

Provider Connection

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A Provider Newsletter from Unison Health Plan of Pennsylvania

SPRING 2007

First Gold Star PCPs Announced



THE TIME HAS ARRIVED!

We are proud to announce Unison's inaugural Gold Star PCPs. The physicians listed in this newsletter have achieved Unison's highest designation of quality standards and have earned the Unison Gold Star status.

To review, the goal of the Unison Gold Star program is to:

- ▶ Recognize participating physicians who meet the quality and efficiency standards in place for the program
- ▶ Relieve providers from paper work (by eliminating referral requirements and reducing certain prior authorizations)
- ▶ Reward excellence by thanking our physicians for doing what they do best.

The first measurement period of the Gold Star program was from July 1, 2006 to December 31, 2006. Data compiling took place during the first

quarter of 2007 and the results are being shared with both our providers and members during the months of March and April.

Due to the administrative relief Gold Star providers have earned (the time span runs on a 12 month basis from April 1, 2007 to March 31, 2008), we have made some operational changes so that both providers and members can easily recognize Gold Star PCPs. As stated earlier, the members who have chosen Gold Star providers as their

PCPs no longer need referrals or certain prior authorization requests.

To easily identify which members and providers are affected, we have done the following:

- ▶ New ID cards with a Gold Star at the top have been issued to those affected members (see sample provided).
- ▶ When checking member eligibility, we have updated both our website and our electronic response system to denote Gold Star status.
- ▶ Our call centers have had extensive training on how to identify both Gold Star providers and their membership and to answer questions you may have concerning the program.

We want to express not only our congratulations to these providers but our thanks to our entire provider network and staff for their dedication and care to providing the highest levels of quality care to our members.

All of our physicians are encouraged to become Unison Gold Star Physicians. Our second measurement period began January 1 of this year and continues to year end. We will continue to send our primary care physicians quarterly updates to their practice profiles and our Provider Relations representatives can meet at any time to review and answer any questions you may have concerning either the profiles or the Gold Star program.

To learn more about the program please contact, Joseph Sheridan, DO, Unison Health Plan of Pennsylvania Medical Director or myself.

*Congratulations
and hats off
to our
Gold Star providers!*



Jennifer Kessler
President,
Unison Health Plan of Pennsylvania

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Thank You

I share Jennifer Kessler's excitement about Unison Health Plan of Pennsylvania's presentation of the first group of Gold Star primary care physicians.

We know there are a large number of primary care physicians who report to the office each day committed to:

- ▶ being available and assessable to our members
- ▶ preventing illness via immunization and education

- ▶ screening for signs of potential or impending illness
- ▶ minimizing the impact of non preventable illness.

The purpose of the Gold Star Pay for Performance program is to:

- ▶ recognize a group of dedicated physicians
- ▶ thank physicians for their service
- ▶ provide the office some relief from the work associated with health care management

- ▶ replace some of the resources spent on improving office quality.

Thanks to all health care providers for doing what you do best, caring for Unison Members.



Joseph Sheridan, D.O.
Medical Director,
Unison Health Plan of Pennsylvania

Senior Medical Director's Update

TRANSPLANT CENTERS OF EXCELLENCE

Since quality in outcomes of organ and cell transplantation varies among institutions, Unison is designating preferred Centers of Excellence for our members. If your Unison patient needs evaluation for organ or cell transplantation, our transplant case managers will work with you to facilitate referral to a Transplant Center of Excellence. Call Utilization Management (Unison Advantage 877.333.3457, Unison Medicaid, Kids and aB 800.366.7304), and ask to speak with a case manager.

EMERGENCY DEPARTMENT (ED) UTILIZATION

We need your help. Even though all Unison members have primary care practitioners, we continue to experience high utilization of the ED for acute minor illness and chronic pain syndromes. Quarterly we send primary care practitioners lists of patients who frequent the ED. Please contact these patients and let us know if we can help with case management or behavioral health coordination. Call me to problem solve. We are here to support your care of our members. ED utilization is a key component of Unison's Gold Star Program for PCPs.

