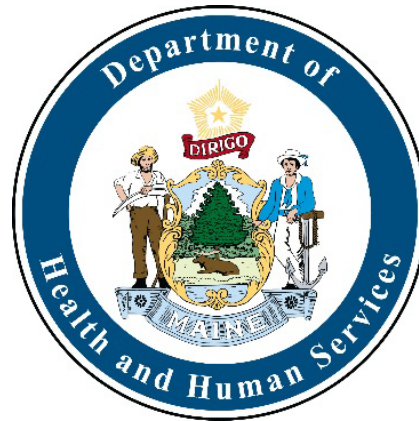


Maine Immunization Program Vaccine Coordinator 101

**Public Health Educator
2024-2025**



Objectives

- Learn the responsibilities of being a vaccine coordinator.
- Know the eligibility criteria for Federally Vaccine-eligible children (VFC eligible) and State Vaccine-eligible children
- Understand the requirements of the program to maintain compliance.
- Learn about preventable wastage and how to avoid having preventable wastage.
- Learn about combo vaccines and the catch –up schedule



Vaccine Coordinator Role

What is the role of vaccine coordinator for Maine Immunization Program (MIP)?

Vaccines for Children (VFC) sites are required by federal law to have a primary vaccine coordinator and back up coordinator. The primary coordinators are responsible for ensuring all staff members at the facility implement, oversee and monitor MIP requirements and the back up should be trained and prepared incase the primary is unavailable.

Both coordinators must:

- Be physically located at the clinical site
- Fully trained in routine and emergency polices and procedures

Vaccine Coordinator Role Cont.

- Ensure only eligible patients receive MIP vaccines.
- Set up data loggers in storage units.
- Ensure staff are familiar with the operations of the data loggers including how to download data.
- Monitor, read and record minimum and maximum temperatures of the units at the beginning of each workday.
- Monitor the operation of storage equipment and systems.
- Maintain all VFC/MIP documentation for 3 years.
- Place orders for vaccine in Impact
- Reconcile inventory every 14 days and or before placing an order

Vaccine Coordinator Role Cont.

- Track and document doses of vaccine administered within 5 days of administration.
- Oversee proper receipt and storage of vaccine deliveries and organize to monitor expiration dates.
- Ensure vaccine is stored and handled appropriately to safeguard vaccine viability.
- Respond to out-of-range temperature excursions or respond in the event of an emergency.
- Oversee proper vaccine transport when necessary.
- Ensure other staff are trained on proper storage and handling of vaccines.
- Notify MIP of staff changes immediately(primary/back up vaccine coordinators or signing healthcare provider.

Provider Agreement, User Agreements, and Annual Education Requirements

- Provider Agreement: Every site enrolled in VFC must complete a Provider Agreement every other year. These will be available on MIP website during the month of June and are due by July 1st.
 - *Changes to the signing Medical Director will need a NEW signed provider agreement*
- ImmPact User Agreements are required for all ImmPact users. A one-time user agreement must be filled out prior to having access to ImmPact.
 - *Changes to Vaccine Coordinators need a user agreement completed. A newly signed provider agreement is not needed for changes to vaccine coordinators, only the medical director*
- User agreements can be obtained at: <https://www11.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/documents/ImmPact%20Individual%20User%20Agreement.pdf>
- Education requirements must be completed by new vaccine coordinators and by all vaccine coordinators yearly by July 1st. <https://www11.maine.gov/dhhs/mecdc/infectious-disease/immunization/annual-education-requirement.shtml>

Eligibility Categories

Federally Vaccine-eligible children (VFC eligible) are:

- American Indian or Alaska Native;
- Enrolled in Medicaid;
- Uninsured (self pay);
- Underinsured (insurance does not pay for vaccines) and;
- Under the age of 19.
- Non-US Citizen Children (if meet basic VFC eligibility criteria. Under 19, Medicaid, un/underinsured) **NOT intended for visitors or temporary stays**

Every child at every visit must be screened and documented for Vaccine for Children eligibility. Paper screening (save for three years with all other VFC related documentation) or

- Electronic screening (done in ImmPact).

State Vaccine-eligible children are:

- Privately insured,
- Under the age of 19 and,
- Have a Maine residence.



