



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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DAVID L. LAKEY, M.D.
COMMISSIONER

April 30, 2014

RE: Policy 0014-2 Immunization Coverage Level Assessment

Dear Texas Vaccines for Children Provider,

Effective January 2014, the assessment criteria for evaluating Texas Vaccines for Children (TVFC) program provider's 2014 immunization coverage levels has been changed.

When assessing immunization coverage at a provider's clinic, the TVFC program (or its contractors) will apply the Advisory Committee on Immunization Practices (ACIP) recommended intervals in conjunction with dose count to determine the patient's immunization status. Please see the attached *Recommended and Minimum Ages and Intervals Between Doses* table for the recommended intervals.

Spacing of Multiple Doses of the Same Antigen

Providers should adhere as closely as possible to the recommended vaccination schedules. Administration at recommended ages and in accordance with recommended intervals between doses of multidose antigens provide optimal protection.

Administration of doses of a multidose vaccine using intervals that are shorter than recommended might be necessary in certain circumstances, such as impending international travel or when a person is behind schedule on vaccinations but needs rapid protection. In these situations, an accelerated schedule can be implemented using intervals between doses that are shorter than those recommended for routine vaccination. Vaccine doses should not be administered at intervals less than these minimum intervals or at an age that is younger than the minimum age. Providers should verify that all previous doses of vaccines were administered after the minimum age and in accordance with minimum intervals, prior to administering a dose of vaccine. 2014 immunization schedules and catch-up schedules are available at:

<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>

Thank you for your continued support of the TVFC Program. For any questions, please contact the appropriate Health Service Region below.

Provider PINS Beginning With	Health Service Region	Phone Number
01	HSR 1	806-783-6416
02	HSR 2	325-795-5660
03	HSR 3	817-264-4793
04 or 05 not in Hardin, Jefferson or Orange Counties	HSR 4/5N	903-533-5310
05 in Hardin, Jefferson or Orange Counties or 06 or 25	HSR 6/5S	713-767-3410
07	HSR 7	254-778-6744
08 or 00	HSR 8	210-949-2067
09	HSR 9	432-571-4132
10	HSR 10	915-834-7924
11	HSR 11	956-421-5552

Sincerely,



Saroj Rai, PhD
Immunization Branch Manager

Recommended and Minimum Ages and Intervals Between Doses

Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Hepatitis B (HepB)-1 ³	Birth	Birth	1-4 months	4 weeks
HepB-2	1-2 months	4 weeks	2-17 months	8 weeks
HepB-3 ⁴	6-18 months	24 weeks	—	—
Diphtheria-tetanus-acellular pertussis (DTaP)-1 ³	2 months	6 weeks	2 months	4 weeks
DTaP-2	4 months	10 weeks	2 months	4 weeks
DTaP-3	6 months	14 weeks	6-12 months	6 months ^{5,6}
DTaP-4	15-18 months	12 months	3 years	6 months ⁵
DTaP-5	4-6 years	4 years	—	—
<i>Haemophilus influenzae</i> type b (Hib)-1 ^{3,7}	2 months	6 weeks	2 months	4 weeks
Hib-2	4 months	10 weeks	2 months	4 weeks
Hib-3 ⁸	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Inactivated poliovirus (IPV)-1 ³	2 months	6 weeks	2 months	4 weeks
IPV-2	4 months	10 weeks	2-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4 ⁹	4-6 years	4 years	—	—
Pneumococcal conjugate (PCV)-1 ⁷	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Measles-mumps-rubella (MMR)-1 ¹⁰	12-15 months	12 months	3-5 years	4 weeks
MMR-2 ¹⁰	4-6 years	13 months	—	—
Varicella (Var)-1 ¹⁰	12-15 months	12 months	3-5 years	12 weeks ¹¹
Var-2 ¹⁰	4-6 years	15 months	—	—
Hepatitis A (HepA)-1	12-23 months	12 months	6-18 months ⁵	6 months ⁵
HepA-2	≥18 months	18 months	—	—
Influenza, inactivated (TIV) ¹²	≥6 months	6 months ¹³	1 month	4 weeks
Influenza, live attenuated (LAIV) ¹²	2-49 years	2 years	1 month	4 weeks
Meningococcal conjugate (MCV4)-1 ¹⁴	11-12 years	2 years	4-5 years	8 weeks
MCV4-2	16 years	11 years (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1 ¹⁴	—	2 years ¹⁵	5 years	5 years
MPSV4-2	—	7 years	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap) ¹⁶	≥11 years	7 years	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2 ¹⁷	—	7 years	—	—
Human papillomavirus (HPV)-1 ¹⁸	11-12 years	9 years	2 months	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks ¹⁹
HPV-3 ¹⁹	11-12 years (+ 6 months)	9 years (+24 weeks)	—	—
Rotavirus (RV)-1 ²¹	2 months	6 weeks	2 months	4 weeks
RV-2	4 months	10 weeks	2 months	4 weeks
RV-3 ²¹	6 months	14 weeks	—	—
Herpes zoster ²²	≥60 years	60 years	—	—