Participation in Unison Committees We need participation of thoughtful contracted physicians and other health professionals in providing input into health plan clinical policy, and in performing peer review. If you are interested in participating in our Quality Improvement/ Utilization Management or Credentialing Committee, please call me (800.616.0021).

PNEUMOCOCCAL AND INFLUENZA IMMUNIZATIONS

During this recent respiratory season we provided primary care providers (PCPs) lists of Unison members who by CDC indications are at high risk for serious disease from pneumococcal and influenza infection. We removed barriers to immunization by eliminating prior authorization requirements, revising reimbursement amounts when necessary, reimbursing Vaccines for Children vaccines during shortage, and reimbursing subspecialty providers as well as PCPs. What else can we do to support your immunization of Unison members? Please call me (800.616.0021) with your ideas.

Now is the time to order supplies of influenza and pneumococcal vaccine for next season!

CLINICAL PRACTICE GUIDELINES UPDATED

Annually we review and update our endorsement of nationally published clinical practice guidelines. These are referenced along with summaries including formulary medicines on our website: www.unisonhealthplan.com. We then select clinical measures (eg, HbA1c) from these guidelines that correlate with important clinical outcomes of Unison members. Our main measures for 2007 will correspond to our disease management programs in diabetes, congestive heart failure, and asthma. Use of inhaled corticosteroids for Unison members with asthma is low. Please be sure your patients with persistent asthma (mild, moderate, or severe) are receiving inhaled corticosteroids, in accordance with clinical guidelines.



D. Mark Mahler, M.D.
Vice President and
Senior Medical Director
Unison Administrative Services, LLC

Do You Have Your NPI?

TIME IS RUNNING OUT!

Effective May 23, 2007, in accordance with the Health Insurance Portability and Accounting Act (HIPAA) mandates, all qualified health care providers must begin to use a National Provider Identifier (NPI) number on all HIPAA standard transactions. This applies to standard electronic transactions including claims, eligibility inquiries, and remittance advices.

DON'T HAVE YOUR NPI?

Obtaining an NPI is free; not having one may be costly! To apply for your NPI, visit:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

SHARE YOUR NPI WITH UNISON.

Send your ten-digit NPI number to Unison immediately by one of the following methods:

- ▶ File your claims electronically, OR
- ▶ File your paper professional claims via the CMS 1500 (08-05 version), OR
- ▶ File your paper facility claims via the UB-04, OR
- ▶ Visit <http://www.unisonhealthplan.com/npi.aspx> to share your NPI now!

NEED MORE INFORMATION?

For more information on NPI, including training modules, fact sheets, and more, please visit: <http://www.cms.hhs.gov/NationalProvIdentStand/>

Compliance with False Claims Laws

Section 6032 of the federal Deficit Reduction Act of 2005 (DRA) requires us to provide information to our contractors on the federal and state false claims acts. The following has been drafted to assist us in fulfilling our compliance obligations.

The federal False Claims Act is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid programs. The Act establishes liability for any person who knowingly presents or causes to be presented a false claim to the U.S. government for payment.

People can be prosecuted under the Act for a variety of conduct that leads to the submission of fraudulent claims to the government. Penalties for violating the Act can be up to three times the value of the false claim, plus fines.

To encourage individuals to come forward and report misconduct involving false claims, the Act includes a "qui tam" or whistle-blower provision. This provision essentially allows any person with actual knowledge of false claims activity to file a lawsuit on behalf of the U.S. government. Individuals seeking whistle-blower status must meet several criteria including but not limited to being the original source of the information.

If the lawsuit is successful (after being prosecuted by the government), the whistle-blower may receive an award ranging from 15 to 30 percent of the amount recovered by the government.

In addition to a financial award, the Act entitles whistle-blowers to additional relief, including employment reinstatement, back pay, and any other compensation arising from retaliatory conduct against the whistle-blower for filing an action under the Act or committing other lawful acts, such as providing testimony or assisting in a False Claims Act action.