Federal Requirements

Vaccine entries must contain the following per federal requirements:

- Address of clinic where vaccine was administered
- Name, manufacturer, and lot number of vaccine administered
- Date when the dose was administered
- Name and title of the individual administering the vaccine
- Date when VIS was given and VIS publication date
 - <https://www.cdc.gov/vaccines/hcp/vis/index.html>



Federal Requirements Continued

- Your site cannot charge an administration fee that exceeds \$21.58.
- Your site cannot deny administration of publicly purchased vaccine to an established patient due to inability to pay the administration fee or send the unpaid fee to dept collection.
- Your site will distribute the current Vaccine Information Statements every time vaccine is administered.
- Do not pre-draw vaccines.



Data Entry

By law, administered State supplied vaccines must be entered into ImmPact within 5 business days.

- <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/maine-iis-rules.pdf>

San



Log

Documentation Requirements

VFC Requires you to maintain all related records for a minimum of 3 years.


- VFC records include but are not limited to:
- VFC screening and eligibility documents.
- Billing records.
- Medical records showing receipt of vaccine.
- Vaccine ordering records.
- Packing slips (including ancillary supply kits when included).
- Temperature logs/DDL downloads.
- Reconciliation sheets.
- Borrowing forms.

Borrowing Form

Vaccine borrowing is the utilization of MIP-supplied vaccines as a replacement system for filling the vaccine needs of non-MIP eligible patients. **MIP does NOT allow vaccine borrowing between MIP-eligible and non-eligible patients.**


If a MIP dose is accidentally administered to an ineligible MIP patient, the following steps must be completed:

- Document the incident by completing the MIP Vaccine Borrowing Form. Each MIP-supplied vaccine that was administered to an ineligible patient must be listed on a separate row on the form. The form is available by contacting an MIP Health Educator.
- Report the incident by faxing a copy of the MIP Vaccine Borrowing Form to MIP at 207-287-8127. The MIP Vaccine Borrowing Form must be kept as part of MIP records for a minimum of three years.
- Replace the vaccine immediately with privately purchased vaccine and account for the replacement in ImmPact.



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention- Preserve*Promote*Protect
Division Of Disease Surveillance
Maine Immunization Program(MIP) - Vaccine For Children (VFC)

286 Water Street 9th Floor
Augusta Maine 04333-0011
P: 207-287-3746
F: 207-287-8127



Vaccines For Children (VFC) Borrowing Form

Provider/Clinic Name:						VFC Pic:		
Vaccines For Children (VFC) enrolled providers are expected to maintain an adequate inventory of vaccine for VFC and non-VFC eligible patients (if applicable). VFC funded vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that borrowing VFC funded vaccines will not prevent a VFC eligible child from receiving a needed vaccination because VFC funded vaccine was administered to a non-VFC eligible individual. Borrowing should only occur when there is a lack of appropriate stock of vaccine due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or staff calculated ordering time incorrectly.								
Directions								
When a provider has borrowed a vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be filled out completely for each borrowing occurrence. Each vaccine a child receives must be listed on a separate row. As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock, that date must be entered on this form. Completed borrowing forms must be kept as part of the VFC program records and made available to VFC staff during the VFC site visit. Please ensure this form is submitted to ImmPact Support.								
Vaccine Borrowed (Brand Name)	Lot #	Stock Used (VFC or Private)	Patient Name or ImmPact ID	DOB (xx/xx/xxxx)	Date Borrowed (xx/xx/xxxx)	Reason Code	Date Vaccine Returned (xx/xx/xxxx)	Returned Vaccine Lot #
Code	Reason for borrowing VFC dose				Code	Reason for borrowing Private Dose		
1	Private vaccine shipment delay (vaccine order placed on time/delay in shipping)				8	VFC vaccine shipment delay (order placed on time/delaying in shipping)		
2	Private vaccine not usable on arrival (vial broken, temperature monitor out of range)				9	VFC vaccine not usable on arrival (vial broken, temperature monitor out of range)		
3	Ran out of private vaccine between orders (not due to shipping delay)				10	Ran out of VFC vaccine between orders (not due to shipping delays)		
4	Short-dated private dose was exchanged with VFC dose				11	Short-dated VFC dose was exchanged with private dose		
5	Accidental use of VFC dose for a private patient				12	Accidental use of private dose for a VFC eligible patient		
6	Replacement of private dose with VFC when insurance plan did not cover vaccine				13	OT468- describe:		
7	OT468- describe:							
I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. §3730) and other applicable Federal and state law, that VFC vaccine dose borrowing, and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.								
Form Completed By:							Date:	

4/09/11

Vaccine Management Plan

- MIP-enrolled sites must have plans for routine and emergency vaccine management. MIP provides templates for the Vaccine Management Plan and the Emergency Storage and Handling Plan Checklist. See link below to template:
https://stateofmaine.sharepoint.com/teams/MeCDC-ImmunizationProgram-QAGroup/Shared%20Documents/QA%20Group/MIP-Routine-and-Emergency-Vaccine-Storage-and-Handling-Plan_2023.pdf
- The Vaccine Management Plan and the Emergency Vaccine Storage and Handling Plan Checklist must be reviewed and updated annually. The signature, name, and title of the preparer as well as the date the documents were reviewed must be documented.

