

**Immunization Coverage Table
As of December 18, 2023**

| VFC* Immunizations (regardless of state of residence) | | |
|--|---------------------|---|
| Immunizations | Ages Covered | Eligibility Criteria |
| COVID-19 | 6 months – 18 years | |
| DTaP | 6 weeks – 6 years | |
| DTaP/HepB/IPV (Pediarix®) | 6 weeks – 6 years | <ul style="list-style-type: none"> Recommended only for the primary series (i.e., 2, 4, and 6 months). |
| DTaP-IPV/Hib (Pentacel®) | 6 weeks – 4 years | <ul style="list-style-type: none"> Recommended for use at 2, 4, 6, and 12 – 18 months of age. |
| DTaP/IPV/Hib/HepB (Vaxelis™) | 6 weeks – 4 years | <ul style="list-style-type: none"> Recommended only for the primary series (i.e., 2, 4, and 6 months). |
| DTaP-IPV | 4 years – 6 years | <ul style="list-style-type: none"> Kinrix®: Approved for use as the fifth dose of DTaP and fourth dose of IPV at 4 – 6 years of age. Quadracel™: Approved for use as the fifth dose of DTaP and fourth or fifth 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. Catch-up vaccination is recommended for all children ages 2 – 18 years. |
| Hepatitis B | Birth – 18 years | <ul style="list-style-type: none"> Hepatitis B birth dose at birthing hospitals. Recommended for use at birth, 2, and 6 months of age. |
| Hib | 6 weeks – 59 months | <ul style="list-style-type: none"> PedvaxHIB® is a three-dose series at 2, 4, and 12 – 15 months of age. (preferred for American Indian children) ActHib® is a four-dose series at 2, 4, 6, and 12 – 15 months. Hiberix® is a four-dose series at 2, 4, 6, and 12 – 15 months. |
| HPV9 | 9 years – 18 years | <ul style="list-style-type: none"> Gardasil® (HPV9) is available for both males and females ages 9 and older. |
| Influenza | 6 months – 18 years | <ul style="list-style-type: none"> Influenza vaccine is recommended for everyone 6 months and older. |
| IPV | 6 weeks – 18 years | |
| Meningococcal Conjugate (MCV4) | 2 months – 18 years | <ul style="list-style-type: none"> Should be routinely administered to children 11– 12 years of age, with a booster dose at 16 years of age. Recommended for those at high risk of infection 2 months – 10 years of age. Minimum age for MenQuadfi™ is 2 years. Minimum age for Menveo® two-vial is 2 months. Only available to order for eligible high-risk children two months – two years of age. Minimum age for Menveo® one-vial is 10 years. |

| | | |
|---|----------------------|--|
| Meningococcal B ^z | 10 years – 18 years | <ul style="list-style-type: none"> • Shared clinical decision-making recommendation for administration to patients 16 – 18 years of age. • Recommended for those at high risk of infection 10 – 18 years of age. • Bexsero[®] (GlaxoSmithKline): two doses at least one month apart. • Trumenba[®] (Pfizer): two doses at 0 and 6 months. • Providers should have doses(s) on hand for high-risk VFC eligible patients and VFC patients who wish to be vaccinated. |
| MMR | 12 months – 18 years | <ul style="list-style-type: none"> • MMR[®] II is approved for ages 12 months and older and can be stored in the refrigerator or freezer. • Priorix[®] is approved for ages 12 months and older and can only be stored in the refrigerator. |
| MMRV | 12 months – 12 years | <ul style="list-style-type: none"> • For the first dose of MMR and varicella vaccines at ages 12 – 47 months, either MMR and varicella vaccines administered separately or MMRV vaccine may be used. • For the second dose of MMR and varicella vaccines at any age (15 months – 12 years) and for the first dose at age ≥48 months, use of MMRV vaccine is generally preferred over separate injections. |
| Pneumococcal Conjugate (PCV15, Vaxneuvance [®] or PCV20, Prevar20 [®]) | | <ul style="list-style-type: none"> • Any dose of PCV15 or PCV20 is recommended as a 4-dose series at ages 2, 4, 6, and 12–15 months. • The ACIP recommends PCV for all children ages two through 59 months and for children ages 60 through 71 months who have underlying medical conditions that increase their risk of pneumococcal disease or complications. • Children 6 – 18 years of age with immunocompromising conditions such as HIV-infection, anatomic or functional asplenia, sickle cell disease, cochlear implant or cerebrospinal (CSF) leaks should also receive a dose of PCV. • PCV13 is no longer available for order. |

