

**NORTH CAROLINA IMMUNIZATION PROGRAM (NCIP) COVERAGE
CRITERIA FOR STATE-SUPPLIED VACCINE PROVIDED THROUGH NCIP**

Effective: September 1, 2025

The purpose of this document is to distinguish which cohorts of persons, present in North Carolina, are eligible for vaccine from the North Carolina Immunization Program (NCIP). There are two (2) components of the “State Supply” program: 1) Vaccines for Children (VFC) and 2) Vaccine for Adult (VFA) 317. The VFC program provides no cost vaccines to eligible children from birth through age 18 in compliance with recommendations made by the Advisory Committee on Immunization Practices (ACIP). This includes children who are uninsured, underinsured, Medicaid eligible, and American Indian or Alaska Native. The VFA 317 program supports immunization of uninsured and underinsured adults as well as a few other select patient populations outlined in the coverage criteria (i.e., HepB birth dose). Health care providers must use privately purchased vaccine for those cohorts who wish to be vaccinated and are not covered by this coverage criteria. Questions about current recommendations for each vaccine can be found at: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Local Health Departments (LHD); Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Vaccines for Adult (VFA) 317 providers are noted throughout when there is vaccine usage specific to their facilities.

VACCINE	AGES COVERED	ELIGIBILITY	CRITERIA FOR NCIP VACCINE USAGE
COVID-19 Moderna 2024-2025	6 months – 11 years	VFC ONLY	Pending ACIP recommendations for 2025-2026.
COVID-19 Spikevax® 2024-2025	12+ years	VFC ONLY	Pending ACIP recommendations for 2025-2026.
COVID-19 PFIZER 2024-2025	5 years – 11 years	VFC ONLY	Pending ACIP recommendations for 2025-2026.
COVID-19 Comirnaty® 2024-2025	12+ years	VFC ONLY	Pending ACIP recommendations for 2025-2026.
COVID-19 Novavax 2024-2025	<u>12+ years</u>	VFC ONLY	Pending ACIP recommendations for 2025-2026.
DTaP	≥2 months through 6 years	VFC ONLY	
DTaP, Hep B, and polio combination (Pediarix®)	≥ 2 months through 6 years	VFC ONLY	
DTaP, polio, and Hib combination (Pentacel®)	≥ 2 months through 4 years	VFC ONLY	
DTaP, polio, Hib, and Hep B combination (Vaxelis®)	≥ 6 weeks through 4 years	VFC ONLY	
DTaP/IPV combination (Kinrix®; Quadracel®)	≥ 4 years through 6 years	VFC ONLY	Only to be used for children > 4 years through 6 years of age. Kinrix as the 5th dose in the DTaP series, & as the 4th in the IPV series Quadracel as the 5th dose in the DTaP series, & as the 4th or 5th dose in the IPV series.
Hepatitis A Pediatric use	12 months through 18 years	VFC ONLY	Hepatitis A vaccine may be given to children 12 months through 18 years of age who are VFC-eligible only. Hepatitis A vaccine may be given to VFC -eligible infants 6 months through 11 months of age who are traveling to an area of the world except the United States, Canada, western Europe and Scandinavia, Japan, New Zealand, and Australia.
Hepatitis B Pediatric use	Birth through 18 years	VFC ONLY	<u>VFC Enrolled Birthing Hospitals Only:</u> ❖ The birth dose of Hepatitis B vaccine is available universally for all newborns at VFC enrolled birthing hospitals. <u>All VFC Providers:</u> ❖ Other doses of hepatitis B vaccine may be given to children through 18 years of age who are VFC-eligible only. <u>LHD Only:</u> ❖ Children through 18 years of age, regardless of insurance status who are household, sexual, or needle sharing contacts of an acute or chronic Hepatitis B infected person may receive Hepatitis B vaccine at the LHD. All household, sexual, or needle sharing contacts of an acute or chronic Hepatitis B infected person must be referred to the LHD for testing and vaccination. 317 vaccines must be used for individuals who are not VFC-eligible. <i>Heplisav-B® (two-dose series can be used for eligible individuals 18 years of age and older).</i>