States where Unison does business have laws that contain civil or criminal penal-

ties for false claims that are in addition to the penalties provided in the Act. Certain states also have whistleblower protections similar to the Act. In Pennsylvania, the applicable laws are 62 P.S. Sections 1407 and 1408, and 43 P.S. Sections 1421-1428.

Unison's Compliance Plan, and various departmental policies and procedures help ensure Unison's compliance with the Act and the various state false claims laws, as well as to detect and prevent fraud, waste and abuse in federal health care programs. Team Members and the third parties that contract with Unison, including but not limited to health care providers and other entities to whom Unison has delegated obligations, must abide by Unison's Compliance Plan and the relevant policies and procedures in this regard. Please see the Compliance page link on the Unison internet website at www.unisonhealthplan.com for the most up to date version of the Unison Compliance Plan. For more information on this topic, please contact the Unison Compliance Officer or Legal Department.

2007 IMMUNIZATION SCHEDULE

The CDC has published the 2007 recommended immunization schedule. Formatting of the schedule has been changed to divide it into two parts: one schedule for children aged 0-6 years and another for children aged 7-18 years.

Changes to the schedule since the last release are:

- ▶ The new rotavirus vaccine (Rota) is recommended in a 3-dose schedule at ages 2, 4, and 6 months. The first dose should be administered at ages 6 weeks through 12 weeks with subsequent doses administered at 4-10 week intervals. Rotavirus vaccination should not be initiated for infants aged >12 weeks and should not be administered after age 32 weeks.
- ▶ The influenza vaccine is now recommended for all children aged 6-59 months.
- ▶ Varicella vaccine recommendations are updated. The first dose should be administered at age 12-15 months, and a newly recommended second dose should be administered at age 4-6 years.
- ▶ The new human papillomavirus vaccine (HPV) is recommended in a 3-dose schedule with the second and third doses administered 2 and 6 months after the first dose. Routine vaccination with HPV is recommended for females aged 11-12 years; the vaccination series can be started in females as young as age 9 years; and a catch-up vaccination is recommended for females aged 13-26 years who have not been vaccinated previously or who have not completed the full vaccine series.

For your handy reference, we've included a copy of the 2007 schedule. You can also get a printable version of the schedule on the CDC's website <http://www.cdc.gov/nip/recs/child-schedule.htm#printable>.

Medical Identity Theft

– A Growing Concern

Medical identity theft occurs when someone uses a person's name or sometimes other parts of their identity such as insurance information without the person's knowledge or consent in order to obtain medical services or goods.

Cases of medical identity theft are surfacing everywhere. The World Privacy Forum reported that victims in Southern California were given medical tests by people posing as physicians. As a result false diagnoses were inserted into their medical files. Additionally, the perpetrators, posing as doctors and health care professionals, obtained the victim's personal information and photocopied the victim's Medicare cards. The operation raked in almost one million dollars using the victim's personal and insurance information.

Unison is committed to the prevention, detection and prosecution of anyone committing wrongful acts against our health plan and its members. We need the help of the provider community to help us in our fight against medical identity theft. If you suspect medical identity theft please report it to Unison's Fraud and Abuse Hotline at 1.877.766.3844. In addition, suspected fraud and abuse may be reported to state and federal agencies.

MEDICAL ASSISTANCE - The Pennsylvania Department of Public Welfare has a MA Provider Compliance Hotline to report suspected fraud and abuse committed by any entity providing services to Medical



Assistance recipients. The hotline number is 1.866.DPW.TIPS (1.866.379.8477) and operates between the hours of 8:30 AM and 3:30 PM, Monday through Friday. Voice mail is available at all other times. Callers may remain anonymous and may call after hours and leave a voice mail if they prefer. Suspected fraud and abuse may also be reported via the website at: www.dpw.state.pa.us/omap or email to omaptips@state.pa.us. Information reported via the website or email can also be done anonymously.

MEDICARE - The US Office of Inspector General has several confidential ways to report fraud and abuse committed by any entity providing services to Medicare recipients.