| | | |
|---|----------------------------|--|
| Pneumococcal Polysaccharide (PPSV23) [£] | 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 high-dose corticosteroids. ○ Cochlear implants. • Providers should have on hand for high-risk VFC eligible patients. |
| Rotavirus | 6 weeks – 8 months, 0 days | <ul style="list-style-type: none"> • Rotateq[®] (Merck): three doses at 2, 4, and 6 months of age. • Rotarix[®] (GSK): two doses at 2 and 4 months of age. |
| RSV Nirsevimab (Beyfortus [™]) | Birth – 19 months | <ul style="list-style-type: none"> • Infants aged <8 months who are born during or entering their first RSV season. • Children entering their second RSV season who are 8 – 19 months old and: <ul style="list-style-type: none"> ○ With chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season. ○ severely immunocompromised. ○ with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile. ○ American Indian and Alaska Native children. |
| RSV (Abrysvo [™]) [£] | Through 18 years | <ul style="list-style-type: none"> • Indicated in pregnancy to be administered during weeks 32 through 36 weeks. • VFC pregnant eligible individuals ONLY |
| Td [£] | 7 – 18 years | <ul style="list-style-type: none"> • Tdap is recommended instead of Td for adolescents and adults. • Tdap can be used in the following situations where Td was previously recommended: <ul style="list-style-type: none"> ○ Decennial booster dose ○ Tetanus prophylaxis for wound management ○ Catch-up immunization |

| Tdap | 7 – 18 years | <ul style="list-style-type: none"> Tdap is recommended instead of Td for adolescents and adults. |
|---|----------------------|--|
| Varicella (Chickenpox) | 12 months – 18 years | |
| 317 Vaccine (regardless of state of residence) | | |
| Vaccine | Ages Covered | Eligibility Criteria |
| Any childhood vaccine listed in VFC section. | Birth – 18 years | <ul style="list-style-type: none"> Underinsured children seen at private provider offices. |
| Hepatitis B | Birth – 18 years | <ul style="list-style-type: none"> Hepatitis B birth dose available to insured infants at North Dakota birthing hospitals. |
| Adult Hepatitis A | 19 years and older | <ul style="list-style-type: none"> Available for uninsured and underinsured high-risk adults (must have a risk factor listed below). Not available for adults whose sole purpose for vaccination is international travel or employment. Persons at high risk for hepatitis A infection include: <ul style="list-style-type: none"> Any drug user (injection or non-injection) Have had tattoos or body piercings in unsterile environments Have received blood clotting factors before 1987 Have HIV or AIDS Have had sex with an HIV-infected individual Have undiagnosed liver problems Have received donated blood or organs before 1992 Are on long term hemodialysis Men who have sex with men (MSM) Those experiencing homelessness or unstable housing |
| Adult Hepatitis B | 19 years and older | <ul style="list-style-type: none"> Available for uninsured and underinsured high-risk adults (must have a risk factor listed below). Not available for adults whose sole purpose for vaccination is international travel or employment. Persons at high risk for Hepatitis B infection include: <ul style="list-style-type: none"> Any drug user (injection or non-injection) Have had tattoos or body piercings in unsterile environments Have received blood clotting factors before 1987 Have HIV or AIDS Have had sex with an HIV-infected individual Have undiagnosed liver problems Have received donated blood or organs before 1992 Are on long term hemodialysis Men who have sex with men (MSM) Heplisav-B is a 2 dose series for adults 18 years and older. |
| Adult Hep B/ Hep A (Twinrix®) | 19 years and older | <ul style="list-style-type: none"> Available for uninsured and underinsured high-risk adults (must have a risk factor listed below). |