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Hepatitis B Pediatric Product (Engerix-B®) (Recombivax®) (Heplisav-B®)	Certain adults 19 years of age	UNINSURED 19 YEARS OF AGE (317 VACCINES)	Any uninsured adult 19 years of age may receive state-supplied Hep B if the first dose of Hep B is administered before the 19th birthday. The series must be complete before the 20th birthday if using state- supplied vaccine. <u>LHD Only:</u> ❖ Uninsured immigrants with refugee status who are from endemic countries who are 19 years of age may receive Hepatitis B vaccine at the LHD. All immigrants with refugee status must be referred to the LHD for testing and vaccination. ❖ Adults 19 years of age, regardless of insurance status, who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person may receive Hepatitis B vaccine at the LHD. All household, sexual, or needle sharing contacts of an acute or chronic Hepatitis B infected person must be referred to the LHD for testing/vaccination.
Hepatitis B Adult use	Certain adults ≥ 20 years may receive state-supplied Hep B	ADULT USE (317 VACCINES)	<u>LHD Only:</u> ❖ Individuals who are ≥20 years of age, regardless of insurance status, who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person may receive Hepatitis B* vaccine at the LHD. All household, sexual, or needle sharing contacts of an acute or chronic Hepatitis B infected person must be referred to the LHD for testing and vaccination. ❖ Uninsured immigrants with refugee status who are from endemic countries who are ≥ 20 years of age may receive Hepatitis B vaccine at the LHD. All immigrants with refugee status must be referred to the LHD for testing and vaccination. <i>*Heplisav-B® (two-dose series can be used)</i>
Hepatitis A Adult use	Certain adults, (19 and older) without insurance	UNINSURED ADULT USE (317 VACCINES)	<u>LHD/FQHC/RHC/VFA/Substance Abuse Treatment Centers Only:</u> A single dose of Hepatitis A vaccine is available for adults 19 years of age and older, , who meet one or more of the following high-risk criteria: ❖ Persons who use injection and/or non-injection drugs ❖ Persons who are homeless ❖ Men who have sex with men ❖ Persons with chronic liver disease, including chronic hepatitis B or C ❖ Persons who are currently incarcerated in a county-owned facility/jail
HepA/HepB Combination (Twinrix®)	≥ 18 years	UNINSURED ADULT USE (317 VACCINES)	<u>LHD/FQHC/RHC/VFA Only:</u> ❖ Any uninsured adult who meets one or more of the ACIP recommended coverage groups can receive a three-dose series of the combination Hep A/Hep B vaccine at the LHD, FQHC, or RHC. <i>*State-supplied Hep A/Hep B vaccine cannot be used for the accelerated schedule, four dose series or for persons with a documented history of a completed hepatitis A or B series.</i>
Hib	≥ 2 months through 4 years	VFC ONLY	Certain high-risk children >59 months through 18 years of age, who are not appropriately vaccinated, may receive one dose.
9vHPV (Gardasil® 9)	Females and males 9 through 18 years	VFC ONLY	State-supplied Gardasil® (9-valent) vaccines for HPV are available for males and females 9 through 18 years of age. The series must be completed prior to the 19th birthday.
Influenza Pediatric use IIV3 (Afluria®, Fluarix®, FluMist®, Flulaval®, Fluzone®, Fluzone® High-Dose, Flucelvax®, and FLUAD®)	≥ 6 months through 18 years	VFC ONLY	*Please refer to the seasonal influenza memo for age indications for each product. Eligibility is effective August 2025.
Influenza Adult use IIV3 (Fluarix®, Fluzone®, Flulaval®, Afluria®, and Flucelvax® 0.5 mL pre-filled syringes)	Certain adults, (19 and older) without insurance	UNINSURED ADULT USE (317 VACCINES)	<u>LHD/FQHC/RHC/VFA Only:</u> ❖ Non-Medicaid, uninsured women who are pregnant during flu season, and receiving services at the LHD, FQHC, or RHC. ❖ Persons enrolled in the Family Planning Medicaid program*** receiving services at the LHD, FQHC, or RHC. *Please refer to the seasonal influenza memo. Eligibility is effective August 2025.

