Quality Spotlight 2026

Immunizations

- Childhood Immunizations Status (CIS)
- Immunizations for Adolescents (IMA)
- Suggestions/ Tools/ Resources

CQ-VBR Measures
MY2026 Measurement Period; September 1, 2027 - August 31, 2028 VBR Period

Blue Cross Blue Shield Blue Care Network of Michigan

Category	Measure	Adult Practices		Family Practices		Pediatric Practices
		CQ VBR and PCMH Commercial	CQ VBR Medicare	CQ VBR and PCMH Commercial	CQ VBR Medicare	CQ VBR and PCMH Commercial
Adult Prevention and Screening Measures	Adult Immunization Status - Influenza	√		√		
	Breast Cancer Screening	√	√	√	√	
	Cervical Cancer Screening	√		√		
	Chlamydia Screening in Women	√		√		
	Colorectal Cancer Screening	√	√	√	√	
Pediatric Prevention and Screening Measures	Child and Adolescent Well-Care Visits			√		√
	Childhood Immunization Status - Combo 10			√		√
	Childhood Immunization Status - Flu			√		√
	Immunizations for Adolescents - Combo 2			√		√
	Immunizations for Adolescents - HPV			√		√
	Weight Assessment and Counseling for Children - BMI percentile			√		√
	Well-Child Visits First 15 months			√		√
	Well-Child Visits - Well Visits 15 - 30 months			√		√

Childhood Immunization Status (CIS) – Combo 10

90th Percentile Goal: 57.58%

Children who turned 2 during the measurement year that had the following vaccines (combo 10) by their 2nd birthday.

Children need to have Combo 10 vaccinations by their 2nd birthday – *Even 1 day past their birthdate will fail the measure.*

Exclusions:

- Children who had a contraindication to a childhood vaccine on or before their 2nd birthday (**Document it!**)
- Received hospice services
- Deceased during measurement year

Vaccine		Doses	Combo vaccine or antigen*	History of illness	Anaphylaxis r/t vaccine	Encephalitis r/t vaccine
DTaP	Diphtheria, tetanus, acellular pertussis	4	X		X	X
IPV	Polio	3	X		X	
MMR	Measles, mumps, rubella	1	X	X	X	
HiB	Hemophilus influenza B	3	X		X	
HepB	Hepatitis B	3	X	X	X	
VZV	Chicken pox (Varicella zoster)	1	X	X	X	
PCV	Pneumococcal conjugate	4	X		X	
HepA	Hepatitis A	1	X	X	X	
RV	Rotavirus	2-3	X		X	
Flu	Influenza	2	X		X	

Note: Combination vaccines must have evidence of all antigens.

