Vaccines Available through the VFC Program

The following vaccines are available and must be provided for all VFC-eligible children served by all VFC providers (excluding specialty clinics and Universal Hep B hospitals) according to Advisory Committee on Immunization Practices’ (ACIP) recommendations:

DTaP, DTaP-IPV, DTaP-IPV-HepB, DTaP-IPV/HIB, Hep A, Hep B, Hib, HibMenCY, 9VHPV, Influenza, IPV, MCV4, MMR, MMRV, PCV13, Rotavirus, Td, Tdap, Varicella

Influenza – Pediatric:

VFC providers should administer routine annual flu vaccine to all VFC-eligible children aged 6 months through 18 years. Children 6 months through 8 years of age may require 2 doses of flu vaccine during the flu season. Please reference the 2 dose schedule at www.michigan.gov/flu. Providers are asked to pre-book flu vaccine in January or February (dependent on CDC’s timeline). Flu vaccine is automatically shipped to providers, usually beginning in late August. Providers should offer flu vaccine to their patients as soon as the vaccine is available. Vaccinating against influenza disease should continue throughout the influenza season. Providers who run out of VFC flu vaccine should contact their LHD to request additional doses. Providers may not borrow VFC flu vaccine for their private pay patients under any circumstances.

Vaccines Available for VFC-Eligible Children with Specific High Risk Conditions:

23-valent Pneumococcal Polysaccharide Vaccine (PPSV23) after PCV13:
VFC providers may administer PPSV23 to children and adolescents aged 2 through 18 years with underlying medical conditions listed below:

1. Chronic heart disease, particularly cyanotic congenital heart disease and cardiac failure
2. Chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy)
3. Chronic liver disease, chronic renal failure or nephrotic syndrome
4. Congenital or acquired asplenia or splenic dysfunction
5. Sickle cell disease (SCD) and other hemoglobinopathies
6. Cerebrospinal fluid leaks
7. Diabetes mellitus
8. Cochlear implant
9. Diseases associated with treatment with immunosuppressive drugs or radiation therapy
   including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma
10. HIV infection
11. Congenital or acquired immunodeficiency
12. Children who are Alaska Native or American Indian

Serogroup B Meningococcal Vaccines (MenB):

LHDs are considered the safety net for access to non-routine vaccines. LHD clinics must stock and offer Men B vaccine. Provider offices that serve a larger volume of VFC eligible children are highly encouraged to stock MenB vaccine. Providers with a limited VFC-eligible patient base may choose to order this vaccine on an as-needed basis or refer anyone at risk to another provider, a pharmacy or to the LHD for administration. If parents request MenB vaccine, it must
be provided. Education should be provided to patients aged 16-18 years of age, regardless of risk factors.

MenB vaccine is recommended for children aged 10 through 18 years at increased risk for meningococcal disease attributable to serogroup B, including:

- Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D or taking eculizumab [Soliris®])
- Children who have anatomic or functional asplenia, including sickle cell disease
- Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B

Children aged 16 through 18 years without high risk conditions may also be vaccinated.

DT – Pediatric for ages less than 7 years

Can be ordered only if child has a documented valid contraindication, precaution or reason for delay from a previous dose of pertussis containing vaccine and

- Parent(s) has been counseled by medical provider on risks of lack of pertussis protection.
- Order has been pre-approved by LHD and MDHHS.