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Meningococcal Conjugate (MenQuadfi®) (Menveo®)	≥ 2 months through 10 years	VFC ONLY	Available for children with high-risk conditions. MenQuadfi® starts at 2 years of age. MENVEO® one-vial Is approved for use in individuals 10 years through 55 (single vial with a pink cap and does NOT require reconstitution.) MENVEO® two-vial Although the two-vial presentation is indicated for use in individuals ages 2 months through 55 years, due to limited quantities providers are encouraged to begin limiting use to children ages 2 months through 2 years at increased risk of meningococcal disease as this is the only product available for this age group. (MENVEO® two-vial must be reconstituted prior to administration.)
Meningococcal Conjugate (Menveo®) (MenQuadfi®)	11 through 18 years	VFC ONLY	For routine and catch-up adolescent vaccination
Meningococcal Serogroup B (Bexsero®) (Trumenba®)	10 through 18 years	VFC ONLY	MenB vaccines are recommended & available for children 10 through 18 years of age at increased risk of disease. MenB may be administered to adolescents aged 16–18 years of age who are not at increased risk for meningococcal disease based on shared clinical decision-making.
Meningococcal ACWY and MenB Combination (Penbraya™)	10 through 18 years	VFC ONLY	MenACWY-MenB is recommended & available for children aged 10 through 18 years who are at increased risk of disease. MenACWY-MenB may be administered to adolescents aged 16-18 years of age for whom both MenACWY and MenB are indicated to be given at the same time and shared clinical decision-making favors administration of MenB vaccine.
MMR Pediatric use	≥ 12 months through 18 years	VFC ONLY	MMR vaccine may be given to children 12 months through 18 years of age who are VFC- eligible only. MMR vaccine may be given to VFC-eligible infants 6 months through 11 months of age who will be traveling internationally.
MMR Adult use	Certain adults, (19 and older) without insurance	UNINSURED ADULT USE (317 VACCINES)	One dose of MMR vaccine is available for: <u>LHD Only:</u> ✦ Uninsured immigrants with refugee status of any age without documentation of a prior MMR may receive MMR at the LHD. <u>LHD/FQHC/RHC/VFA Only:</u> ✦ All uninsured susceptible persons without documentation of a prior MMR may receive MMR at the LHD, FQHC, or RHC.
MMRV	≥ 12 months through 12 years	VFC ONLY	
Mpox Pediatric Use (JYNNEOS®)	18 years	VFC ONLY	Available for 18-year-olds at increased risk of mpox disease.
Mpox Adult use (JYNNEOS®)	Certain adults, (19 and older) without insurance	UNINSURED ADULT USE (317 VACCINES)	<u>LHD/FQHC/RHC/VFA Only:</u> One-time allocation for uninsured adults (19 and older) who meet one or more of the following high-risk criteria: ✦ Anyone who has or may have multiple or anonymous sex partners; or ✦ Anyone whose sex partners are eligible per the criteria above; or ✦ People who know or suspect they have been exposed to mpox in the last 14 days; or Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact
RSV Beyfortus® 50 mg	Infants weighing <5 kg: 50 mg dose	VFC ONLY	Seasonal administration (September 15th through March 31st). All infants younger than age 8 months during their first RSV season and in some children at high risk of severe disease during their second RSV season.

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RSV Beyfortus® 100mg	Infants weighing ≥5 kg: 100 mg dose	VFC ONLY	Seasonal administration (September 15th through March 31st). All infants younger than age 8 months during their first RSV season and in some children at high risk of severe disease during their second RSV season. Dosing for Children at High Risk During Second RSV Season Children ages 8-19 months who remain vulnerable to severe RSV disease when entering their second RSV season should receive a dose of BEYFORTUS™.
RSV Maternal ABRYSVO®	Pregnant individuals < 19 years	VFC ONLY	During 32 through 36 weeks gestation; Seasonal administration (August 15th through January 31st).
RSV Maternal ABRYSVO®	Pregnant individuals ≥19 years	UNINSURED ADULT USE (317 VACCINES)	LHD Only: ♦ Non-Medicaid, uninsured women who are pregnant during flu season, and receiving services at the LHD. Persons enrolled in the Family Planning Medicaid program*** receiving services at the LHD. During 32 through 36 weeks gestation; Seasonal administration (August 15th through January 31st).
IPV-Polio	≥ 2 months through 18 years	VFC ONLY	
IPV-Polio	≥18 years	ADULT USE	LHD Only: ♦ One-time allocation for displaced adults from Ukraine. See the July 17, 2024 Polio Vaccine for Adults Displaced from Ukraine memo for more information.
Pneumococcal Conjugate (PCV15, PCV20)	≥ 2 through 59 months	VFC ONLY	
Pneumococcal Conjugate	≥ 60 months through 18 years	VFC ONLY	Children >60 months through 18 years with certain high-risk conditions.
Pneumococcal Polysaccharide 23-valent (PPSV23)	≥ 2 years through 18 years	VFC ONLY	Children > 2 years through 18 years with certain high-risk conditions.
Rotavirus	≥ 6 weeks through 7 months	VFC ONLY	
Td or Tdap Pediatric use	≥ 7 years through 18 years	VFC ONLY	When considering the use of Td and Tdap interchangeably, ensure state immunization requirements for school/college entry immunization have been met with the appropriate vaccine. See the August 1, 2023 Memo: Catch-Up Immunization Schedule and NC Administrative Code 10A NCAC 41A .0401 for more information.
Td or Tdap Adult use	Certain adults, (19 and older) without insurance	UNINSURED ADULT USE (317 VACCINES)	LHD/FQHC/RHC/VFA Only: One or more doses of state-supplied Td/Tdap can be given to any uninsured adult 19 years of age or older as indicated by ACIP at the local health department or an enrolled FQHC, or RHC. Additionally, one or more doses as indicated by ACIP of state supplied Tdap are available for uninsured pregnant women 19 years of age and older being served in any capacity at the LHD, or an enrolled FQHC, or RHC.
Varicella (Chickenpox)	≥ 12 months through 18 years	VFC ONLY	
Varicella (Chickenpox)	Certain adults, (19 and older) without insurance	UNINSURED FEMALE ADULT USE (317 VACCINES)	LHD Only: ♦ One dose of varicella vaccine is available for uninsured, unvaccinated women ages 19 through 44 years of age at the LHD.