| | | |
|---------------------------------|---------------------|---|
| | | <ul style="list-style-type: none"> • Not available for adults whose sole purpose for vaccination is international travel or employment. • Persons at high risk for Hepatitis B infection include: <ul style="list-style-type: none"> ○ Any drug user (injection or non-injection) ○ Have had tattoos or body piercings in unsterile environments ○ Have received blood clotting factors before 1987 ○ Have HIV or AIDS ○ Have had sex with an HIV-infected individual ○ Have undiagnosed liver problems ○ Have received donated blood or organs before 1992 ○ Are on long term hemodialysis ○ Men who have sex with men (MSM) |
| COVID-19 | 19 – 64 years | <ul style="list-style-type: none"> • Available for uninsured and underinsured adults. |
| HPV9 | 19 – 45 years | <ul style="list-style-type: none"> • Available for uninsured and underinsured adults. • Insured, standard Medicaid or Medicaid expansion enrolled adults must be vaccinated with private vaccine and insurance or Medicaid should be billed. |
| Influenza | 19 years – 64 years | <ul style="list-style-type: none"> • Available for uninsured and underinsured adults at participating facilities. |
| Meningococcal Conjugate (MCV-4) | 19 years – 64 years | <ul style="list-style-type: none"> • Available for uninsured and underinsured adults. |
| MMR | 19 years and older | <ul style="list-style-type: none"> • Available for uninsured and underinsured adults. |
| PCV15, PCV20 or PPSV23 | 19 – 64 years | <ul style="list-style-type: none"> • Available for high risk uninsured and underinsured adults and meet one of the following criteria: <ul style="list-style-type: none"> ○ Chronic renal failure ○ Nephrotic syndrome ○ Congenital or acquired immunodeficiency (including B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)) ○ Iatrogenic immunosuppression (including diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy) ○ Generalized malignancy ○ HIV ○ Hodgkin disease ○ Leukemia ○ Lymphoma ○ Multiple myeloma ○ Solid organ transplant ○ Congenital or acquired asplenia ○ Sickle cell disease ○ Other hemoglobinopathies ○ Alcoholism |

| | | |
|----------------------|--------------------|---|
| | | <ul style="list-style-type: none"> ○ Chronic health disease (including congestive heart failure and cardiomyopathies) ○ Chronic liver disease ○ Chronic lung disease (including chronic obstructive pulmonary disease (COPD), emphysema and asthma) ○ Cigarette smoking ○ Diabetes mellitus ○ Cochlear implant ○ CSF Leak |
| Td/Tdap [£] | 19 years and older | <ul style="list-style-type: none"> ● Available for uninsured and underinsured adults. ● A single dose is recommended for all adults, including those 65 years and older. ● Medicare Part D does cover Tdap, so therefore the adults who have Medicare Part D are considered insured and state-supplied vaccines cannot be used. Medicare Part B covers influenza and pneumococcal vaccines. ● If a patient does NOT have Medicare Part D and only has Medicare Part B (very rare), they would be considered underinsured and would qualify for state supplied Tdap. |

All brands and presentations of vaccines listed on the vaccine coverage table are offered with regards to vaccine supply and availability according to the CDC and its distributors.

*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 (**VFC vaccine can only be used for underinsured children at Rural Health Clinics, Federally Qualified Health Centers, and local public health units**)

NDIIS or Electronic Medical Record VFC Eligibility Data Entry:

- Children 18 and younger:
 - Medicaid
 - American Indian
 - Uninsured
 - Underinsured
 - Other State Eligible – insured children receiving hepatitis B birth dose
 - Not Eligible – all other insured children
- Adults
 - Other State Eligible – uninsured/underinsured adults receiving state-supplied vaccines.
 - Not Eligible – all other adults

[£]Abrysvo,PPSV23 and Td vaccines are all available for order