





# VACCINE ELIGIBILITY GUIDELINES | IMMUNIZATION BRANCH

For Health Departments and CDPH Approved Health Department Authorized Sites, **Effective 10/1/2018 through 9/30/2019**



	VFC Funded Vaccine <sup>1</sup> 	317 Funded Vaccines <sup>2</sup> 	State General Fund Vaccines <sup>3</sup> 
Age	<b>Children</b> Birth Through 18 Years of Age meeting any of these eligibility criteria:	<b>Adults</b> 19 Years of Age and older meeting one of the following eligibility criteria:	<b>Children and Adults</b> (All ages)
Eligibility	<ul style="list-style-type: none"> <li>• Medi-Cal/CHDP eligible</li> <li>• Uninsured (no health insurance)</li> <li>• American Indian &amp; Alaskan Native</li> </ul>	<ul style="list-style-type: none"> <li>• Uninsured (no health insurance)</li> <li>• Underinsured (Eligible only if listed vaccines are not covered by insurance)</li> </ul>	Fully Insured (ONLY if approved by health officer and CDPH for outbreak control, post-exposure prophylaxis, or disaster relief efforts) 
Vaccine	DTaP/DT		DTaP/DT
	Hepatitis A	Hepatitis A	Hepatitis A <sup>6</sup>
	Hepatitis B	Hepatitis B <sup>4</sup>	Hepatitis B <b>ONLY</b> if they are a household or sexual contact of HbsAg+ pregnant woman
	Hib		Hib
	HPV	HPV	
	Influenza		Influenza
	Meningococcal Conjugate (MCV4)	Meningococcal Conjugate (MCV4)	Meningococcal Conjugate (MCV4)
	Men B		Men B
	MMR	MMR	MMR
	Pneumococcal Conjugate (PCV13)	Pneumococcal Conjugate (PCV13)	Pneumococcal Conjugate (PCV13) <sup>7</sup>
	Pneumococcal Polysaccharide (PPSV23)	Pneumococcal Polysaccharide (PPSV23)	Pneumococcal Polysaccharide (PPSV23)
	Polio (IPV)		Polio (IPV)
	Rotavirus		
	Td	Td <b>ONLY</b> when Tdap is not indicated <sup>5</sup>	
	Tdap	Tdap <sup>5</sup>	Tdap
	Varicella	Varicella	Varicella
		Zoster	

<sup>1</sup>VFC-funded vaccines may be used to immunize underinsured children **ONLY** if the LHD has a FQHC or RHC designation. Otherwise, underinsured children presenting to a LHD clinic or HDAS must be referred to a FQHC or RHC.

<sup>2</sup>Fully insured children and adults are not eligible to receive 317 vaccine routinely (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured). 317 vaccine may not be used in travel clinic settings.

<sup>3</sup>Depending on funding, State General Fund vaccines may vary.

<sup>4</sup>If patient has Medicare Part B but not Medicare Part D, then patient is only covered if patient is considered low-risk for contracting Hepatitis B.

<sup>5</sup>Includes patients that have Medicare Part B but do not have Medicare Part D, and do not have a wound.

<sup>6</sup>For outbreak control and post-exposure prophylaxis.

<sup>7</sup>Available in limited quantities.