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VFC- Vaccines for Children: Children birth through 18 years of age that meet at least one of the following criteria are eligible for VFC vaccine:

- *Medicaid enrolled - a child who is eligible or enrolled in the Medicaid program.*
- *Uninsured - a child who has no medical insurance coverage*
- *American Indian or Alaskan Native*
- *Underinsured (Can only be served by deputized providers such as LHD/FQHC/RHC). Underinsured includes:*
 - *Children who have commercial (private) health insurance, but the coverage does not include vaccines,*
 - *Children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only),*
 - *Children whose insurance caps vaccine coverage at a certain amount - once that coverage amount is reached, these children are categorized as underinsured*

Note: Children whose health insurance covers vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met or because the insurance did not cover the total cost of the vaccine

VFA- Vaccines for Adults: LHDs, FQHCs, RHCs, and VFA providers are approved to order and administer state-supplied 317 funded vaccines to eligible adults as specified in the above criteria. VFA eligibility categories are defined as:

- *Uninsured – a person who has no medical insurance coverage*
- *Underinsured – a person who has health insurance, but the insurance does not cover any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines. First dollar coverage includes copays, coinsurance, or deductibles.*

Health Care Sharing Ministries (HCSM)

HCSMs are nonprofit alternatives to purchasing health insurance from private, for-profit insurers. VFC eligibility depends primarily on recognition of the plan as insurance by the state. A child with this type of plan should be considered:

- *Uninsured if the plan is not recognized as insurance by the North Carolina Department of Insurance (NCDOI)*
 - *Insured if plan is recognized by the NCDOI and covers all ACIP-recommended vaccines*
 - *Underinsured if plan is recognized by the NCDOI and does not cover all ACIP-recommended vaccines*
- Providers are responsible for verifying the insurance plan with NCDOI prior to administration of VFC vaccine*

****ACIP Recommendation Highlights** The ACIP recommendations for each vaccine are located on the CDC website at https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Full and final recommendations are published as MMWR Recommendations and Reports.

Updates are often sent out as Provisional Recommendations with the most pertinent information included before the final recommendations are released. There is also separate documentation for **Contraindication/Precautions** for all vaccines on the CDC web site at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.

*****LHD/FQHC/RHC only:** Persons covered by the Family Planning Medicaid Program are considered uninsured and may receive certain state-supplied vaccines as noted in this coverage criteria for uninsured adults if receiving services at a Local Health Department, Federally Qualified Health Center, or Rural Health Clinic. Unaccompanied minors (through 18 years of age) without proof of insurance presenting to a local health department Title X clinic can also be vaccinated with VFC vaccines.

- ♦ Unless specifically stated above, no NCIP vaccine may be administered to an insured individual unless the patient is an underinsured child at an FQHC, RHC, LHD, or deputized provider. Underinsured adults may receive COVID-19 vaccines at an enrolled FQHC, RHC, LHD, or VFA provider.
- ♦ VFC vaccine cannot be used for allergy skin testing prior to vaccination.
- ♦ Students attending colleges within the North Carolina Community College System are exempt from North Carolina Immunization Law for college/university entry. However, some programs at community colleges, such as medical programs, may have requirements specific to their program, but this does not allow them to receive state supplied vaccine unless it is specifically stated in the coverage criteria.
- ♦ When ordering 317 vaccines, you must specify in your vaccine order the product and number of doses you are requesting for 317. These doses must be maintained separate from your VFC supply in the vaccine storage unit.