

# 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 DPH 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, Proquad, Vaxelis), 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><b>Supplied for:</b></p> <p><b>VFC- eligible children</b> VFC eligibility criteria<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Age 0 through 18 years and</li> <li>• No insurance or</li> <li>• Medicaid Recipient or</li> <li>• American Indian or Alaska native</li> </ul> <p><b>317/CHIP eligible children</b></p> <ul style="list-style-type: none"> <li>• Underinsured</li> <li>• PeachCare Enrolled</li> </ul>	<p>Yes; Eligible children:</p> <p><b>DTaP</b>--Children less than 7 years of age</p> <p><b>Tdap</b></p> <ul style="list-style-type: none"> <li>• For children 7 to 10 years with an incomplete DTaP primary series</li> <li>• For unvaccinated adolescent males and females</li> <li>• For pregnant adolescents for each pregnancy irrespective of past history of Tdap receipt</li> </ul> <p><b>Td</b>-- Children 7 years through 18 years of age</p> <p><b>Pediatric DT- not VFC supplied</b></p>	<p>Yes: eligible children:</p> <ul style="list-style-type: none"> <li>• 6 weeks through 4 years of age</li> </ul>	<p>Yes: eligible children:</p> <ul style="list-style-type: none"> <li>• 6 months through 18 years of age</li> </ul>	<p>Yes: eligible children:</p> <p><b>MCV4</b></p> <ul style="list-style-type: none"> <li>• Series for children at highest risk for meningococcal infection<sup>3</sup></li> <li>• primary and/or booster dose(s) for adolescents aged 11 through 18 years</li> </ul> <p><b>MenB</b></p> <ul style="list-style-type: none"> <li>• series for children ≥ 10 yrs. at highest risk for meningococcal infection<sup>3</sup></li> <li>• series for adolescents aged 16 through 18 years</li> </ul>
<p><b>Federal funded Section 317 immunizations</b> for other groups seen in GA public health clinics<sup>1</sup></p>	<p>Yes; Uninsured and underinsured adults 19 years or older:</p> <p><b>Tdap-</b></p> <ul style="list-style-type: none"> <li>• Not previously vaccinated with Tdap.</li> <li>• Needing to complete a primary series</li> <li>• For routine booster doses</li> <li>• For pregnant women for each pregnancy irrespective of past history of Tdap receipt</li> </ul> <p><b>Td and Tdap-</b>For adults previously vaccinated with Tdap who need wound management care.</p>	<p>Yes:</p> <ul style="list-style-type: none"> <li>• For unvaccinated individuals who are uninsured, or underinsured and older than 59 months of age with a high-risk condition<sup>3</sup></li> </ul>	<p>Yes; Uninsured and underinsured adults 19 years or older</p>	<p>Yes; Uninsured or underinsured individuals:</p> <p><b>MCV4</b></p> <ul style="list-style-type: none"> <li>• primary dose and/or booster dose(s) for college students 19 through 21 yrs.</li> <li>• primary and/or booster dose(s) for adults at highest risk for meningococcal infection<sup>3</sup></li> </ul> <p><b>MenB</b></p> <ul style="list-style-type: none"> <li>• Series based on shared clinical decision for adults 19 through 23 yrs.</li> <li>• Series for adults at highest risk for meningococcal infection<sup>3</sup></li> </ul>
<p><b>Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds<sup>2</sup></b></p>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>

