



MEMORANDUM 2016-04

TO: All Vaccine Providers

FROM: Tim Heath

DATE: 09/09/2016

RE: New Day Care Immunization Requirements/New Eligibility Chart

The regulations for child care providers in South Dakota require that enrolled children meet certain minimum standards for immunization. The required immunizations are recommended from the South Dakota Department of Health (DOH), which are based on recommendations from the Center for Disease Control, Advisory Committee on Immunization Practices (ACIP) <http://www.cdc.gov/vaccines/acip/index.html>

For the past several years, the regulations included the following immunizations: Hepatitis B (Hep B); Diphtheria, Tetanus, Pertussis (DTaP); Haemophilus influenzae type b (Hib); Inactivated poliovirus (IPV); and measles, mumps and rubella (MMR).

The Department of Health has recommended the addition of the following three immunizations be required for children enrolled in a regulated child care program beginning **November 1, 2016**:

1. **Varicella Vaccine (Chickenpox)**
2. **Pneumococcal Conjugate Vaccine (PCV)**
3. **Hepatitis A Vaccine (Hep A)**

Please be advised that you may see an increased demand for the new required vaccines.

Enclosed you will find a new copy of the vaccine eligibility chart. The only change is the addition of Hiberix® which will be available to order on October 1.

If you have any questions please call me at 605-773-5323 or email at [tim.heath@state.sd.us](mailto:tim.heath@state.sd.us).



## South Dakota Immunization Program Vaccines Available for VFC\* Eligible Children

Vaccine	Trade Name	Min Order	Presentation <sup>+</sup>	Ages/Indication
DT	Varies	1	Varies	6 weeks – 6 years Only to be administered when DTaP is medically contraindicated – call for approval to order.
DTaP	Daptacel <sup>®</sup>	10	SDV	6 weeks – 6 years
	Infanrix <sup>®</sup>	10	SDV	
DTaP-IPV	Kinrix <sup>®</sup>	10	SDV	4 years – 6 years Approved for use as the fifth dose of DTaP and fourth dose of IPV.
DTaP-Hep B-IPV	Pediarix <sup>®</sup>	10	SDS	6 weeks – 6 years Approved only for the primary series (i.e., 2, 4, and 6 months).
DTaP-IPV-Hib	Pentacel <sup>®</sup>	5	SDV	6 weeks – 4 years
e-IPV	IPOL <sup>®</sup>	10	MDV	6 weeks – 18 years
Hepatitis A	Vaqta <sup>®</sup>	10	SDV	1 – 18 years Should be routinely administered to children 12 – 23 months of age.
	Havrix <sup>®</sup>	10	SDV	
Hepatitis A-B 18 only	Twinrix <sup>®</sup>	10	SDV	18 years of age only
Hepatitis B	Engerix B <sup>®</sup>	10	SDV	Birth – 18 years
	Recombivax HB	10	SDV	
Hib	PedvaxHIB <sup>®</sup>	10	SDV	6 weeks – 59 months PedvaxHIB <sup>®</sup> is a three-dose series at 2, 4, and 12 – 15 months. ActHib <sup>®</sup> is a four-dose series at 2, 4, 6, and 12 – 15 months. Hiberix <sup>®</sup> is a four-dose series at 2, 4, 6, and 12 – 15 months.
	ActHIB <sup>®</sup>	5	SDV	
	Hiberix <sup>®</sup>	10	SDV	
HIBMENCY	MENHIBRIX <sup>®</sup>	10	SDV	6 weeks – 18 months Approved for use in high-risk infants at 2, 4, 6, and 12– 15 months of age.
HPV	Gardasil <sup>®</sup> 9	10	SDV	Gardasil <sup>®</sup> 9 is available for both males and females ages 9 and older.
Meningococcal Conjugate	Menactra <sup>®</sup>	5	SDV	2 months – 18 years Should be routinely administered to children 11-12 years of age, with a booster dose at 16 years of age. Minimum age for Menactra <sup>®</sup> is 9 months. Minimum age for Menveo <sup>®</sup> is 2 months.
	Menveo <sup>®</sup>	5	SDV	
Meningococcal B	TRUMENBA <sup>®</sup>	10	SDS	16 – 18 years. High risk 10-18 years. TRUMENBA <sup>®</sup> is 3 doses at 0, 2, and 6 months. BEXSERO <sup>®</sup> is 2 doses 1 month apart.
	BEXSERO <sup>®</sup>	10		
Measles, Mumps and Rubella	M-M-R <sup>®</sup> II	10	SDV	12 months – 18 years
MMR/Varicella	ProQuad <sup>®</sup>	10	SDV	12 months – 12 years For the first dose of MMR and varicella vaccines at ages 12 – 47 months, either MMR and varicella vaccines administered separately or MMRV vaccine may be used. For the second dose of MMR and varicella vaccines at any age (15 months--12 years) and for the first dose at age $\geq$ 48 months.
Pneumococcal	Prenvar 13 TM (PCV13)	10	SDS	6 weeks – 59 months The ACIP recommends PCV13 for all children ages two through 59 months and for children ages 60 through 71 months who have underlying medical conditions that increase their risk of pneumococcal disease or complications.
Pneumococcal Polysaccharide	Pneumovax <sup>®</sup> 23	1	SDV	2 – 18 years • Available for high-risk children with one or more of the following conditions: <b>1.</b> Chronic illnesses such as cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease or CSF leaks. <b>2.</b> Functional or anatomic asplenia (splenectomy) <b>3.</b> Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long term high-dose corticosteroids. <b>4.</b> Cochlear implants
Rotavirus, Live, Oral	RotaTeq <sup>®</sup>	10	SDT	6 weeks – 8 months, 0 days Rotateq <sup>®</sup> (three dose rotavirus vaccine to be administered at 2, 4, and 6 months of age) Rotarix <sup>®</sup> (two dose rotavirus vaccine to be administered at 2 and 4 months of age)
	Rotarix <sup>®</sup>	10	SDV	
Tetanus & Diphtheria Toxoids	Tenivac <sup>®</sup>	1	SDS	7 – 18 years • Tdap is recommended instead of Td • Td is only necessary for children and adolescents who have not completed the primary series of DTaP, or who are contraindicated for Tdap.
Tdap	Boostrix <sup>®</sup>	10	SDV	7 – 18 years
	Adacel <sup>®</sup>	10	SDV	
Varicella	Varivax <sup>®</sup>	10	SDV	12 months – 18 years
Influenza	Varies	10	Varies	For VFC eligible children 6 months – 18 years of age.

**\*VFC-eligible children are those who are 18 and younger and meet one of the following criteria (child does not need to be a resident of SD):**

- No health insurance
- Medicaid eligible
- American Indian or Alaskan Native
- Underinsured – have health insurance, but it does not cover a particular vaccine **(VFC vaccine can only be used for underinsured children at Rural Health Clinics, Federally Qualified Health Centers, SD Department of Health Community Health Offices)**

**<sup>+</sup>Presentations (this can change without notice):**

SDS – Single Dose Syringe

SDV – Single Dose Vial

SDT – Single Dose Tube

MDV – Multi-dose vial