Maine Immunization Program (MIP) Routine and Emergency Vaccine Storage and Handling Plan

Instructions for Maine Immunization Program (MIP) providers: All MIP providers are responsible for proper routine management of their vaccine inventory and during the event of an emergency. Once completed, this template will serve as the required Routine and Emergency Vaccine Storage and Handling Plan.

MIP providers must review and update this plan annually or more frequently if there are any changes to the plan, changes in equipment used to store MIP-supplied vaccine, or changes to staff responsible for vaccine management storage and handling. The most current Routine and Emergency Vaccine Storage and Handling Plan will be reviewed during MIP Compliance Site Visits and Unannounced Storage and Handling Visits.

A copy of this plan must be posted on or near any refrigerator or freezer used to store MIP-supplied vaccine.

Practice Name:	Practice Address:
MIP PIN #:	Email Address:
Telephone Number:	Fax Number:
Healthcare Provider signing MIP Agreement:	Practice Manager:
Primary Vaccine Coordinator:	Secondary Vaccine Coordinator:
Primary Vaccine Coordinator Emergency Contact Number:	Secondary Vaccine Coordinator Emergency Contact Number:
Person Responsible for Receiving Vaccine Shipments:	Person Responsible for Vaccine Inventory and Ordering:
Person Responsible for Temperature Documentation:	Person Responsible for Vaccine Reconciliation:

Routine and Emergency Vaccine Storage and Handling Plan reviewed and updated by:

Name:	Title:
Signature:	Date of Last Review:



Storage Unit

- Best practice is to use are stand-alone storage units.
- If using a combination unit, only use the refrigerator section.
- Must have adequate space around the vaccine for air flow.
- Data Loggers on each storage unit.
- Temperature probes should be as close to the center as possible.
- Vaccines cannot be on the bottom or door of the unit. Vaccines cannot be in vegetable/fruit draws in a unit.
- Vaccines are stored in the original packing/boxes
- **Never** store vaccines in a dorm style storage unit.
- Do not unplug stickers are near the outlet/on unit.
- Do no unplug sticker with breaker number on the breaker box.
- Public stock of vaccine and private stock are clearly labeled.
- Temperature logs on all units storing public vaccine.
- Storage and Handling Emergence plan posted/accessible near by.

VFC Temperature Monitoring

Check temperatures every morning on every unit on days the practice is open.

- Temperatures must be checked every morning the practice is open. If practice is closed, mark appropriate box.
- Temperature Minimum and Maximum must be recorded on a handwritten temperature log that should be on or near your unit.
- All temperature logs should be filled out completely at time of taking temp.
- If a reading is missed, leave a blank entry in the log. No backlogging or prefilling is allowed.

Maine Immunization Program Refrigerator Temperature Log

PIN# 9999 Month/Year: 2/2022

Record the minimum & maximum readings for your Refrigerator once daily in the morning. Acceptable temperatures for the Refrigerator must fall between 36°F and 46°F (2°C and 8°C). Please contact the vaccine manufacturer if your temperatures are outside of this acceptable range. Please use the comments box to document any follow up from out of range temperatures.

Day	Time	Office Closed	MIN Temp 24 Hours	MAX Temp 24 Hours	Initials
1	AM	<input checked="" type="checkbox"/>			
2	AM	<input checked="" type="checkbox"/>			
3	AM 8:00am	<input type="checkbox"/>	38	42	VM
4	AM 8:00am	<input type="checkbox"/>	38	40	VM
5	AM	<input checked="" type="checkbox"/>			
6	AM	<input checked="" type="checkbox"/>			