## 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 <sup>4</sup>	Hepatitis A vaccine <sup>4</sup>	Measles, Mumps, and Rubella vaccine	Inactivated Polio vaccine
<p><b>Supplied for:</b></p> <p><b>VFC- eligible children</b> VFC eligibility criteria<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Age 0 through 18 years and</li> <li>• No insurance or</li> <li>• Medicaid Recipient or</li> <li>• American Indian or Alaska native</li> </ul> <p><b>317/CHIP eligible children</b></p> <ul style="list-style-type: none"> <li>• Underinsured</li> <li>• PeachCare Enrolled</li> </ul>	<p>Yes: VFC eligible children birth through 18 years of age</p>	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> <li>• 12 months through 18 years of age</li> <li>• Infants age 6 through 11 months traveling outside the United States should receive 1 dose when protection against HAV infection is recommended. The travel dose does not count toward the routine HepA series which should be initiated at age 1 year with the appropriate dose and schedule</li> </ul>	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> <li>• 12 months through 18 years of age</li> <li>• Infants age 6 through 11 months traveling outside the United States should receive 1 MMR dose when protection is recommended. The travel dose does not count toward the routine MMR series which should be initiated at age 1 year with the appropriate dose and schedule</li> </ul>	<p>Yes: VFC eligible children 6 weeks through 18 years of age</p>
<p><b>Federal funded Section 317 immunizations</b> for other groups seen in GA public health clinics<sup>1</sup></p>	<p>Yes; Uninsured, or underinsured individuals (2 dose or 3 dose hep b vaccine brands available for adults 19 yrs. or older)</p> <ul style="list-style-type: none"> <li>• Men having sex with men</li> <li>• Illegal drug users</li> <li>• Persons seeking STD/HIV clinic services, including HIV testing and counseling and HIV care services</li> <li>• Individuals with multiple partners (more than 1 partner in 6 months)</li> <li>• Persons recently diagnosed with an STD</li> <li>• Homeless adults</li> <li>• Persons seeking Family Planning clinic services</li> <li>• 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)</li> <li>• Hemodialysis/transplant patients</li> <li>• Diabetics (Type I or Type II)</li> <li>• Persons who need to complete the series</li> <li>• Any unvaccinated adult who wants to be protected against hepatitis B virus</li> <li>• Persons 19 years of age and older with negative serology despite having 3 documented doses of hep b vaccine</li> </ul>	<p>Yes; Uninsured, or underinsured individuals</p> <ul style="list-style-type: none"> <li>• Men having sex with men</li> <li>• Illegal drug users</li> <li>• Female partners of MSM</li> <li>• Persons who engage in sexual practices that could facilitate fecal-oral transmission of hepatitis A</li> <li>• Person with chronic liver disease, including hepatitis C</li> <li>• HIV-infected persons seeking HIV care services</li> <li>• American Indians and Alaska natives</li> <li>• Persons who need to complete the series</li> <li>• Persons 19 years of age and older, designated by district or state epidemiology personnel as eligible contacts to a documented case of hepatitis A disease<sup>5</sup></li> <li>• Any unvaccinated adult who wants to be protected against hepatitis A virus</li> <li>• Homeless adults</li> </ul>	<p>Yes; Uninsured, or underinsured individuals</p> <ul style="list-style-type: none"> <li>• Persons born during or after 1957 and who specifically request it</li> <li>• One dose for persons born before 1957 without evidence of immunity and who specifically request it</li> <li>• College students of any age</li> <li>• HIV-infected persons<sup>3</sup></li> <li>• Persons seeking Family Planning clinic services</li> <li>• Women who could become pregnant regardless of age</li> <li>• Persons 19 years of age and older without evidence of immunity for measles, mumps, or rubella immunity</li> </ul>	<p>No</p>
<p><b>Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds<sup>2</sup></b></p>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	