BY PHONE:

1.800.HHS.TIPS (1.800.447.8477)

BY FAX:

1.800.223.2164 (no more than 10 pages please)

BY E-MAIL:

HHSTips@oig.hhs.gov

BY MAIL:

Office of the Inspector General
HHS TIPS Hotline
P.O. Box 23489
Washington, DC 20026

Formulary/PDL Changes

Unison's Formulary is updated on a quarterly basis. These updates are sent to you in a separate bulletin. Our complete PDL and the quarterly updates are available on our website www.unisonhealthplan.com. If you have any questions about coverage on a specific drug or our formulary exemption process, you may also call the Pharmacy Department at 1.877.651.2217.

CONGRATULATIONS

to our 2007 Gold Star Providers

AGH Pediatric Clinic	Hamilton Health Center Inc	David K Robel, MD
All About Children Pediatric Partners PC	Eugene D Harasym, MD	Rural Health Corp of NE PA
Altoona Family Physicians	Thomas Hart Family Practice Center	Sacred Heart Primary Care
Anne Chen, MD	Hayshire Family Medicine	Saint Vincent Family Medical Center
Armstrong Primary Care Center Elderton	Herrs Ridge Family Medicine	Saltsburg Family Practice
Armstrong Primary Care Center Leechburg	Hill House Health Center	Scranton Primary Health Care Center
Walter L Aument Family Health Center	Jabbour Medical Center	Scranton Temple Health Center
Zarar M Bajwa, MD	Keystone Rural Health Center	Sewickley Valley Pediatric and Adolescent Medicine
Bayview Medical Practice	Anne C Martin-Ko, MD	Shrewsbury Family Practice
Bellevue Pediatric Associates	Lancaster General Hospital Family Health Service	Sibbering and Mielnicki Associates
Blairsville Family Health Center	Laurel Pediatrics	L J Silberman & Associates
Bloomfield Garfield Health Center	Laurel Pediatric Associates	Somerset Pediatric and Adolescent Health Center
CCP Armstrong	Efren L Leonida, MD	Southeast Lancaster Health Services
CCP Erie Pediatrics	Liberty Family Practice	Spring Valley Family Medicine
CCP Jeannette	LVH Pediatric Clinic	Mira Slizovsky, MD
CCP Natrona Heights	Medical Associates of Boswell	Matilda R Sotomayor, MD
CCP Russelton Pediatrics	Medical Group of Corry Inc	Eric D Stacher, MD
CCP South Hills Pediatric Associates	McKeesport Family Health Center PCHS	Sto Rox Family Health Center
Century III Medical Associates	Mon Valley Community Health Center	Tri State Pediatric Associates Inc
Cherry Tree Pediatrics	Mountain Area Healthcare PC	The Doctors Office Brownsville
Childrens Health Care West	Mountain Family Care	The Doctors Office Connellsville
Children and Teen Center	North East Family Practice	The Doctors Office Masontown
Clementine Abeloff Community Health Center	Duy Ba Nguyen, MD	The Doctors Office Smithfield
Ramesh K Chopra, MD	Pediatric Adolescent Services	The Doctors Office Uniontown
Daniel A Church, MD	Pediatric Alliance PC Greentree Division	UPMC New Kensington Family Health Center
Cornerstone Care	Pediatric Alliance Southwest Division	Uptown Pediatric Associates - New Kensington
Cornerstone Care Community Medical Center	Pediatric Associates of Latrobe	Milka E Velazquez, MD
Cornerstone Care Pediatric Associates of Washington	Pediatric Associates of Westmoreland Ltd	Warren Pediatric Associates
Bharati P Desai, MD	PhysicianCare PC	Waynesburg Family Medicine
East Suburban Pediatric Associates Ltd	Pediatric Care Center	Welsh Mountain Medical and Dental Center
East York Family Medicine	Pediatric Care Specialists	West End Health Center PCHS
Family First Health Hannah Penn Center	Pediatric Healthcare Associates	Wyoming Valley Family Practice
Family Health Services LGH	Primary Care Center of Mt Morris	Wael Yacoub, MD
Forbes Regional Family Practice	Primary Health Network	Your Pediatric Connection
Geisinger Medical Group	Primary Health Network East Brady and Petrolia	Ghaffar A Zafar, MD
Douglas B Grisier, DO	Reading Pediatrics Inc	
Reynaldo C Guerra, MD	Redi Care Physicians Inc	



WE'RE ONLINE

At www.unisonhealthplan.com, you can review our latest clinical and preventive health guidelines, health management programs, medical record requirements, pharmacy program and formulary. You can also search for a specialist in your area, locate information in our online provider manual and find your Unison representative's phone number. You will also find a rapid and accurate claims payment system.