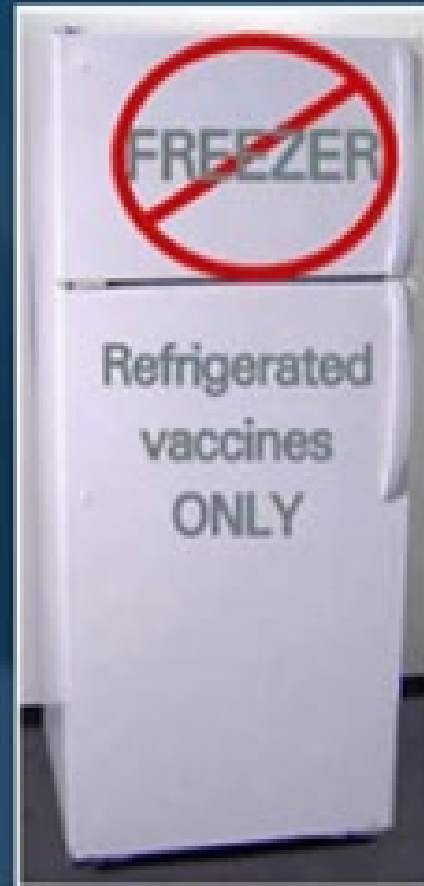
Day	Time	Office Closed	MIN Temp 24 Hours	MAX Temp 24 Hours	Initials
18	AM	<input type="checkbox"/>			
19	AM	<input type="checkbox"/>			
20	AM	<input type="checkbox"/>			
21	AM	<input type="checkbox"/>			
22	AM	<input type="checkbox"/>			
23	AM	<input type="checkbox"/>			

Storage Unit



Source: Centers for Disease Control and Prevention

temperature



Source: Centers for Disease Control and Prevention

Log Tag example

All Thermometers must be digital data loggers provided by MIP.

- MIP is transitioning to this cloud-based platform. This will enhance temperature monitoring, reduce vaccine wastage, and provide greater assurance of viable vaccinations.



LogTag VFC800-WiFi

The To Do's and Not to Do's

- DO include details of temperature excursions in the comment section.
 - Not documented, did not happen.
- DO NOT pre-fill out temperature logs.
- DO NOT back fill out temperature logs.
- DO NOT use “ to indicate as “the same as above”.
- DO NOT use ----- with arrows to indicate “the same as above”.

Staff and the Cold Chain

All staff members who receive deliveries and/or handle or administer vaccines should be familiar with storage and handling policies and procedures at their facility. Keep plans and standard operating procedures (SOPs) for storage and handling near storage units and make sure staff knows where to find them.

All staff members should be trained to immediately notify the vaccine coordinator or alternate when deliveries arrive so that vaccines are checked in and stored quickly.

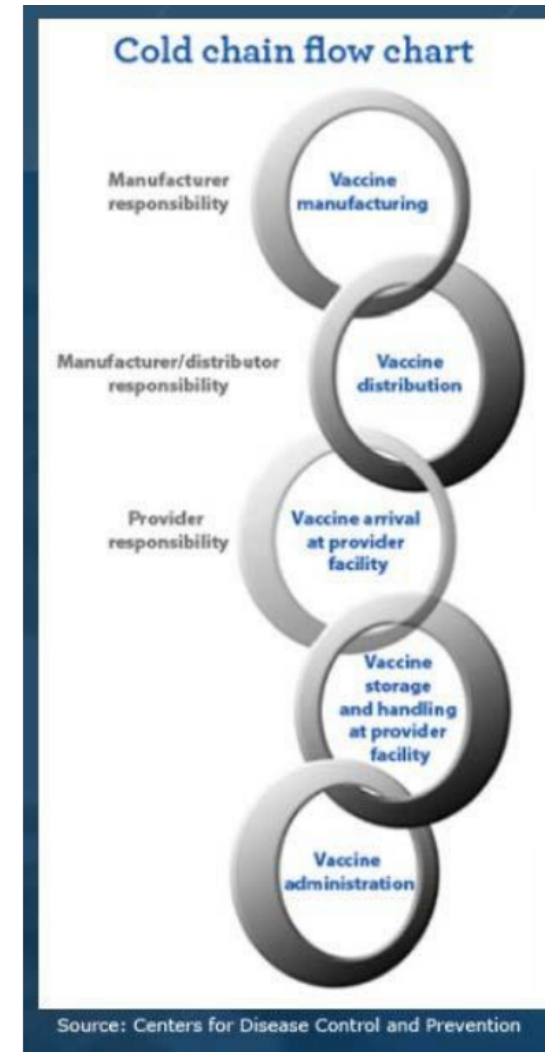
The person arranging for deliveries should know which staff member will be available to receive them, considering holidays, vacations, and any changes in the facility's hours of operation. Ideally, the vaccine coordinator or alternate should be available to receive deliveries.

Never leave a vaccine shipping container unpacked or unattended.