## 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><b>Supplied for:</b></p> <p><b>VFC- eligible children</b> VFC eligibility criteria<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Age 0 through 18 years and</li> <li>• No insurance or</li> <li>• Medicaid Recipient or</li> <li>• American Indian or Alaska native</li> </ul> <p><b>317/CHIP eligible children</b></p> <ul style="list-style-type: none"> <li>• Underinsured</li> <li>• PeachCare Enrolled</li> </ul>	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> <li>• PCV13 or PCV15 for children 6 weeks through 59 months of age</li> <li>• One PCV13 or PCV15 dose for children 6 yrs through 18 yrs with high risk conditions<sup>3</sup></li> <li>• One or Two doses of PPSV23 for children 2 years through 18 years with high risk conditions<sup>3</sup></li> </ul>	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> <li>• 12 months through 18 years of age are eligible for 2 doses of vaccine</li> </ul>	<p>Yes: VFC eligible children</p> <ul style="list-style-type: none"> <li>• 6 weeks through 32 weeks of age</li> </ul>	<p>If IG is needed contact EPI (404-657-2588)</p>
<p><b>Federal funded Section 317 immunizations</b> for other groups seen in GA public health clinics<sup>1</sup></p>	<p>Yes; PCV20 or PCV15 and PPSV23 for uninsured, or underinsured individuals</p> <ul style="list-style-type: none"> <li>• 19 through 64 years of age with high-risk criteria</li> <li>• 65 years and older</li> </ul> <p>(For detailed recommendation see "Pneumococcal Vaccine Guidelines <a href="http://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html">www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html</a> )</p>	<p>Yes; Uninsured, or underinsured individuals</p> <ul style="list-style-type: none"> <li>• 19 years of age and older without evidence of varicella immunity</li> </ul>	<p>No</p>	<p>If IG is needed contact EPI (404-657-2588)</p>
<p><b>Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds<sup>2</sup></b></p>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Individuals wanting more than 3 documented doses of PPSV23</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> </ul>	

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

Eligibility	HBIG	HPV <sup>4</sup>	Zoster vaccine	
<p><b>Supplied for:</b></p> <p><b>VFC- eligible children</b> VFC eligibility criteria<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Age 0 through 18 years and</li> <li>• No insurance or</li> <li>• Medicaid Recipient or</li> <li>• American Indian or Alaska native</li> </ul> <p><b>317/CHIP eligible children</b></p> <ul style="list-style-type: none"> <li>• Underinsured</li> <li>• PeachCare Enrolled</li> </ul>	No	<p>Yes; Routine vaccination for VFC eligible males and females</p> <ul style="list-style-type: none"> <li>• HPV9 for females or males 9 through 18 years of age. (Vaccination can be started as early as age 9 years)</li> </ul>	No	
<p><b>Federal funded Section 317 immunizations</b> for other groups seen in GA public health clinics<sup>1</sup></p>	<p>HBIG is not covered by 317 Federal funds. Hepatitis B contacts who fall within specific guidelines may be eligible for HBIG supplied through the Viral Hepatitis Program. To obtain HBIG, contact the Viral Hepatitis Program at (404) 657-2588.</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Unvaccinated infants whose primary caregiver has <b>acute</b> hepatitis B</li> <li>• Persons not previously immunized with hepatitis B vaccine who have had recent sexual exposure (in the past 14 days) to a person who is <b>acutely</b> infected with the hepatitis B virus</li> <li>• Household contacts of any age in direct contact with the blood of an <b>acutely</b> infected person within 7 days of exposure</li> </ul>	<p>Yes; Uninsured, or underinsured</p> <ul style="list-style-type: none"> <li>• HPV9 for individuals 19 through 45 years who need to complete HPV series</li> <li>• HPV9 for unvaccinated individuals 19 through 45 years based on shared clinical decision</li> </ul>	<p>Yes; Uninsured, or underinsured individuals</p> <p>2 doses of Shingrix for</p> <ul style="list-style-type: none"> <li>• Individuals 19 years or older who are or will be immunodeficient or immunosuppressed because of disease or therapy.</li> <li>• Immunocompetent adults 50 years of age and older, including those who previously received Zostavax.</li> </ul>	
<p><b>Groups in Georgia NOT covered by VFC, Federal Section 317, nor CHIP immunization funds<sup>2</sup></b></p>	<ul style="list-style-type: none"> <li>• International travelers</li> <li>• Persons exposed to needle sticks</li> <li>• Persons with occupational exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Insured clients with immunization coverage</li> <li>• Refugees<sup>1</sup> ≥ 19 years of age</li> </ul>	

<sup>1</sup> 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.)

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

<sup>3</sup> For guidance on specific conditions, refer to [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

<sup>4</sup> 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.

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