Smoking Cessation Programs

To find smoking cessation programs in your area for all your patients that smoke, log onto www.health.state.pa.us. Here you will find local counseling programs to help them quit. Your patients

can also get help by calling the toll free Pennsylvania Quit Line at 877.724.1090. If you need more information, call Provider Services at 1.800.600.9007.

Reportable Diseases and Conditions

A number of diseases and conditions must, by law, be reported to public health agencies by physicians, hospitals, and clinical laboratories. These diseases and conditions require diagnosis and treatment by physicians, but they also require urgent management by public agencies. For instance, a child with lead toxicity must be treated to eliminate further damage to the child's central nervous system. The case also requires removal of lead hazards from the child's environment to reduce the risk of further toxicity for the child and other children and adults in the same environment. An

other example is the recent E. coli outbreaks from contaminated spinach.

A physician diagnosing one of these conditions must report the case to the county or municipal health department, if present in the physician's practice area. Otherwise, the report should be sent to the Pennsylvania Department of Health. Some of the conditions require immediate reporting by telephone. The current list of reportable diseases and conditions may be viewed at the PA Department of Health web-site at www.pabulletin.com/secure/data/vol32/32-4/161d.html.



Unison Administrative Services

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Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2007

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB	see footnote 1	HepB	HepB	HepB	HepB	HepB	HepB Series		
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP		DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib		Hib		
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PCV PPV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰											MPSV4	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and

other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mother's negative HBsAg laboratory report documented in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHiBit[®] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children aged ≥12 months.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer PCV at ages 24–59 months in certain high-risk groups. Administer PPV to children aged ≥2 years in certain high-risk groups. See *MMWR* 2000;49(No. RR-9):1–35.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55(No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for all children aged 1 year (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Meningococcal polysaccharide vaccine (MPSV4). (Minimum age: 2 years)

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21.

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007

Vaccine ▼	Age ▶	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	see footnote 1		Tdap		Tdap	
Human Papillomavirus ²	see footnote 2		HPV (3 doses)		HPV Series	
Meningococcal ³		MPSV4	MCV4		MCV4³ MCV4	
Pneumococcal ⁴			PPV			
Influenza ⁵			Influenza (Yearly)			
Hepatitis A ⁶			HepA Series			
Hepatitis B ⁷			HepB Series			
Inactivated Poliovirus ⁸			IPV Series			
Measles, Mumps, Rubella ⁹			MMR Series			
Varicella ¹⁰			Varicella Series			



Range of recommended ages



Catch-up immunization



Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components

of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

(Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
- Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DaP vaccination series.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. Meningococcal vaccine. (Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
- Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.

4. Pneumococcal polysaccharide vaccine (PPV). (Minimum age: 2 years)

- Administer for certain high-risk groups. See *MMWR* 1997;46(No. RR-8):1–24, and *MMWR* 2000;49(No. RR-9):1–35.

5. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55 (No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

6. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- The 2 doses in the series should be administered at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55 (No. RR-7):1–23.

7. Hepatitis B vaccine (HepB). (Minimum age: birth)

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

8. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥4 weeks between the doses.

10. Varicella vaccine. (Minimum age: 12 months)

- Administer 2 doses of varicella vaccine to persons without evidence of immunity.
- Administer 2 doses of varicella vaccine to persons aged <13 years at least 3 months apart. Do not repeat the second dose, if administered ≥28 days after the first dose.
- Administer 2 doses of varicella vaccine to persons aged ≥13 years at least 4 weeks apart.