Cold Chain

The vaccine cold chain is a temperature-controlled environment used to maintain and distribute vaccines in optimal condition.

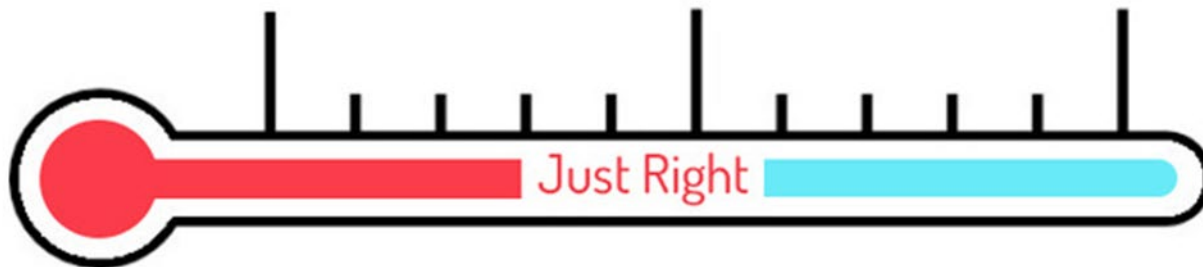
The cold chain begins with the cold storage unit at the manufacturing plant, extends through the transport of vaccines to the distributor and delivery to and storage at the provider facility, and ends with the administration of vaccine to the patient. Appropriate storage and handling conditions must be maintained at every link in the cold chain.



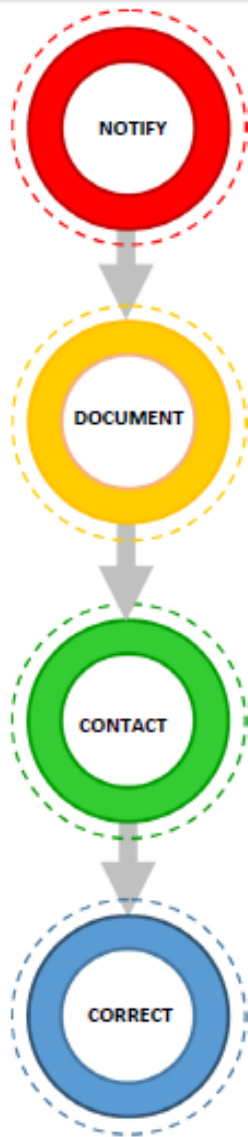
Temperature Excursions

Any temperature above 46° or below 36° Fahrenheit for a refrigerator unit. Any temperature above 5° or below -58° Fahrenheit for a freezer unit.

- Quarantine vaccines and label the vaccines “Do Not Use”.
- Follow site’s emergency plan to move the vaccine to a stable storage unit.
- Download data logger. [Temperature Log](#)
- Call manufacturers of all vaccines in your unit(s).
- Call Maine Immunization Program if vaccine needs to be wasted.



Temperature Excursion Quick Guide



Vaccine Temperature Excursion Guide

- Notify the vaccine coordinator or supervisor immediately.
- Label the vaccines “Do Not Use”.
- Store the vaccines in a unit where they can be kept under appropriate storage.
- Download the data logger to report temperature ranges to vaccine manufacturers and Maine Immunization Program.
- Contact each vaccines manufacturer to obtain documentation for the viability of the vaccine. Be prepared to provide data logger information and the vaccine involved with lot numbers. Follow manufacture guidance based on viability of vaccines. [Contact Information for Vaccine Manufacturers \(PDF\)](#)
- Document all steps taken on temperature recording paper log and in ImmPact cold chain.
- Determine and address cause of the temperature excursion.
- Check the basics, including the power supply, the unit door, and thermostat settings, as well as the data loggers probe placement.
- If the excursion was the result of a temperature fluctuation, follow guidance on adjusting the storage unit temperature to the correct range. [Storage and Handling Toolkit](#)
- If the thermometer failed, implement your back-up thermometer. If the storage unit failed, implement your emergency plan.
- If vaccines were moved to another unit, please provide five days of stable in-range temperatures before moving vaccine back into unit.

Inventory Reconciliation

- Print out Inventory count in Immpact.
- Check each vaccine in your inventory and make sure it is on the Immpact list and matches lot number and doses available.
- If list does not match actual inventory, you will need to figure out why.
- Once your Inventory list in Immpact matches what is in your unit, then click “submit reconciled inventory count” button in Immpact.
- All vaccine inventory must be reconciled on same day of ordering

Last reconciliation Date: 07/01/2024 12:31:22 Submitted By:

Submit Reconciled Inventory Count

By clicking this button to submit my inventory count I confirm that my inventory has been reconciled and the quantities shown here represent a complete and accurate count of my inventory on hand as of today's date.

