


<b>ISSUE DATE</b>  April 12, 2023	<b>EFFECTIVE DATE</b>  April 12, 2023	<b>NUMBER</b>  99-23-03
<b>SUBJECT</b>  2023 Recommended Child and Adolescent Immunization Schedule		<b>BY</b>    Sally A. Kozak Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

**PURPOSE:**

The purpose of this bulletin is to issue the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention's (CDC) *Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023*.

This bulletin supersedes Medical Assistance (MA) Bulletin 99-22-03, titled, "2022 Recommended Child and Adolescent Immunization Schedule," issued May 12, 2022.

**SCOPE:**

This bulletin applies to all providers enrolled in the MA Program who administer immunizations and provide services in the Fee-for-Service and managed care delivery systems.

**BACKGROUND/DISCUSSION:**

As stated in 55 Pa. Code § 1241.42(2), the Department of Human Services (Department) is authorized to issue immunization guidelines based on recommendations of recognized medical organizations involved in children's health care. To ensure that children and adolescents enrolled in MA receive immunizations that conform to nationally recognized standards, the Department is updating its immunization guidelines to conform to the

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at  
<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

*Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023 (2023 Immunization Schedule).*

Providers are to follow the attached 2023 Immunization Schedule, which is comprised of three tables and a series of related notes. The three tables are as follows:

- Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023 (Table 1);
- Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2023 (Table 2); and
- Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2023 (Table 3).

The 2023 Immunization Schedule includes new or updated Advisory Committee on Immunization Practices (ACIP) recommendations for influenza vaccine, pneumococcal conjugate vaccine, measles, mumps, and rubella vaccine (MMR), and COVID-19 vaccine. See *Morbidity and Mortality Weekly Report* Volume 72, February 10, 2023, which can be found at:

<https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7206a1-H.pdf>.

The 2023 Immunization Schedule and ACIP guidance also include clarification of the recommendations for dengue vaccine, hepatitis A vaccine (HepA), hepatitis B vaccine (HepB), human papillomavirus vaccine (HPV), meningococcal serogroups A, C, W, Y vaccine (MenACWY), meningococcal serogroup B vaccine (MenB), inactivated poliovirus vaccine (IPV), and varicella vaccine.

As explained in the *Morbidity and Mortality Weekly Report* Volume 72, February 10, 2023, the overall appearance of the 2023 Immunization Schedule has been updated. These changes are in all portions of the immunization schedule, including the cover page, routine immunization schedule (Table 1), catch-up schedule (Table 2), medical indications for each vaccine (Table 3), the vaccine notes, and the appendix. The changes identified by ACIP are set forth below:

- **Cover Page**
  - COVID-19 vaccines, 15-valent pneumococcal conjugate vaccine (PCV15), and a newly licensed MMR (Priorix) have all been added to the table of vaccine abbreviations and trade names.
- **Table 1 (Routine Immunization Schedule)**
  - **COVID-19 row:** A new row has been added with the columns for age 6 months–18 years highlighted in yellow to indicate the recommended age for COVID-19 vaccination. The overlying text “2- or 3-dose primary series and booster (See Notes)” has also been added.
  - **Pneumococcal conjugate row:** PCV15 has been added.
  - **IPV row:** The overlying text “See Notes” has been added to the column for persons aged 17–18 years prompting health care providers to review the Notes

section for additional information for persons aged 18 years.

- **Table 2 (Catch-Up Immunization Schedule)**

- **Pneumococcal conjugate row:** Language for the minimum interval between doses 3 and 4 has been revised to clarify when a fourth dose is indicated. The text now reads “This dose is only necessary for children aged 12–59 months regardless of risk, or aged 60–71 months with any risk, who received 3 doses before age 12 months.”

- **Table 3 (Immunization by Medical Indication Schedule)**

- **COVID-19 row:** A new row was added to summarize COVID-19 vaccination recommendations by medical conditions or other indications. The overlying text “See Notes” has been added to both HIV infection and immunocompromised status (excluding HIV infection) columns prompting providers to review specific recommendations for these populations.

- **Vaccine Notes**

The notes for each vaccine are presented in alphabetical order. Edits have been made throughout the Notes section to harmonize language between the child and adolescent immunization schedule and the adult immunization schedule to the greatest extent possible.

