

Eligibility Criteria for Vaccines Supplied by the GA Immunization Program for Children, Adolescents, and Adults seen in GA Public Health Clinics

The Georgia Immunization Program (GIP) manages vaccines funded by:

- Federal Vaccines for Children (VFC) program
- Federal Section 317 immunization grant
- State CHIP (PeachCare for Kids®) program

The following tables indicate which vaccines:

- are available for VFC, 317, & CHIP eligible children
- are available for other clients seen in Georgia public health clinics.

The intent of these tables:

- **IS NOT to determine which children, adolescents and/or adults should be immunized, but**
- **IS to define which groups can be immunized with federally funded VFC, federally funded Section 317, or CHIP purchased vaccines.**

For specific vaccine guidelines refer to Section 2, Recommended Schedules and Guidelines, of the Georgia Immunization Program Manual. The vaccine must be provided at no cost to the patient. Vaccine administration fees for self-pay clients are capped at \$21.93 per injection for both non-Medicaid VFC and Section 317 funded vaccine. No client should be refused vaccination with VFC, Section 317, or CHIP vaccine due to inability to pay the administration fee. **If a client meets at least one eligibility criterion for each component of a combination vaccine** (e.g., Pediarix, MMRV, Twinrix), they are eligible to receive that combination vaccine if the state supplies it.

Eligibility	Diphtheria, Tetanus, Pertussis vaccines	Hib vaccine	Influenza vaccine	Meningococcal vaccines
<p>Supplied for:</p> <p>VFC- eligible children VFC eligibility criteria¹</p> <ul style="list-style-type: none"> • Age 0 through 18 years and • No insurance or • Medicaid Recipient or • American Indian or Alaska native <p>317/CHIP eligible children</p> <ul style="list-style-type: none"> • Underinsured • PeachCare Enrolled 	<p>Yes; Eligible children:</p> <p>DTaP--Children less than 7 years of age</p> <p>Tdap</p> <ul style="list-style-type: none"> • One dose for children 7 to 10 years with an incomplete DTaP primary series • One dose for unvaccinated adolescent males and non-pregnant females • For pregnant adolescents for each pregnancy irrespective of past history of Tdap receipt <p>Td-- Children 7 years through 18 years of age</p> <p>Pediatric DT- not VFC supplied</p>	<p>Yes: eligible children:</p> <ul style="list-style-type: none"> • 6 weeks through 4 years of age 	<p>Yes: eligible children:</p> <ul style="list-style-type: none"> • 6 months through 18 years of age 	<p>Yes: eligible children:</p> <p>MCV4</p> <ul style="list-style-type: none"> • Series for children at highest risk for meningococcal infection³ • primary and/or booster dose(s) for adolescents aged 11 through 18 years <p>MenB</p> <ul style="list-style-type: none"> • series for children ≥ 10 yrs. at highest risk for meningococcal infection³ • series for adolescents aged 16 through 18 years
<p>Federal funded Section 317 immunizations for other groups seen in GA public health clinics¹</p>	<p>Yes; Uninsured and underinsured adults 19 years or older:</p> <p>Tdap-</p> <ul style="list-style-type: none"> • One dose for unvaccinated males and non-pregnant females • For pregnant women for each pregnancy irrespective of past history of Tdap receipt <p>Td - for boosters or to complete primary series</p>	<p>Yes:</p> <ul style="list-style-type: none"> • For unvaccinated individuals who are uninsured, or underinsured and older than 59 months of age with a high-risk condition³ 	<p>Yes; Uninsured and underinsured adults 19 years or older</p>	<p>Yes; Uninsured or underinsured individuals:</p> <p>MCV4</p> <ul style="list-style-type: none"> • primary dose and/or booster dose(s) for college students 19 through 21 yrs. • primary and/or booster dose(s) for adults at highest risk for meningococcal infection³ <p>MenB</p> <ul style="list-style-type: none"> • Series based on individual clinical decision for adults 19 through 23 yrs. • Series for adults at highest risk for meningococcal infection³
<p>Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds²</p>	<ul style="list-style-type: none"> • Insured clients with immunization coverage • Refugees¹ ≥ 19 years of age 	<ul style="list-style-type: none"> • Insured clients with immunization coverage 	<ul style="list-style-type: none"> • Insured clients with immunization coverage • Refugees¹ ≥ 19 years of age 	<ul style="list-style-type: none"> • Insured clients with immunization coverage • Refugees¹ ≥ 19 years of age