Inventory Reconciliation

- Compare what is in your site's inventory in ImmPact to what is in your site's units.
 - Unit count of stock
 - Rotate stock (and when vaccine is received)
 - Number of doses need to match
 - Administered (interfaced?)
 - Wastage
- Download Data Loggers

Sample Temperature Log



Expired Vaccine

- All expired vaccines must be returned to the manufacturer.
- If a vaccine expires remove it from your inventory by placing it into a paper/plastic bag. Clearly label the bag “Do Not Use”. You will continue the process by logging into ImmPact.
- Make sure your temperature logs are entered and saved within 24 hours of returning vaccine. Manage returns for expired vaccines.
- Click the manage returns link.
- Click the Create Return tab.
- Click the Expired tab.
- Enter quantity
- Click submit return



Vaccine Return

- All non-expired vaccines must be returned to the manufacturer as well. Remove it from your inventory by placing it into a paper/plastic bag. Clearly label the bag “Do Not Use”. You will continue the process by logging into ImmPact. Make sure your temperature logs are entered and saved within 24 hours of returning vaccine.
 - Manage returns of non expired but eligible for return
 - Go to manage inventory
 - Choose vaccines that need to be modified, then click Modify quantity tab
 - Choose action, enter quantity, choose reason from dropdown, click save
 - Click the manage returns link
 - Click the Create Return tab
 - Depending on what was used from modify quantity is where the return will show up.
 - You will notice an upside-down triangle
 - Click that tab
 - Enter quantity
 - Click submit return

Once the uploads are completed, you will receive notice to print return authorization form and will receive another email for your return label. These vaccines are NOT to be returned to Maine Immunization Program, vaccines are returned to McKesson.

Preventable Wastage

- All sites have a 5% preventable Wastage Allowance.
- 3% is a warning level and a warning letter will go to the site (if possible).
- 5% is the level of when vaccine will need to be replaced dose for dose.
- All sites receive a threshold report in the beginning of the year that notifies the site of its preventable wastage allowance.

PREVENTION



Wastage Report

Maine Immunization Program



2022 Fourth Quarter Vaccine Report

October 1st - December 31st

1234 Health Center

Vaccine Received					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year-to-Date
Total Doses	25	0	40	25	90
Total Cost	\$2,258.70	\$0.00	\$3,047.40	\$808.60	\$6,114.70

All Vaccine Wastage - 2022 Q4

Expired

Boostrix	2	\$70.04
Recombivax Peds	9	\$121.95
VAQTA-Peds 2 Dose	8	\$181.12

Lost or Unaccounted for Vaccine

Boostrix	2	\$70.04
MenQuadfi	1	\$104.72

Total of All Wasted and Expired **22** **\$547.87**

PREVENTABLE Wastage

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year-to-Date
Total Doses	0	0	0	3	3
Total Cost	\$0.00	\$0.00	\$0.00	\$174.76	\$174.76

5% Practice Threshold

4

Remaining Dose Allowance

1

The Vaccine Replacement Procedure applies to PREVENTABLE wastage over 5% of all annual distributed vaccines. MIP understands that there are certain situations where wastage is unavoidable and will not expect providers to replace vaccines in these situations. This report provides the total of ALL wasted vaccines during the previous quarter and those deemed by the program as PREVENTABLE (spoiled, lost or unaccounted for, and some expired vaccines, as examples.) Although not all vaccine is required to be replaced, it is important to minimize vaccine wastage in your practice. Please refer to the Vaccine Replacement Procedure Toolkit on ways to prevent vaccine wastage.

Here is a sample of a wastage report from 4th Quarter.

The total wastage is 22 doses for this quarter, but the PREVENTABLE wastage is only 3 doses.

Preventable wastage is when vaccines are lost or unaccounted for, spoiled, or expired boxes that are full.