- **Additional information:** The text for injury compensation was revised to include the Countermeasures Injury Compensation Program for COVID-19 vaccines.
- **COVID-19:** A new section was added to provide additional details on the use of COVID-19 vaccines. The routine vaccination section describes the recommendations for primary series in the general population, and the special situations section describes the recommendations for primary series in persons who are moderately or severely immunocompromised. For booster dose vaccination in all populations, and guidance for Janssen (Johnson & Johnson) COVID-19 vaccine recipients, hyperlinks are included referring health care providers to the latest guidance. In addition, hyperlinks to the current COVID-19 vaccination schedules, use of COVID-19 preexposure prophylaxis in persons who are moderately or severely immunocompromised, as well as Emergency Use Authorization indications for COVID-19 vaccines, have been added.
- **Dengue:** A new bullet was added to clarify that dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.
- **HepB:** The language in the routine vaccination section was revised to highlight the recommendations for infants born to mothers who have received positive test results for hepatitis B surface antigen (HBsAg), or whose HBsAg status is unknown. In addition, the catch-up vaccination section was updated to include Heplisav-B and PreHevbrio vaccines for persons aged 18 years.

- **Influenza:** The note has been updated to reflect the recommendations for the 2022–23 influenza season. Language was added to the “Special situations” section to clarify that live attenuated influenza vaccine should not be administered to close contacts of immunosuppressed persons who require a protected environment. In addition, the language for persons with egg allergy with symptoms other than hives was moved from the appendix to the “Special situations” section.
  - **MMR:** The “Special situations” section was updated to include recommendations for additional MMR doses in a mumps outbreak setting.
  - **MenACWY:** Language clarifying that the newly licensed Menveo one-vial (all liquid) formulation should not be administered before age 10 years was added.
  - **MenB:** The “Special situations” section was updated to include the recommendations for situations in which the second or third dose of Trumenba is administered earlier or later than the recommended minimum interval. If the second dose is administered  $\geq 6$  months after the first dose, then the third dose is not needed. If the third dose is administered earlier than 4 months after the second dose, a fourth dose should be administered  $\geq 4$  months after the third dose.
  - **Pneumococcal:** The routine vaccination, catch-up vaccination, and “Special situations” sections have been updated with the recommendations for use of PCV15. In addition, language was added stating that 13-valent pneumococcal conjugate vaccine (PCV13) and PCV15 can be used interchangeably in both healthy children and those with any risk for invasive pneumococcal disease. In addition, a hyperlink to the CDC app that can be used to determine a patient’s pneumococcal vaccination needs has been included.
  - **Poliovirus:** A new “Special situations” section was created to describe the use of IPV in persons aged 18 years who are at increased risk for exposure to polioviruses.
- **Appendix (Contraindications and Precautions)**
    - The column header was changed from “Contraindications” to “Contraindicated or Not recommended.”
    - **Influenza (egg-based) row:** In the precautions for egg-based inactivated and live attenuated vaccines, the language for persons with egg allergy with symptoms other than hives has been moved to the Notes section.
    - **Dengue row:** Language was added stating that lack of laboratory confirmation of previous dengue virus infection is a contraindication.
    - **HepB row:** Language was added to the contraindicated or not recommended column stating that Heplisav-B and PreHevbrio are not recommended during pregnancy; other HepB products should be used if vaccination is indicated. A footnote providing information on the pregnancy exposure registries for persons who were inadvertently vaccinated with Heplisav-B or PreHevbrio while pregnant was added.

- **HPV row:** Language was added to the contraindicated or not recommended column stating that HPV is not recommended during pregnancy.
- **MMR row:** Measles, mumps, rubella, and varicella virus vaccine (MMRV) was added. In addition, language was added to the precautions stating that a personal or family history of seizure of any etiology is a precaution for using MMRV.
- **Varicella row:** Language was added stating that if MMRV is used, the precautions for MMR/MMRV should be reviewed.

For guidance on immunization recommendations, providers are advised to use the tables and the notes together. The 2023 Immunization Schedule is recommended by ACIP and approved by the CDC, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Nurse-Midwives, the American Academy of Physician Associates, and the National Association of Pediatric Nurse Practitioners.

### **PROCEDURE:**

Providers should carefully review the 2023 Immunization Schedule for detailed information on the appropriate dosages and ages for the administration of vaccines and replace their current immunization schedule with the attached 2023 Immunization Schedule. Additional information is available from the CDC at:  
<https://www.cdc.gov/vaccines/schedules/index.html>.

The National Childhood Vaccine Injury Act requires that health care providers provide parents or patients with copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedule. Additional information is available from the CDC at: <http://www.cdc.gov/vaccines/hcp/vis/index.html>.

### **ATTACHMENT:**

*Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, UNITED STATES, 2023*