

## Childhood Vaccine Availability Table – Effective January 2026 –

### Eligibility Categories:

- **All Children:** Vaccine provided by the Vaccine Program for identified cohorts, regardless of insurance status.
- **Vaccines for Children (VFC) Eligible Only:** Vaccine provided by the Vaccine Program for identified cohorts who are: 1) uninsured; 2) enrolled in MassHealth/Medicaid; 3) American Indian or Alaska Native; or 4) underinsured (insurance does not cover any vaccines or only covers selected vaccines or does not provide first-dollar coverage<sup>1</sup> for vaccines) and seen at a federally qualified community health center. Children who are enrolled in secondary MassHealth insurance should also be screened as VFC Eligible. Children enrolled in sCHIP, or the Children's Medical Security Plan (CMSP) may receive all vaccines on the Childhood Availability Table but are not considered VFC eligible when screening or assessing for VFC eligibility.

(Please note vaccines available only for VFC eligible groups appear shaded)

Vaccine	Eligibility	DPH-Supplied Vaccine Available For:
COVID-19	All	<ul style="list-style-type: none"><li>• All children aged 6 months – 18 years</li></ul>
DTaP	All	<ul style="list-style-type: none"><li>• All children aged 2 months – 6 years</li></ul>
DTaP-Hep B-IPV	All	<ul style="list-style-type: none"><li>• All children aged 2 months – 6 years for the first 3 doses of DTaP and IPV and any dose of Hep B at 2, 4 and 6 months</li><li>• Not approved for dose 4 or 5 of the DTaP series <u>or</u> dose 4 of the IPV series</li></ul>
DTaP-IPV-Hib	All	<ul style="list-style-type: none"><li>• All children aged 2 months – 4 years for the first 4 doses of DTaP, IPV and Hib at 2, 4, 6 and 15 – 18 months</li></ul>
DTaP-IPV	All	<ul style="list-style-type: none"><li>• All children aged 4 – 6 years for routine immunization for the 5<sup>th</sup> dose of the DTaP series and 4<sup>th</sup> dose of the IPV series</li><li>• Not approved for the first 3 doses of DTaP and IPV <u>or</u> dose 4 of the DTaP series</li></ul>
DTaP-IPV-Hib-Hep B	All	<ul style="list-style-type: none"><li>• All children aged 6 weeks through 4 years for the first 3 doses of DTaP, Polio and Hib at 2, 4 and 6 months.</li><li>• Not approved for the hepatitis B birth dose.</li><li>• Not approved for dose 4 or 5 of DTaP or dose 4 of IPV or dose 4 of Hib.</li></ul>
Hep A	All	<ul style="list-style-type: none"><li>• Routine vaccination of the 1<sup>st</sup> and 2<sup>nd</sup> dose for children aged 12 – 23 months</li><li>• Catch-up vaccination of children aged 2 – 18 years</li><li>• Infants 6-11 months, one dose before international travel; revaccinate with 2-dose series at 12-23 months.</li></ul>
Hep B	All	<ul style="list-style-type: none"><li>• All children through 18 years of age</li></ul>
Hib	All	<ul style="list-style-type: none"><li>• All children aged 2 – 59 months</li><li>• Children aged &gt; 5 years in a recommended group*</li></ul>
HPV	All	<ul style="list-style-type: none"><li>• All children 9 – 18 years of age</li></ul>
Influenza	All	<ul style="list-style-type: none"><li>• All children aged 6 months through 18 years</li></ul>

