Immunizations

H.1 Immunizations Overview ................................................................. H-2
  H.1.1 Exemption from Immunization for School and Child-care Facilities. .......... H-2
H.2 Recommended Childhood Immunization Schedule ................................. H-2
  H.2.1 Recommended Childhood and Adolescent Immunization Schedule, 2005 .... H-3
H.3 General Recommendations ............................................................... H-5
  H.3.1 How to Obtain Free Vaccines ..................................................... H-5
  H.3.2 Provider Administration Reimbursement Fee .................................... H-5
  H.3.3 Requirements for TVFC Providers ................................................. H-5
  H.3.4 How to Report Immunization Records to ImmTrac, the Texas Immunization Registry: ............................................................... H-5
    H.3.4.1 Direct Internet Entry ......................................................... H-6
    H.3.4.2 Electronic Data Transfer (Import) ......................................... H-6
    H.3.4.3 Paper Reporting Form ...................................................... H-6
H.4 Texas Vaccines for Children Program Packet ....................................... H-6
Appendix H

H.1 Immunizations Overview

Children must be immunized according to the Recommended Childhood Immunization Schedule for the United States. The checkup provider is responsible for the administration of immunizations and may not refer children to local health departments. The Department of State Health Services (DSHS) requires that immunizations be administered during the Texas Health Steps (THSteps) medical checkup, unless they are medically contraindicated or excluded from immunization for reasons of conscience, including a religious belief.

A $5 administration fee per dose is paid for immunizations given during a THSteps medical checkup or as part of a follow-up visit. THSteps providers should bill for each vaccine separately. If administering a combined vaccine, such as DTaP (diphtheria, tetanus, and pertussis vaccine), providers should not bill separately for each antigen.

Providers, in both public and private sectors, are required by federal mandate to provide a Vaccine Information Statement (VIS) to the responsible adult accompanying a child for an immunization. These statements are specific to each vaccine and inform the responsible adult about the risks and benefits. It is important that providers use the most current VIS.

Providers interested in obtaining copies of current VISs and other immunization forms or literature may call the DSHS Immunization Branch at 1-512-458-7284. VISs may also be downloaded from the DSHS Immunization Branch’s website, at www.immunizetexas.com.

H.1.1 Exemption from Immunization for School and Child-care Facilities

Parents may choose not to vaccinate their children. Immunization requirements for school and childcare entry offer an exemption from these requirements for reasons of conscience or religious beliefs. An exemption is also available for children who are medically contraindicated from receiving a vaccine. For more information on exemptions call 1-512-458-7284, or visit www.immunizetexas.com.

Refer to: “Texas Health Steps (THSteps)” on page 42-1

H.2 Recommended Childhood Immunization Schedule

The Recommended Childhood Immunization Schedule indicates the recommended age for routine administration of currently licensed childhood vaccines. This schedule is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Some combination vaccines are available and may be used whenever any component of the combination is indicated and its other components are not contraindicated. Providers should consult the manufacturers package insert for detailed recommendations.

Vaccines should be administered at recommended ages. Any dose not given at the recommended age should be given as a catch-up immunization on any subsequent visit when indicated and feasible.

### H.2.1 Recommended Childhood and Adolescent Immunization Schedule, 2005

#### Recommended Childhood and Adolescent Immunization Schedule  UNITED STATES • 2005

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>24 months</th>
<th>4–6 years</th>
<th>11–12 years</th>
<th>13–18 years</th>
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</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>HepB #1</td>
<td>HepB #2</td>
<td>HepB #3</td>
<td>HepB Series</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>Td</td>
<td>Td</td>
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<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
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<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>MMR #1</td>
<td>MMR #1</td>
<td>MMR #2</td>
<td>MMR #2</td>
<td>MMR #2</td>
<td>MMR #2</td>
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<tr>
<td>Haemophilus influenzae type b</td>
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<td>Hib</td>
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<tr>
<td>Inactivated Poliovirus</td>
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<td>IPV</td>
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<tr>
<td>Measles, Mumps, Rubella</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Pneumococcal Conjugate</td>
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<td>PCV</td>
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<tr>
<td>Influenza</td>
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<td>Influenza (Yearly)</td>
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<tr>
<td>Hepatitis A</td>
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</tbody>
</table>

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible.

- Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.org or by telephone, 800-822-7967.

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*The Childhood and Adolescent Immunization Schedule is approved by:*
- Advisory Committee on Immunization Practices  www.cdc.gov/nip/acip
- American Academy of Pediatrics  www.aap.org
- American Academy of Family Physicians  www.aafp.org

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*DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR DISEASE CONTROL AND PREVENTION*
Footnotes

Recommended Childhood and Adolescent Immunization Schedule
UNITED STATES • 2005

1. Hepatitis B (HepB) vaccine. All infants should receive the first dose of HepB vaccine soon after birth and before hospital discharge; the first dose may also be administered by age 2 months if the mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB may be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be administered at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of hepatitis B immune globulin (HBIG) at separate sites within 12 hours of birth. The second dose is recommended at age 1–2 months. The final dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9–15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother’s HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. Tetanus and diphtheria toxoids (Td) is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. Haemophilus influenzae type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHib® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters after any Hib vaccine. The final dose in the series should be administered at age ≥12 months.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by age 11–12 years.

5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses administered at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2–23 months and for certain children aged 24–59 months. The final dose in the series should be given at age ≥12 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. See MMWR 2000;49(RR-9):1-35.

7. Influenza vaccine. Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus [HIV], and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see MMWR 2004;53[RR-6]:1-40). In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See MMWR 2004;53[RR-6]:1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See MMWR 1999;48(RR-12):1-37.
H.3 General Recommendations

For information about vaccine administration, dosing, and contraindications, immunization providers should consult vaccine package inserts and the February 8, 2002, issue of the Morbidity and Mortality Weekly Report (MMWR), General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices (ACIP). For copies of the General Recommendations on Immunization or the MMWR, contact the Immunization Branch at 1-512-458-7284.

H.3.1 How to Obtain Free Vaccines

Texas Vaccines For Children (TVFC) provides vaccines for immunization of THSteps patients free of charge to THSteps medical providers and other qualified Medicaid providers who are enrolled in TVFC. The local health department/district or DSHS regional office provides information on how to order, account for, and inventory vaccines. Monthly reports are required in order to receive state-purchased vaccine. Physicians who request and accept state-supplied vaccines must complete and sign the provider enrollment and profile forms annually.

Additional information can be found at www.immunizetexas.com.

H.3.2 Provider Administration Reimbursement Fee

THSteps and other qualified providers may be reimbursed $5 for each dose of vaccine administered during a THSteps medical checkup or a follow-up visit. Combined antigen vaccines (DTaP-Hib, MMR) are reimbursed as one dose.

H.3.3 Requirements for TVFC Providers

By enrolling, public and private providers agree to:

1) Determine TVFC eligibility before administering vaccines obtained through TVFC. The Patient Eligibility Screening Form will be provided to the parent or guardian to declare each child’s eligibility.

2) Maintain records of the parent, guardian, or authorized representative’s responses on the Patient Eligibility Screening Form for at least three years. If requested, the provider will make such records available to DSHS, the local health department authority, or the U.S. Department of Health and Human Services (DHHS).

3) Comply with the appropriate vaccination schedule, dosage, and contraindications, as established by the Advisory Committee on Immunization Practices, unless (a) in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate, or (b) the particular requirement is not in compliance with Texas law, including laws relating to religious and medical exemptions.

4) Provide VISs to the responsible adult, parent, or guardian and maintain records in accordance with the National Childhood Vaccine Injury Act. (Signatures are not required for the VISs but are recommended.)

5) Not charge for vaccines supplied by DSHS and administered to a child who is eligible for TVFC.

6) Charge a vaccine administration fee to the Medicaid program, but not impose a charge for the administration of the vaccine in any amount higher than the maximum administration fee established by DSHS (providers may charge a vaccine administration fee to Medicaid, but not a fee for the vaccine). Medicaid patients cannot be charged any out-of-pocket expense for the vaccine, administration of the vaccine, or an office visit associated with Medicaid services.