Eligibility Criteria for Vaccines Supplied by the GA Immunization Program for Children, Adolescents, and Adults seen in GA Public Health Clinics

Eligibility	Hepatitis B vaccine ⁴	Hepatitis A vaccine ⁴	Measles, Mumps, and Rubella vaccine	Inactivated Polio vaccine
Supplied for: VFC- eligible children VFC eligibility criteria ¹ <ul style="list-style-type: none"> ● Age 0 through 18 years and ● No insurance or ● Medicaid Recipient or ● American Indian or Alaska native 317/CHIP eligible children <ul style="list-style-type: none"> ● Underinsured ● PeachCare Enrolled 	Yes: VFC eligible children birth through 18 years of age	Yes: VFC eligible children 12 months through 18 years of age	Yes: VFC eligible children 12 months through 18 years of age	Yes: VFC eligible children 6 weeks through 18 years of age
Federal funded Section 317 immunizations for other groups seen in GA public health clinics ¹	Yes; (pediatric formulations for persons <20 yrs and adult formulations for persons ≥ 20 yrs) Uninsured, or underinsured individuals <ul style="list-style-type: none"> ● Men having sex with men ● Illegal drug users ● Persons seeking STD/HIV clinic services, including HIV testing and counseling and HIV care services ● Individuals with multiple partners (more than 1 partner in 6 months) ● Persons recently diagnosed with an STD ● Homeless adults ● Persons seeking Family Planning clinic services ● Sexual partners of persons with acute or chronic hepatitis B virus infection and household contacts of persons with acute and chronic HBV infection (includes contacts to perinatal hepatitis B case investigations) ● Hemodialysis/transplant patients ● Diabetics (Type I or Type II) ● Persons who began the series using VFC or 317 funded vaccine and still need to complete the series ● Any unvaccinated adult who wants to be protected against hepatitis B virus ● Persons 19 years of age and older with negative serology despite having 3 documented doses of hep b vaccine 	Yes; Uninsured, or underinsured individuals <ul style="list-style-type: none"> ● Men having sex with men ● Illegal drug users ● Female partners of MSM ● Persons who engage in sexual practices that could facilitate fecal-oral transmission of hepatitis A ● Person with chronic liver disease, including hepatitis C ● HIV-infected persons seeking HIV care services ● American Indians and Alaska natives ● Persons who began the series using VFC or 317 funded vaccine and still need to complete the series ● Persons 19 through 40 years of age (and persons over aged 40 years, if IG cannot be obtained) designated by district or state epidemiology personnel as eligible contacts to a documented case of hepatitis A disease⁵ ● Any unvaccinated adult who wants to be protected against hepatitis A virus 	Yes; Uninsured, or underinsured individuals meeting one of the following criteria: <ul style="list-style-type: none"> ● Persons born during or after 1957 and who specifically request it ● One dose for persons born before 1957 without evidence of immunity and who specifically request it ● College students of any age ● HIV-infected persons³ ● Persons seeking Family Planning clinic services ● Women who could become pregnant regardless of age ● Persons 19 years of age and older with negative serology results for measles, mumps, or rubella immunity 	No
Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds²	<ul style="list-style-type: none"> ● Insured clients with immunization coverage ● Refugees¹ ≥ 19 years of age 	<ul style="list-style-type: none"> ● Insured clients with immunization coverage ● Refugees¹ ≥ 19 years of age 	<ul style="list-style-type: none"> ● Insured clients with immunization coverage ● Refugees¹ ≥ 19 years of age 	

Eligibility Criteria for Vaccines Supplied by the GA Immunization Program for Children, Adolescents, and Adults seen in GA Public Health Clinics