- 1 Combination vaccines are available. Use of licensed combination vaccines is generally preferred to separate injections of their equivalent component vaccines. When administering combination vaccines, the minimum age for administration is the oldest age for any of the individual components; the minimum interval between doses is equal to the greatest interval of any of the individual components.
- 2 Information on travel vaccines including typhoid, Japanese encephalitis, and yellow fever, is available at www.cdc.gov/travel. Information on other vaccines that are licensed in the US but not distributed, including anthrax and smallpox, is available at www.bt.cdc.gov.
- 3 Combination vaccines containing a hepatitis B component (Comvax, Pediarix, and Twinrix) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e., Hib, DTaP, HepA, and IPV).
- 4 HepB-3 should be administered at least 8 weeks after HepB-2 and at least 16 weeks after HepB-1, and should not be administered before age 24 weeks.
- 5 Calendar months.
- 6 The minimum recommended interval between DTaP-3 and DTaP-4 is 6 months. However, DTaP-4 need not be repeated if administered at least 4 months after DTaP-3.
- 7 Children receiving the first dose of Hib or PCV vaccine at age 7 months or older require fewer doses to complete the series.
- 8 If PRP-OMP (Pedvax-Hib) was administered at ages 2 and 4 months, a dose at age 6 months is not required.
- 9 A fourth dose is not needed if the third dose was administered on or after the 4th birthday and at least 6 months after the previous dose.
- 10 Combination measles-mumps-rubella-varicella (MMRV) vaccine can be used for children aged 12 months through 12 years. (See CDC. General recommendations on Immunization: recommendations of the ACIP. *MMWR* 2011;60[No. RR-2],7.)
- 11 For persons beginning the series on or after the 13th birthday, the minimum interval from varicella-1 to varicella-2 is 4 weeks.
- 12 One dose of influenza vaccine per season is recommended for most people. Children younger than 9 years of age who are receiving influenza vaccine for the first time should receive 2 doses this season. See current influenza recommendations for other factors affecting the decision to administer one vs. two doses to children younger than 9 years.
- 13 The minimum age for inactivated influenza vaccine varies by vaccine manufacturer and formulation. See package inserts for vaccine-specific minimum ages.
- 14 Revaccination with meningococcal vaccine is recommended for previously vaccinated persons who remain at high risk for meningococcal disease. (See CDC. Updated recommendations from the ACIP for vaccination of persons at prolonged increased risk for meningococcal disease. *MMWR* 2009;58:[1042-3])
- 15 Menactra may be given as young as 9 months for high-risk children.
- 16 Only one dose of Tdap is recommended. Subsequent doses should be given as Td. For one brand of Tdap (Adacel), the minimum age is 11 years. For management of a tetanus-prone wound in a person who has received a primary series of a tetanus-toxoid containing vaccine, there is no minimum interval between a previous dose of any tetanus-containing vaccine and Tdap.
- 17 A second dose of PPSV 5 years after the first dose is recommended for persons ≤ 65 years of age at highest risk for serious pneumococcal infection, and for those who are likely to have a rapid decline in pneumococcal antibody concentration. (See CDC. Prevention of pneumococcal disease: recommendations of the ACIP. *MMWR* 1997;46[No. RR-8].)
- 18 Bivalent HPV vaccine (Cervarix) is approved for females 10 through 25 years of age. Quadrivalent HPV vaccine (Gardasil) is approved for males and females 9 through 26 years of age.
- 19 The minimum age for HPV-3 is based on the baseline minimum age for the first dose (108 months) and the minimum interval of 24 weeks between the first and third doses. Dose 3 need not be repeated if it is given at least 16 weeks after the first dose (and if the intervals between doses 1 and 2 and doses 2 and 3 are maintained at 4 weeks and 12 weeks, respectively).
- 20 The first dose of rotavirus must be administered between 6 weeks 0 days and 14 weeks 6 days. The vaccine series should not be started after age 15 weeks 0 days. Rotavirus should not be administered to children older than 8 months 0 days, regardless of the number of doses received before that age.
- 21 If two doses of Rotarix are administered as age appropriate, a third dose is not necessary.
- 22 Herpes zoster vaccine is recommended as a single dose for persons 60 years of age and older.