STATEMENTS OF POLICY

Title 55—PUBLIC WELFARE

DEPARTMENT OF PUBLIC WELFARE

[55 PA. CODE CH. 1241]

Revised EPSDT Immunization Guidelines

The purpose of this statement of policy is to provide revised immunization guidelines for use in serving recipients during Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) examinations or medical visits.

Scope

This statement of policy applies to providers who administer immunizations to eligible Medical Assistance (MA) recipients, including those in MA managed care organizations.

Background

On December 11, 1992, the Department of Public Welfare (Department) issued EPSDT Program Bulletin 1241-92-01, which revised the EPSDT immunization guidelines.

This schedule includes the new recommended childhood immunization schedule of the Advisory Committee on Immunization Practices (ACIP). This schedule has been approved by the ACIP, the American Academy of Pediatrics and the American Academy of Family Physicians. The combined approval should eliminate confusion among providers and patients concerning immunization recommendations.

Procedure

This statement of policy replaces the statement of policy published at 22 Pa.B. 5785 (December 5, 1992) which was effective December 11, 1992. When providing immunizations, immunization providers and EPSDT screening providers should now use the new immunization guidelines. These guidelines should be used for both immunizations provided through the Vaccines for Children Program as well as the fee-for-service and managed care delivery systems.

Effective Date

This statement of policy will take effect upon publication in the *Pennsylvania Bulletin*.

FEATHER O. HOUSTOUN,
Secretary

(*Editor's Note*: The regulations of the Department, 55 Pa. Code Chapter 1241, are amended by amending Appendix D to read as set forth in Annex A.)

Fiscal Note: 14-BUL-51. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 55. PUBLIC WELFARE

PART III. MEDICAL ASSISTANCE

CHAPTER 1241. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

Appendix D. EPSDT IMMUNIZATION GUIDELINES—STATEMENT OF POLICY

Recommended Childhood Immunization Schedule
United States, January—December 1997

Vaccines[1] are listed under the routinely recommended ages. Bars indicate range of acceptable ages for vaccination. Shaded bars indicate catch-up vaccination: at 11-12 years of age, Hepatitis B vaccine should be administered to children not previously vaccinated, and Varicella Virus vaccine should be administered to unvaccinated children who lack a reliable history of chickenpox.

Age ▶ *Vaccine* ▼	*Birth*	*1 mo*	*2 mos*	*4 mos*	*6 mos*	*12 mos*	*15 mos*	*18 mos*	*4-6 yrs*	*11-12 yrs*	*14-16 yrs*
Hepatitis B[2,3]	Hep B-1										
		Hep B-2			Hep B-3					Hep B[3]	
Diphtheria, Tetanus, Pertussis[4]			DTaP or DTP	DTaP or DTP	DTaP or DTP		DTaP or DPT[4]		DTaP or DTP	Td	
H. influenzae type b[5]			Hib	Hib	Hib[5]	Hib[5]					
Polio[6]			Polio[6]	Polio		Polio[5]			Polio		
Measles, Mumps, Rubella[7]						MMR			MMR[7] or MMR[7]		
Varicella[8]						Var				Var[8]	

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

[1] This schedule indicates the recommended age for routine administration of currently licensed childhood vaccines. Some combination vaccines are available and may be used whenever administration of all components of the vaccine is indicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

[2] *Infants born to HBsAg-negative mothers* should receive 2.5 µg of Merck vaccine (Recombivax HB®) or 10 µg of SmithKline Beecham (SB) vaccine (Engerix-B®). The 2nd dose should be administered ≥ 1 mo after 1st dose.
Infants born to HBsAg-positive mothers should receive 0.5 mL hepatitis B immune globulin (HBIG) within 12 hrs of birth, and either 5 µg of Merck vaccine (Recombivax HB®) or 10 µg of SB vaccine (Engerix-B®) at a separate site. The 2nd dose is recommended at 1-2 mos of age and the 3rd dose at 6 mos of age.
Infants born to mothers whose HbsAg status is unknown should receive either 5 µg of Merck vaccine (Recombivax HB®) or 10 µg of SB vaccine (Engerix-B®) within 12 hrs of birth. The 2nd dose of vaccine is recommended at 1 mo of age and the 3rd dose at 6 mos of age. Blood should be drawn at the time of delivery to determine the mother's HBsAG status; if it is positive, the infant should receive HBIG as soon as possible (no later than 1 wk of age). The dosage and timing of subsequent vaccine doses should be based upon the mother's HBsAg status.

[3] Children and adolescents who have not been vaccinated against hepatitis B in infancy may begin the series during any childhood visit. Those who have not previously received 3 doses of hepatitis B vaccine should initiate or complete the series during the 11-12 year-old visit. The 2nd dose should be administered at least 1 mo after the 1st dose, and the 3rd dose should be administered at least 4 mos after the 1st dose, and at least 2 mos after the 2nd dose.

[4] DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) is the preferred vaccine for all doses in the vaccination series, including completion of the series in children who have received ≥1 dose of whole-cell DTP vaccine. Whole-cell DTP is an acceptable alternative to DTaP. The 4th dose of DTaP may be administered as early as 12 mos of age, provided 6 mos have elapsed since the 3rd dose, and if the child is considered unlikely to return at 15-18 mos of age. Td (tetanus and diphtheria toxoids, adsorbed, for adult use) is recommended at 11-12 yrs of age if at least 5 yrs have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 yrs.

[5] Three H. influenzae type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® [Merck]) is administered at 2 and 4 mos of age, a dose at 6 mos is not required. After completing the primary series, any Hib conjugate vaccine may be used as a booster.

[6] Two poliovirus vaccines are currently licensed in the US: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). The following schedules are all acceptable by the ACIP, the AAP and the AAFP, and parents and providers may choose among them:

1. IPV at 2 and 4 mos; OPV at 12-18 mos and 4-6 yrs
2. IPV at 2, 4, 12-18 mos, and 4-6 yrs
3. OPV at 2, 4, 6-18 mos, and 4-6 yrs

The ACIP routinely recommends schedule 1. IPV is the only poliovirus vaccine recommended for immunocompromised persons and their household contacts.

[7] The 2nd dose of MMR is routinely recommended at 4-6 yrs of age or at 11-12 yrs of age, but may be administered during any visit, provided at least 1 mo has elapsed since receipt of the 1st dose, and that both doses are administered at or after 12 mos of age.

[8] Susceptible children may receive Varicella vaccine (Var) during any visit after the 1st birthday, and unvaccinated persons who lack a reliable history of chickenpox should be vaccinated during the 11-12 year-old visit. Susceptible persons ≥13 yrs of age should receive 2 doses, at least 1 mo apart.

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