Combination Vaccines

PEDIARIX
DTaP, HepB, IPV
Diphtheria, tetanus, pertussis, hepatitis B, and polio

DTaP-HepB-IPV (Pediatrix)
AGES: 6 weeks to 6 years

- Use:
- DTaP and IPV as #1, #2, and/or #3
 - HepB: any dose in the series
(Do NOT use for HepB birth dose)

Route: Intramuscular (IM) injection

PENTACEL
DTaP, Hib, IPV
Diphtheria, tetanus, pertussis, polio, and hib

DTaP, Hib, IPV (Pentacel)
AGES: 6 weeks to 4 years

- Use:
- DTaP and IPV: Dose #1, #2, #3, and/or #4
 - Hib: Any dose in the series

Route: Intramuscular (IM) injection

VAXELIS
DTaP, IPV, HepB, Hib
Diphtheria, tetanus, pertussis, polio, hepatitis B, and hib

DTaP, Hib, HepB, IPV (Vaxelis)
AGES: 6 weeks to 4 years

- Use:
- DTaP and IPV dose: #1, #2, #3
 - Hib: Any dose in the series
 - HepB: Any dose in the series
(Do NOT use for HepB birth dose)

Route: Intramuscular (IM) injection

PROQUAD
MMR, VAR
Measles, mumps, rubella, and varicella

MMR, VAR (Proquad)³
AGES: 12 months to 12 years

- Use:
- Any dose in the series

Beyond use time: Discard reconstituted vaccine if not used within thirty minutes

Route: Subcutaneous (Subcut) injection

QUADRACEL
DTaP, IPV
Diphtheria, tetanus, pertussis, and polio

DTaP-IPV (Quadracel)
AGES: 4 years to 6 years

- Use:
- DTaP dose #5
 - IPV dose #4 or #5
(DO NOT use for DTaP dose #1 through #4 OR IPV dose #1 through #3)

Route: Intramuscular (IM) injection

KINRIX
DTaP, IPV
Diphtheria, tetanus, pertussis, and polio

DTaP-IPV (KINRIX)⁴
AGES: 4 years to 6 years

- Use:
- DTaP dose #5
 - IPV dose #4 or #5
(DO NOT use for DTaP dose #1 through #4 OR IPV doses #1 through #3)

Route: Intramuscular (IM) injection

PENBRAYA
MenABCWY
meningitidis serogroups A, B, C, W, and Y

MenABCWY (Penbraya)
AGES: 16 years to 25 years

- Use:
- MenB dose #1
 - MenABCWY dose #2
(DO NOT use for MenACWY dose #1)

Route: Intramuscular (IM) injection

1. Refer to the manufacturer's package insert for further details regarding reconstituting and/or administering these products.
2. The amount of time in which a dose of vaccine must be used after reconstitution varies by vaccine and is outlined in the vaccine's package insert. For more information, refer to Vaccines with Diluents: How to Use Them (URL: www.immunize.org/catg.d/p3040.pdf)
3. When using MMRV (ProQuad), if ages 12 through 47 months and 1st dose needed, it is recommended to use separate MMR and Varicella vaccines.
4. When used in combination with Pentacel (DTaP-IPV/Hib), Kinrix may be used for the 5th (4th valid) dose of the IPV series.



Immunization | Maine CDC | DHHS

Recommended Ages and Intervals Between Vaccine 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
DTaP-1(*)	2 months	6 weeks	8 weeks	4 weeks
DTaP-2	4 months	10 weeks	8 weeks	4 weeks
DTaP-3	6 months	14 weeks	6-12 months ⁽¹⁾	6 months ⁽¹⁾
DTaP-4	15-18 months	15 months ⁽¹⁾	3 years	6 months
DTaP-5 ⁽²⁾	4-6 years	4 years	—	—
HepA-1 ⁽³⁾	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
HepB-1 ⁽³⁾	Birth	Birth	4 weeks-4 months	4 weeks
HepB-2	1-2 months	4 weeks	8 weeks-17 months	8 weeks
HepB-3 ⁽³⁾	6-18 months	24 weeks	—	—
Hib-1 ⁽³⁾	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks
Hib-3 ⁽³⁾	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
HPV-1 (Two-Dose Series) ⁽⁴⁾	11-12 years	9 years	6 months	5 months
HPV-2	11-12 years (+6 months)	9 years +5 months ⁽⁴⁾	—	—
HPV-1 ⁽⁴⁾ (Three-Dose Series)	11-12 years	9 years	1-2 months	4 weeks

Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
HPV-2	11-12 years (+1-2 months)	9 years (+4 weeks)	4 months	12 weeks ⁽⁵⁾
HPV-3 ⁽⁶⁾	11-12 years (+6 months)	9 years (+5 months)	—	—
Influenza, inactivated ⁽⁶⁾	≥6 months	6 months ⁽⁶⁾	4 weeks	4 weeks
IPV-1 ⁽⁶⁾	2 months	6 weeks	8 weeks	4 weeks
IPV-2	4 months	10 weeks	8 weeks-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4 ⁽⁶⁾	4-6 years	4 years	—	—
LAIV ⁽⁶⁾	2-49 years	2 years	4 weeks	4 weeks
MenACWY-1 ⁽⁷⁾	11-12 years	2 months ⁽⁸⁾	4-5 years	8 weeks
MenACWY-2	16 years	11 years (+ 8 weeks) ⁽⁸⁾	—	—
MenB-1	Healthy adolescents: 16-23 years	16 years	Bexsero: 4 weeks Trumenba: 6 months ⁽⁹⁾	Bexsero: 4 weeks Trumenba: 6 months ⁽⁹⁾
MenB-1	Persons at increased risk: ≥10 years	10 years	Bexsero: 4 weeks Trumenba: 1-2 months ⁽⁹⁾	Bexsero: 4 weeks Trumenba: 1 month
MenB-2	Healthy adolescents: 16-23 years (+1 month)	16 years (+1 month)	—	—
MenB-2	Persons at increased risk: ≥10 years (+1 month)	10 years (+1 month)	Bexsero: — Trumenba: 4-5 months ⁽⁹⁾	Bexsero: — Trumenba: 4 months ⁽⁹⁾
MenB-3 ⁽¹⁰⁾	Persons at increased risk: ≥10 years (+6 months ⁽¹⁰⁾)	10 years (+6 months ⁽¹⁰⁾)	—	—

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf>

Maine Center for Disease Control and Prevention

Catch-up Schedule

- Catch up schedules can assist health care providers in determining recommended catch-up schedule for children/adolescents whose vaccination is delayed.
- CDC has developed catch-up guidance job aids to assist healthcare providers in interpreting Table 2 in the child and adolescent immunization schedule.

- [Pneumococcal Conjugate Vaccine \(PCV\) Catch-Up Guidance for Children 4 Months through 4 Years of Age \[3 pages\]](#) [PDF](#)
- [Haemophilus influenzae type b-Containing Vaccines Catch-Up Guidance for Children 4 Months through 4 Years of Age](#)
 - [Hib vaccine products: ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown \[3 pages\]](#) [PDF](#)
 - [Hib vaccine products: PedvaxHIB only \[2 pages\]](#) [PDF](#)

<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html>

- [Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 4 Months through 6 Years of Age \[2 pages\]](#) [PDF](#)
- [Inactivated Polio Vaccine \(IPV\) \[2 pages\]](#) [PDF](#)
- [Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 7 through 9 Years of Age \[2 pages\]](#) [PDF](#)
- [Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 10 through 18 Years of Age \[2 pages\]](#) [PDF](#)

https://www.cdc.gov/vaccines/hcp/imz-schedules/changes-guidance.html#cdc_generic_section_3-vaccine-catch-up-guidance

Resources

- Immunize.org (ask the experts) <https://www.immunize.org/ask-experts/>
- Pink Book <https://www.cdc.gov/pinkbook/hcp/table-of-contents/index.html>
- ACIP schedule <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>
- Catch up schedule <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html>
- Maine Immunization Program website <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/>
- Vaccine manufacturer contact info https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/Vaccine%20Manufacturers_2024.pdf
- Temp excursion guide https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/MIP%20Vaccine%20Temperature%20Excursion%20Guide_2024-2025.pdf
- Vaccine Storage and Handling toolkit (CDC) <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
- Maine Immunization Program Policy and Procedure Manual <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/documents/Maine%20Immunization%20Program%20Provider%20Policy%20and%20Procedure%20Manual.pdf?v3>
- Impact <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/impact.shtml>
- Childrens hospital of Philadelphia (CHOP) <https://www.chop.edu/>
- American society for meningitis prevention <https://meningitisprevention.org/>
- Vaccine Hesitancy <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/vaccine-hesitancy.shtml>
- State of Maine Start @ 9 HPV campaign <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/start-at-nine.shtml>

Program Contacts

Maine Immunization Program Contacts

- General Email: ImmunizeME.DHHS@maine.gov
 - Main Line: 287-3746
 - Fax Line: 287-8127
 - Educator Line: 287-9972
 - Adult Education Line: 287-9941
 - Adult Education Team Email: MEAdultVaccine@maine.gov
 - ImmPact Help Desk Line: 287-3006
 - ImmPact Help Desk Email: ImmPact.Support@maine.gov
- ImmPact Website: <https://impact.maine.gov>
- MIP Website: <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization>

Questions?

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