

The following chart outlines the policy for use of state-provided vaccine for adults:

Vaccine	DSHS Health Service Regions	Local Health Departments	TYC State Schools	Other Providers
Hepatitis A	A	A	A	L
Hepatitis B	B	B	A	L
Human Papillomavirus (HPV) Vaccine	C	C	X	L
Influenza	D	E	D	X
MMR	F	F	A	X
MCV4	G	G	A	X
Pneumococcal Polysaccharide PPV23	H	H	A	X
Td/Tdap	I	I	A	X
Varicella (chickenpox)	J	J	A	X
Zoster (shingles)	K	K	X	X

A. All uninsured and underinsured adults.

B. All uninsured and underinsured adults.

Exception: Refugee Health Programs (RHP) receive separate funding for hepatitis B vaccine, and therefore clients of RHPs are excluded.

C. All uninsured or underinsured women between the ages of 19-26.

Note: Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, women who are sexually active should still be vaccinated. Sexually active women who have not been infected with any of the HPV vaccine types receive the full benefit of the

vaccination. Vaccination is less beneficial for women who have already been infected with one or more of the four HPV vaccine types. Vaccination is not recommended during pregnancy. If a woman is found to be pregnant after initiating the vaccination series, the remainder of the 3-dose regimen should be delayed until after completion of the pregnancy.

- D. Persons at highest risk of complications from influenza disease as defined by the ACIP. Excluding those at residential or occupational risk of exposure where the organization, proprietor or employer is required to offer the vaccine by law.
- E. Vaccine purchased with LHD funds can be used at the discretion of the LHD.
- F. All uninsured or underinsured adults who met the following criteria:
- Persons born during or after 1957 should receive at least one dose of MMR unless they have documentation of at least one dose, a history of measles based on healthcare provider diagnosis, or laboratory evidence of immunity. Women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity should also receive one dose of MMR.
 - A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a healthcare facility; or 6) plan to travel internationally.
- G. Uninsured and underinsured adults, 19-55 years of age, who are at risk. The following groups are considered at risk:
- Medical indications: adults with anatomic or functional asplenia, or terminal complement component deficiencies. Revaccination after 5 years might be indicated for adults previously vaccinated with MPSV4 who remain at high risk for infection.
 - Other: first-year college students living in dormitories
 - Uninsured and underinsured persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.
- H. Uninsured and underinsured adults who are at risk. The following groups are considered at risk:
- All adults 65 years of age or older, including one-time revaccination of those who have not received vaccine within 5 years and were less than 65 years of age at the time of primary vaccination. All persons over 65 who have unknown vaccination status should receive one dose of vaccine.

- Adults 19 – 64 who are at risk per ACIP recommendations, which includes the following:
 - Chronic disorders of the pulmonary system (excluding asthma)
 - Cardiovascular diseases
 - Diabetes mellitus
 - Chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis)
 - Chronic renal failure or nephrotic syndrome
 - Functional or anatomic asplenia (e.g., sickle cell disease or splenectomy) [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]
 - Immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection [vaccinate as close to diagnosis as possible when CD4 cell counts are highest], leukemia, lymphoma, multiple myeloma, Hodgkin disease, generalized malignancy, or organ or bone marrow transplantation)
 - Chemotherapy with alkylating agents, antimetabolites, or high-dose, long-term corticosteroids
 - Cochlear implants
- *Others included:* Alaska Natives and certain American Indian populations

I. All uninsured or underinsured adults.

Please note that Tdap is only licensed for adults 19 -64, and Td is indicated for adults 65 and older. Adacel® is the only Tdap vaccine licensed for adults. Another Tdap vaccine, Boostrix®, is not approved for adult use.

J. Uninsured or underinsured adults born after 1980* who are without evidence of immunity to varicella should have received two doses of varicella vaccine. Those who have received only one dose should receive the second dose.

* For healthcare workers, pregnant women, and those born outside the U.S., birth before 1980 should not be considered evidence of immunity.

Do not vaccinate women who are pregnant or might become pregnant within 4 weeks of receiving the vaccine. Varicella vaccine is to be administered post-partum only.

Exception: Refugee Health Programs (HRP) receive separate funding for varicella vaccine, and therefore clients of HRPs are excluded.

- K. Uninsured or underinsured adults 60 years of age and older whether or not they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition. Contraindications and precautions to use of zoster vaccine are available at <http://www.fda.gov/Cber/label/zosmer052506LB.htm> .

- L. Any person who was TVFC-eligible **AND** started the series BEFORE their 19th birthday.

- X. Not eligible for state-supplied vaccine for adults at this site. Other providers may purchase their own vaccine inventory to vaccinate adults at the client's expense.