

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Immunization Program

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

TO: Health Care Providers

A handwritten signature in black ink, appearing to read "Mick Bolduc".

FROM: Mick Bolduc, Vaccine Coordinator-Connecticut Vaccine Program

DATE: July 1, 2020

SUBJECT: Reminder-expansion of influenza vaccine up through 18 years of age

Just a reminder that beginning today the CVP will officially be expanding influenza vaccine up through the age of 18. Doses of flu are expected to become available sometime in August with the bulk of vaccine arriving in September and October. Provider offices will be notified when they can begin to start ordering influenza doses. This year, more than ever, it will be vitally important to begin immunizing your patients as soon as vaccine becomes available.

Enclosed is an updated 2020 Vaccine Eligibility Criteria Form as well as English and Spanish versions of the Patient Eligibility Screening Records. The links to access the latest Flu Vaccine Information Statements (VIS) are below:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html>

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

As always, please feel free to contact me at (860) 509-7940 with any questions.



Phone: (860) 509-7929 • Fax: (860) 706-5429
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Connecticut Vaccine Program (CVP) Eligibility Criteria as of July 1, 2020

Vaccine	Age Group	Status of Children VFC and State Supplied Vaccine				CPT Code(s)
		VFC Eligible ¹	Non-VFC Eligible Privately Insured ²	Non-VFC Eligible Under- Insured ²	S-CHIP ²	
Hepatitis B	Newborns in hospital	YES	YES	YES	YES	90744
	Children 0-18 years	YES	YES	YES	YES	
Varicella (Doses 1 & 2)	12 months-18 years ³	YES	YES	YES	YES	90716
Td	7-18 years ⁴	YES	YES	YES	YES	90714
MMR	12 months-18 years	YES	YES	YES	YES	90707
	College (any age)	YES	YES	YES	YES	
MMRV (Doses 1 & 2)	12 months-12 years	YES	YES	YES	YES	90710
DTaP	2 months – 6 years	YES	YES	YES	YES	90700
Hib	2-59 months	YES	YES	YES	YES	90647, 90648
IPV	2 months-18 years	YES	YES	YES	YES	90713
DTaP/IPV	4-6 years	YES	YES	YES	YES	90696
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES	90723
DTaP/IPV/Hib	2-83 months	YES	YES	YES	YES	90698
Meningococcal Conjugate High Risk:	2 months-10 years	YES	YES	YES	YES	90734
	Routine Doses 1 & 2:					
	11-18 years	YES	YES	YES	YES	
Tdap	7-18 years ⁵	YES	YES	YES	YES	90715
Pneumococcal Conjugate (PCV13)	2 months-18 years	YES	YES	YES	YES	90670
Pneumococcal Polysaccharide (PPSV23)	2-18 years	YES	YES	YES	YES	90732
Influenza	6 months-18 years	YES	YES	YES	YES	90672, 90674, 90686
Hepatitis A	12 months -18 years	YES	YES	YES	YES	90633
Rotavirus	6 weeks-8 months	YES	YES	YES	YES	90680, 90681
HPV (males & females)	9-10 & 13-18 years	YES	NO	YES	YES	90651
	11-12 years	YES	YES	YES	YES	
Meningococcal Serogroup B High Risk:	10-18 years	YES	YES	YES	YES	90620, 90621
	Routine Doses 1 & 2:					
	16-18 years	YES	YES	YES	YES	

- VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at an FQHC.
- Non-VFC children refers to patients who have private insurance that covers the cost of immunizations, patients that are under-insured for some or all vaccines seen by a private provider; and S-CHIP children- those children enrolled in HUSKY B.
- Susceptible children who do not have a clinical history of chicken pox.
- Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.
- Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists

As of July 1, 2020 the only childhood vaccine not universally available from the CVP is HPV for privately insured patients 9-10 & 13-18 years of age. Providers can purchase this vaccine privately and submit billing requests to the appropriate insurer in accordance with normal billing procedures.



