

MEMO

TO: Prevention Partnership Providers and
Local Public Health Units

FROM: Molly Sander, MPH
Immunization Program Manager

RE: Change in State-Supplied MMR

DATE: January 16, 2009

Due to a change in federal vaccine contracts, the North Dakota Department of Health (NDDoH) can no longer supply MMR vaccine for insured college students, including those with Medicaid. Previously, the NDDoH supplied MMR to any college students born in or after 1957 who were enrolled in a North Dakota college/university. The NDDoH will continue to supply MMR for uninsured and underinsured college students born in or after 1957 who are enrolled in a North Dakota college/university. Providers must now purchase private supplies of MMR vaccine for insured patients and bill the patient, Medicaid, or insurance.

Please see the attached Vaccine Coverage Table for more information. Discard previous versions of the Vaccine Coverage Table.

Contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.

cc: Dr. Craig Lambrecht, Medical Director
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Vaccines For VFC* and Non-VFC (Insured) Children

Vaccine	Ages Covered	Eligibility Criteria
Hepatitis B	Birth	<ul style="list-style-type: none"> • <u>Available for administration by hospitals to all children (VFC and insured).</u> • The ACIP and the NDDoH strongly recommend that all children receive the birth dose of hepatitis B vaccine. • Hepatitis B vaccine is VFC only for all other doses in the hepatitis B series.

Vaccines For VFC Children Only

Vaccine	Ages Covered	Eligibility Criteria
DT	6 weeks – 6 years	<ul style="list-style-type: none"> • Only to be administered when DTaP is medically contraindicated. • Call for approval prior to ordering.
DTaP	6 weeks – 6 years	
DTaP/HepB/IPV (Pediarix [®])	6 weeks – 6 years	<ul style="list-style-type: none"> • Approved only for the primary series (i.e., 2, 4, and 6 months). • <u>Only available for administration by IHS facilities or other facilities serving significant American Indian populations.</u>
DTaP/Hib/IPV (Pentacel [®])	6 weeks – 59 months	<ul style="list-style-type: none"> • Approved for use at 2, 4, 6, and 12 – 15 months of age <ul style="list-style-type: none"> ○ <u>The booster dose at 12-15 months of age should be deferred during the current Hib shortage (unless the child is at high-risk).</u> • Pediarix[®] and PedvaxHIB[®] preferred for IHS and other facilities serving significant American Indian populations.
DTaP – IPV (Kinrix [®])	4 years – 6 years	Approved for use as the fifth dose of DTaP and fourth dose of IPV at 4 – 6 years of age.
Hepatitis A	1 – 18 years	<ul style="list-style-type: none"> • Should be routinely administered to children 12-23 months of age. • Counties with existing hepatitis A programs (i.e., McKenzie, Mountrail, McLean, Sioux, Rolette, Benson, Barnes, Ramsey, and Eddy) should maintain previous programs and implement routine vaccination of children 12 months of age.
Hepatitis B	Birth – 18 years	
Hib	6 weeks – 59 months	<ul style="list-style-type: none"> • ActiHIB[®] is available in limited supplies. • PedvaxHIB[®] is available to IHS and other facilities with significant American Indian populations.

HPV (Gardasil [®])	9 years – 18 years	
Influenza	6 months – 18 years	
IPV	6 weeks – 18 years	
Meningococcal Conjugate (MCV-4, Menactra [®])	2 – 18 years	Should be routinely administered to children 11-12 years of age.
MMR	12 months – 18 years	
Pneumococcal Conjugate (PCV-7, Prevnar [®])	6 weeks – 59 months	
Pneumococcal Polysaccharide	2 – 18 years	<ul style="list-style-type: none"> • Available for high-risk children with one or more of the following conditions: <ul style="list-style-type: none"> ○ Chronic illnesses such as cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or CSF leaks. ○ Functional or anatomic asplenia (splenectomy) ○ Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long-term system corticosteroids.
Rotavirus (Rotateq [®])	6 weeks – 8 months, 0 days	<ul style="list-style-type: none"> • The series must be started by 14 weeks and 6 days of age or should not be started at all. • All doses must be given by 8 months and 0 days of age.
Td	7 – 18 years	<ul style="list-style-type: none"> • Tdap is recommended instead of Td for adolescents and adults. • Td is only necessary for children and adolescents who have not completed the primary series of DTaP.
Tdap	10 – 18 years	<ul style="list-style-type: none"> • Boostrix[®] is available for adolescents, ages 10 – 18 years. • Adacel[®] is available for adolescents, ages 11 – 18 years.
Varicella (Chickenpox)	12 months – 18 years	

Other State-Supplied Vaccines

Vaccine	Ages Covered	Eligibility Criteria
Hepatitis A/B	19 years and older	Only available at high risk settings, including prisons and HIV counseling and testing sites.

HPV (Gardasil®)	19 – 26 years	Available for uninsured and underinsured females. <ul style="list-style-type: none"> • Females ages 19-21 years who are enrolled in Medicaid must be vaccinated with private vaccine and Medicaid should be billed. • Insured females must be vaccinated with private vaccine and insurance should be billed.
Meningococcal Conjugate (MCV-4, Menactra®)	17 years – 55 years	<ul style="list-style-type: none"> • Available for all freshman, including those with health insurance and regardless of residency, attending North Dakota colleges/universities. • Also available for all North Dakota high school seniors, regardless of insurance status.
MMR	19 years and older	Available to <u>uninsured</u> or <u>underinsured</u> students born in or after 1957 enrolled in a North Dakota college/university.
Pneumococcal Polysaccharide	50 – 64 years	Available for high-risk adults with one or more of the following conditions: <ul style="list-style-type: none"> • Chronic illnesses such as cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or CSF leaks. • Functional or anatomic asplenia (splenectomy) • Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long-term system corticosteroids.
Pneumococcal Polysaccharide	≥ 65 years	Available to those not enrolled in Medicare.
Shingles	≥ 60 years	Available, <u>in very limited supplies</u> , only at local public health units.
Tdap	≥ 10 years	Available for all (including those with health insurance) North Dakotans who have or who anticipate having close contact with an infant aged <12 months: <ul style="list-style-type: none"> • Parents/guardians of infants < 12 months • Daycare providers • Expecting Fathers

The NDDoH also supplies Tdap and MCV4 to local public health units to vaccinate insured children for the middle school entry immunization requirements.

*VFC-eligible children are those who are 18 and younger and meet one of the following criteria:

- No health insurance
- Medicaid eligible
- American Indian or Alaskan Native
- Underinsured – have health insurance, but it does not cover a particular vaccine
 - If your clinic does not have an agreement with a federally qualified health center to vaccinate underinsured children on their behalf, then your clinic must refer underinsured children to a rural health center or federally qualified health center to receive VFC vaccine.