Eligibility	Pneumococcal vaccines	Varicella vaccine	Rotavirus Vaccine	IG
<p>Supplied for:</p> <p>VFC- eligible children VFC eligibility criteria¹</p> <ul style="list-style-type: none"> ● Age 0 through 18 years and ● No insurance or ● Medicaid Recipient or ● American Indian or Alaska native <p>317/CHIP eligible children</p> <ul style="list-style-type: none"> ● Underinsured ● PeachCare Enrolled 	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> ● PCV13 for children 6 weeks through 59 months of age ● One PCV13 dose for children 6 yrs through 18 yrs with high risk conditions³ ● One or Two doses of PPSV23 for high-risk children 2 years through 18 years³ 	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> ● 12 months through 18 years of age are eligible for 2 doses of vaccine 	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> ● 6 weeks through 32 weeks of age 	<p>No</p>
<p>Federal funded Section 317 immunizations for other groups seen in GA public health clinics¹</p>	<p>Yes; PCV13 and PPSV23 for uninsured, or underinsured individuals</p> <ul style="list-style-type: none"> ● 19 years of age and older with high-risk criteria. (See "Pneumococcal Vaccine Guidelines" in the GIP Manual) 	<p>Yes; Uninsured, or underinsured individuals</p> <ul style="list-style-type: none"> ● 19 years of age and older without evidence of varicella immunity 	<p>No</p>	<p>Yes:</p> <ul style="list-style-type: none"> ● Hepatitis A contacts who fall within specific guidelines. See "Vaccines to Prevent Hepatitis A" guidelines in the GIP Manual <p>To obtain IG, contact the Hepatitis Program Director at (404) 657-3171.</p>
<p>Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds²</p>	<ul style="list-style-type: none"> ● Insured clients with immunization coverage ● Individuals wanting more than 3 documented doses of PPSV23 ● Refugees¹ ≥ 19 years of age 	<ul style="list-style-type: none"> ● Insured clients with immunization coverage ● Refugees¹ ≥ 19 years of age 	<ul style="list-style-type: none"> ● Insured clients with immunization coverage 	<ul style="list-style-type: none"> ● International travelers ● Pre-exposure vaccination for persons with occupational exposure

Eligibility Criteria for Vaccines Supplied by the GA Immunization Program for Children, Adolescents, and Adults seen in GA Public Health Clinics

Eligibility	HBIG	HPV	Zoster vaccine	
<p>Supplied for :</p> <p>VFC- eligible children VFC eligibility criteria¹</p> <ul style="list-style-type: none"> • Age 0 through 18 years and • No insurance or • Medicaid Recipient or • American Indian or Alaska native <p>317/CHIP eligible children</p> <ul style="list-style-type: none"> • Underinsured • PeachCare Enrolled 	No	<p>Yes; Routine vaccination for VFC eligible males and females</p> <ul style="list-style-type: none"> • HPV9 for females or males 9 through 18 years of age 	No	
<p>Federal funded Section 317 immunizations for other groups seen in GA public health clinics¹</p>	<p>Yes:</p> <ul style="list-style-type: none"> • Infants of HBsAg positive mothers, if HBIG was not received at birth in the hospital, and if it can be administered within 7 days of birth • Unvaccinated infants whose primary caregiver has acute hepatitis B • Persons not previously immunized with hepatitis B vaccine who have had recent sexual exposure (in the past 14 days) to a person who is acutely infected with the hepatitis B virus • Household contacts of any age in direct contact with the blood of an acutely infected person within 7 days of exposure <p>To obtain HBIG, contact the Hepatitis Program Director at (404) 657-3171.</p>	<p>Yes; Uninsured, or underinsured</p> <ul style="list-style-type: none"> • HPV9 for females and males 19 through 26 years who began the series using VFC or state-supplied vaccine and still need to complete the 3 doses series • HPV9 for unvaccinated females and males 19 through 26 years 	<p>Yes; Uninsured, or underinsured individuals</p> <p>2 doses of Shingrix for adults 50 yrs and older who</p> <ul style="list-style-type: none"> • Have a documented dose of Zostavax • Have not received a previous dose of Zostavax 	
<p>Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds²</p>	<ul style="list-style-type: none"> • International travelers • Persons exposed to needle sticks • Persons with occupational exposure 	<ul style="list-style-type: none"> • Insured clients with immunization coverage • Refugees¹ ≥ 19 years of age 	<ul style="list-style-type: none"> • Insured clients with immunization coverage • Refugees¹ ≥ 19 years of age 	

¹ Children aged 0 through 18 years of age who are in “refugee” status **and** meet VFC eligibility criteria are considered VFC eligible. Medicaid should be billed for the administration fee and for vaccines given to refugees in the 19-20 year old age group. Reimbursement for vaccine administration and county purchased vaccine for refugees aged ≥ 21 years of age should be billed to and paid by the Refugee Health Program (initial dose only). (Note: US citizenship is not required to receive any federal funded vaccine.)

² Persons in these groups are not eligible to receive VFC or Federal 317 funded vaccine as described above.

³ For guidance on specific conditions, refer to www.cdc.gov/vaccines/hcp/acip-recs/index.html

⁴ A person under 19 years of age who may have insurance but because of the circumstances for seeking services does not have access to that insurance coverage is uninsured for the purposes of the VFC program.

⁵ Such persons would be eligible for both doses of the hepatitis A vaccine series.