7) Not deny administration of a TVFC vaccine to a child because of the inability of the child’s parent or guardian/individual of record to pay an administrative fee.

8) Comply with the state’s requirements for ordering vaccines and other requirements as described by DSHS.

9) Allow DSHS (or its contractors) to conduct onsite visits as required by TVFC regulations.

The provider or the state may terminate the agreement at any time for personal reasons or failure to comply with the requirements listed above.

H.3.4 How to Report Immunization Records to ImmTrac, the Texas Immunization Registry

Texas law requires all medical providers and payors to report all immunizations administered to children under 18 of years of age to ImmTrac, the Texas immunization registry operated by DSHS (Texas Health and Safety Code §161.007-161.009). Providers must report all immunization information within 30 days of administration of the vaccine, and payors must report within 30 days of receipt of data elements from a provider. Prior to reporting immunizations to ImmTrac, providers must first register for registry participation and access.

ImmTrac is a centralized repository of immunization histories for children younger than 18 years of age and is a free service and benefit available to all Texans. Registry information is confidential, and by law, may be released only to:

- The child’s parent, legal guardian, or managing conservator
- The child’s physician, school, or licensed child-care facility in which the child is enrolled
- Public health districts or local health departments
- The insurance company, health maintenance organization, or other organization that pays for the provision of the child’s healthcare benefits
Appendix H

• A health care provider authorized to administer a vaccine
• A state agency that has legal custody of the child

ImmTrac offers three methods to report immunizations to DSHS: Direct Internet Entry, Electronic Data Transfer (Import), and Paper Reporting Form.

H.3.4.1 Direct Internet Entry
This method allows providers to access and review clients’ immunization histories prior to administering vaccines. Providers then update their client’s immunization record directly into the ImmTrac web application after administering vaccines to the patient.

H.3.4.2 Electronic Data Transfer (Import)
This method allows providers to report immunizations from an electronic medical record (EMR) software application via extract file for import into ImmTrac. Providers may still have access to the ImmTrac web application to access and review their clients’ immunization histories.

H.3.4.3 Paper Reporting Form
This method of reporting is available to providers without Internet or computer access. Providers report immunizations to the registry via the ImmTrac Paper Reporting Form. In this case, providers are not able to access and view their clients’ immunization histories in ImmTrac.

Before including a child’s immunization information in ImmTrac, DSHS must verify that written consent for registry participation has been granted by the child’s parent, legal guardian, or managing conservator. Most parents grant consent for ImmTrac participation during the birth certificate application process. Written parental consent for ImmTrac participation applies to all past, present, and future immunizations. Texas law also permits a parent, managing conservator, or guardian to withdraw consent for ImmTrac participation at any time.

Before January 1, 2005, medical providers were responsible for obtaining, maintaining, and reporting parental consent for ImmTrac registry participation to TMHP by including the U6 modifier next to each immunization listed on claim forms. The **U6 modifier is no longer required** because Texas law currently requires providers and payors to report all immunizations to ImmTrac, and ImmTrac, rather than the provider, verifies parental consent for participation in the registry. There is no need for providers to include the U6 modifier on the claim forms.

Medical providers may report directly to ImmTrac by entering immunizations online for patients currently participating in the registry. The online (Direct Internet Entry) and Electronic Data Transfer (Import) reporting options allow providers to access, review, and update a patient’s immunization history at any time. Before reporting immunizations to ImmTrac via any of these options, providers must complete an ImmTrac Registration Packet (for providers and schools) and receive login credentials from ImmTrac Customer Support. A copy of this packet may be obtained from www.ImmTrac.com or requested from ImmTrac Customer Support by calling 1-800-348-9158.

H.4 Texas Vaccines for Children Program Packet

Refer to: “TVFC Patient Eligibility Screening Record” on page C-93
“TVFC Provider Enrollment (3 Pages)” on page C-94
“TVFC Questions and Answers (3 Pages)” on page C-97