call the Vermont Department of Health with questions about vaccine and immunization 1-800-464-4343 ext. 7638 or 802-863-7638

**healthvermont.gov**