CONNECTICUT VACCINE PROGRAM (CVP) Patient Eligibility Screening Record



Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Provider: _____

This child qualifies for immunization through the Connecticut Vaccine Program since he/she is under 19 years of age and (check only one box):

VFC eligible:

- (A) Is enrolled in Medicaid (HUSKY A)
- (B) Has no health insurance/self-pay
- (C) Is American Indian or Alaskan Native
- (D) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a Federally Qualified Health Center (FQHC). These patients can receive all vaccines at their FQHC.

State eligible:

- (E) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a private health care provider. These patients can receive all vaccines at their private health care provider's office.
- (F) Is enrolled in S-CHIP (HUSKY B)
- (G) *Is Privately Insured

*Note private insurance patients can receive all vaccines from the CVP except for Human Papillomavirus Vaccine (HPV) for 9-10 & 13 through 18 year olds. These vaccines are only available for patients in categories A, B, C, D, E & F.

A record must be kept in the healthcare provider's office (paper copy or in an EHR/EMR) that reflects the status of all children 18 years of age and younger who receive vaccine from the CVP.

Patient Eligibility must be verified and documented for **every immunization visit**. Please document that eligibility screening was verified with the initials of the person who performed the screening. If the screening result above (A-G) changed, please complete a new patient eligibility screening record.

Date of screening (mo/day/year)	Initials

Date of screening (mo/day/year)	Initials



CONNECTICUT VACCINE PROGRAM Formulario Para La Elegibilidad del Paciente



Nombre del Paciente: _____

Fecha de nacimiento: _____

Nombre de Padres/tutores: _____

Proveedor de Servicios: _____

Este paciente califica para inmunizaciones por medio del Programa de Vacunas de Connecticut porque él / ella tiene menos de 19 años y (marque solamente uno):

Elegible para CVP:

- (A) Está registrado en Medicaid (Husky A)
- (B) No tiene seguro médico / pago propio
- (C) Es Indio Americano o persona nacida en Alaska
- (D) Seguro limitado (tiene seguro que no cubre las vacunas o solo cubre selección de vacunas) y es un paciente de un Centro de Salud que sea calificado federalmente (FQHC). Estos pacientes pueden recibir todas las vacunas en el Centro calificado federalmente FQHC.

Estado elegible:

- (E) Seguro limitado (tiene seguro que no cubre las vacunas o solo cubre selección de vacunas) y es un paciente de una oficina de los proveedores de salud privado. Estos pacientes pueden recibir todas las vacunas en su oficina de proveedor de salud privado.
- (F) Está registrado en S-CHIP (Husky B)
- (G) *Seguro privado

*Pacientes que tienen **seguro privado** pueden recibir toda las vacunas del programa CVP excepto y el virus del papiloma humano (VPH) de 9 a 10, y 13 a 18 años de edad. Estas vacunas son disponibles solamente para los pacientes en las categorías A, B, C, D, E, y F.

Un historial debe de mantenerse guardado en la oficina del proveedor médico que refleje el estado de todos los pacientes que tengan 18 años o menos que reciben vacunas del programa CVP. El historial puede ser completado por los padres, tutores, o individual del historial, o por el proveedor médico. El historial no tiene que estar al día a menos que el estado del niño o niña ha cambiado. Mientras que la verificación de respuesta no es requerido, si es necesario retener este historial o uno similar para cada paciente que recibe una vacuna.

La Elegibilidad del Paciente debe ser verificada y documentada en **cada visita de inmunización**. Por favor documente que el formulario de elegibilidad fue verificado con las iniciales de la persona que realizo el cribado. Si los resultados sobre las preguntas de arriba (A-G) han cambiado, por favor complete un formulario de elegibilidad nuevo.

Fecha de examen (mes/dia/año)	Iniciales

Fecha de examen (mes/dia/año)	Iniciales