Vaccine	Eligibility	DPH Supplied Vaccine Available For:
MCV4-ACWY	All	<ul style="list-style-type: none"> <li>All adolescents 11 – 18 years of age</li> </ul> <p>Note: first dose routinely recommended at 7<sup>th</sup> grade entry, 11 – 12 years of age, and second dose at 16 – 18 years of age</p> <p>High risk* children 2 months - 18 years, all doses, including boosters. Schedule depends on age and formulation. High risk includes: functional or anatomic asplenia (sickle cell), complement deficiencies, travelers, occupational risk, outbreaks. Note:</p> <ul style="list-style-type: none"> <li>- Mencevo (one-vial formulation) approved beginning at 10 years</li> <li>- MenQuadfi approved beginning at 2 years</li> <li>- Mencevo (two-vial) approved beginning at 2 months – <i>this formulation should be prioritized for 2 month to 2 year olds as it is the only formulation approved for this age group</i></li> </ul>
MenB	All	<ul style="list-style-type: none"> <li>All adolescents 10-18 years of age who have functional or anatomic asplenia (including sickle cell disease), persistent complement component deficiency (an immune system disorder) or who take a complement inhibitor (examples include eculizumab [Soliris], ravulizumab [Ultomiris], and sutimlimab [Sanofi])</li> <li>All adolescents 10-18 years of age who are exposed during an outbreak caused by serogroup B</li> </ul>
	VFC Only	<ul style="list-style-type: none"> <li>May be considered for healthy adolescents 16 – 18 years of age to provide short term protection against most strains of serogroup B meningococcal disease (permissive recommendation based on shared clinical decision-making).</li> </ul>
MMR	All	<ul style="list-style-type: none"> <li>All children aged 12 months – 18 years</li> <li>Infants 6 – 11 months, 1 dose before any international travel; revaccinate with 2-dose series at age 12-15 months</li> </ul>
MMRV	All	<ul style="list-style-type: none"> <li>All children aged 12 months – 12 years who require both MMR and varicella vaccines</li> </ul> <p>Note: MDPH recommends the 1st dose in the series for children 12 – 47 months be given as separate injections of MMR and varicella vaccines. MMRV may be used if parents or caregivers express a preference.</p>
Mpox	All	<ul style="list-style-type: none"> <li>High risk* children aged 18 years</li> </ul>
PCV20 (Pneumococcal Conjugate)	All	<ul style="list-style-type: none"> <li>All children aged 2 – 59 months</li> <li>High risk* children through age 18 years</li> </ul>
PPSV23 (Pneumococcal Polysaccharide)	All	<ul style="list-style-type: none"> <li>Children 2 through 18 years old with certain risk* conditions who receive/received PCV13 or PCV15 only</li> </ul>
Polio	All	<ul style="list-style-type: none"> <li>All children aged 2 months – 18 years</li> </ul>
Rotavirus	All	<ul style="list-style-type: none"> <li>All infants aged 6 weeks – 8 months 0 days</li> </ul>
RSV (Abrysvo)	All	<ul style="list-style-type: none"> <li>Pregnant persons through 18 years old</li> <li>Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January</li> <li>Either maternal RSV vaccination or infant immunization with nirsevimab is recommended to prevent RSV infection in infants</li> <li>Current recommendations are for a single maternal dose only. There are no recs for maternal RSV vaccination in subsequent pregnancies.</li> </ul>

Vaccine	Eligibility	DPH Supplied Vaccine Available For:
RSV (clesrovimab)	All	<ul style="list-style-type: none"> <li>• All infants aged &lt;8 months born during or entering their first RSV season (105 mg dosage for all infants)</li> </ul>
RSV (nirsevimab)	All	<ul style="list-style-type: none"> <li>• All infants aged &lt;8 months born during or entering their first RSV season (50 mg for infants weighing &lt;5 kg/&lt;11 lb and 100 mg for infants weighing ≥5 kg/≥11 lb)</li> <li>• Infants and children aged 8–19 months who are at increased risk* for severe RSV disease and entering their second RSV season (200 mg, administered as two 100 mg injections given at the same time at different injection sites)</li> </ul>
Td	All	<ul style="list-style-type: none"> <li>• All children aged 7 – 18 years</li> </ul>
Tdap	All	<ul style="list-style-type: none"> <li>• All children aged 7 – 18 years</li> </ul> <p>Note: routinely recommended at 7<sup>th</sup> grade entry, 11 – 12 years of age</p>
Varicella	All	<ul style="list-style-type: none"> <li>• All children aged 12 months – 18 years</li> </ul>

**\* Recommended Groups:** Groups that are recommended for vaccines have been recommended for routine use either by the CDC's Advisory Committee for Immunization Practices or by the DPH Commissioner as outlined at: <https://www.mass.gov/info-details/dph-recommended-guidance-for-vaccines>.

**<sup>1</sup>First Dollar Coverage:** Copays, coinsurance or deductibles will not apply for the administration of any recommended vaccines.