Tips for Coding

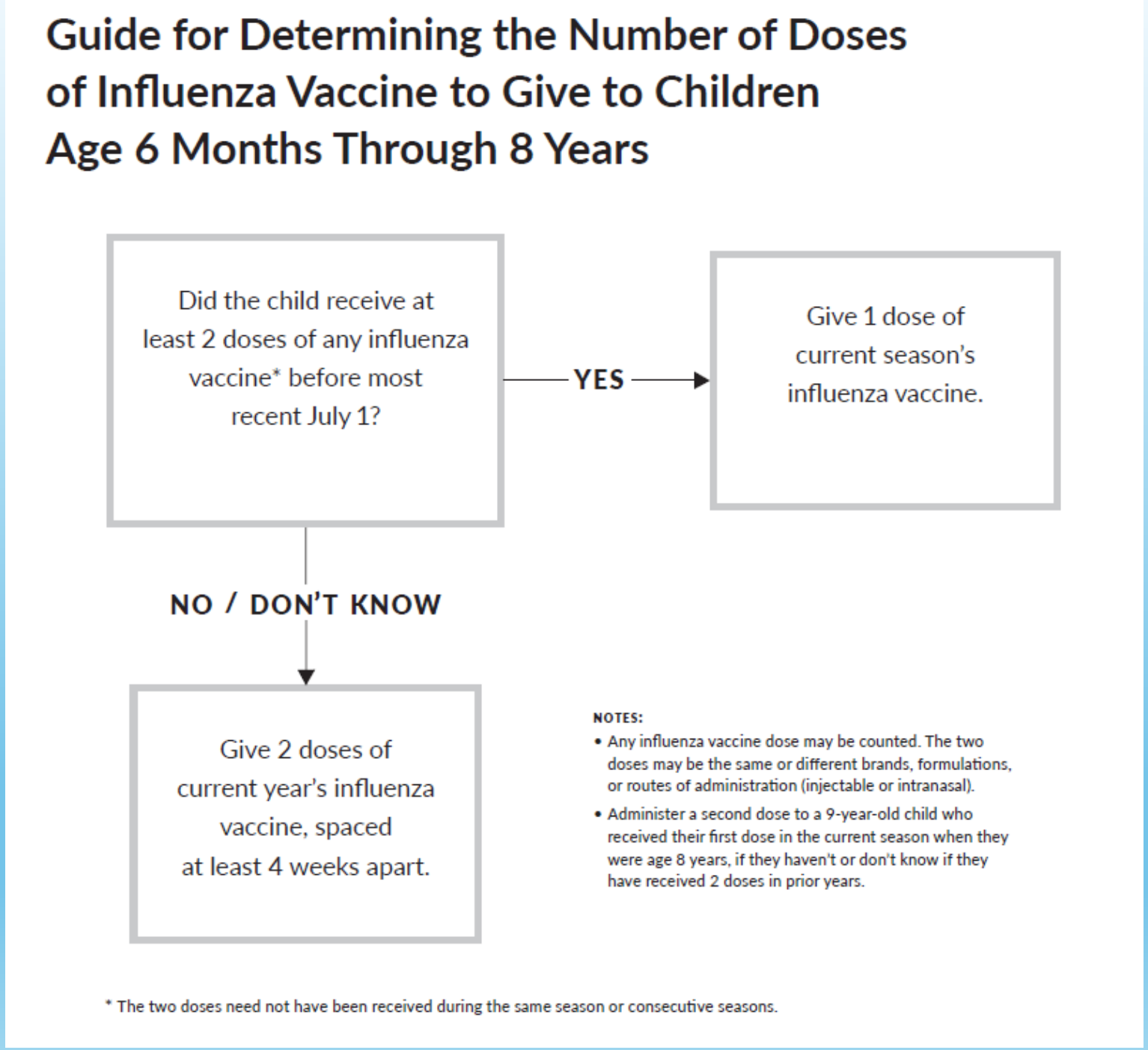
Vaccine	CPT** codes	ICD-10-CM	HCPCS codes
DTaP	90697, 90698, 90700, 90723		
IPV	90697, 90698, 90713, 90723		
Hepatitis B	90697, 90723, 90740, 90744, 90747, 90748	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11	G0010
Hepatitis A	90633	B15.0, B15.9	
MMR	90707, 90710		
Measles		B05.0-B05.4, B05.81, B05.89, B05.9	
Mumps		B26.0 – B26.3, B26.81-B26.85, B26.89, B26.9	
Rubella		B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B06.9	
Influenza	90655, 90656, 90657, 90658, 90660, 90661, 90672, 90674, 90685, 90686, 90687, 90688, 90689, 90756		
HIB	90644, 90647, 90648, 90697, 90698, 90748		
Rotavirus	90680 (3 dose) 90681 (2 dose)		
VZV	90710, 90716	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29- B02.34, B02.39, B02.7, B02.8, B02.9	
Pneumococcal conjugate	90670, 90671, 90677		G0009

Please note they have removed 90673 and added 90656 and 90658

Childhood Immunization Status – FLU (0-2 years)

90th percentile goal: 68.17%

*CDC recommends yearly for ages 2-18



Influenza Vaccine Products for the 2025–2026 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation)[1]	How Supplied	Mercury Content (mcg Hg/0.5mL)	Age Range	CVX Code	Vaccine Product Billing Code[2]
						CPT
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years	111	90660
					333*	NA*
GSK	Fluarix (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older[3]	140	90656
	FluLaval (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older[3]	140	90656
Sanofi	Flublok (RIV3)	0.5 mL (single-dose syringe)	0	9 years & older	155	90673
	Fluzone (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older[3]	140	90656
		0.5 mL (single-dose vial)	0	6 months & older[3]	140	90656
		5.0 mL multi-dose vial (0.25 mL dose)	25[4]	6 through 35 months[3]	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	25[4]	6 months & older	141	90658
	Fluzone High-Dose (HD-IIV3)	0.5 mL (single-dose syringe)	0	65 years & older[5]	135	90662
CSL Seqirus	Afluria (IIV3)	5.0 mL multi-dose vial (0.25 mL dose)	24.5[4]	6 through 35 months[3]	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	24.5[4]	3 years & older[6]	141	90658
		0.5 mL (single-dose syringe)	0	3 years & older[3]	140	90656
	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older[5]	168	90653
	Flucelvax (ccIIV3)	0.5 mL (single-dose syringe)	0	6 months & older[3]	153	90661
		5.0 mL multi-dose vial (0.5 mL dose)	25[4]	6 months & older[3]	320	90661

Facts to Share with Parents of Young Children/ Infants

Everyone 6 months and older should get a flu vaccine every season with rare exceptions

Children younger than 5 years old, **especially those younger than 2,** are at higher risk of developing serious flu-related complications	Flu illness is more dangerous than the common cold for children. Each year, millions of children get sick with seasonal flu; thousands of children are hospitalized, and some children die from the flu	Complications from flu among children under age 5 include: Pneumonia Dehydration Worsening of long-term medical problems (i.e. asthma and heart disease) Encephalopathy Sinus problems and ear infections In rare cases, death

Vaccination is the best protection against flu

Evidence-based communications strategies to increase uptake of childhood vaccines

Pediatricians play an influential role in parental vaccine decision-making	Use a strong vaccine recommendation and presumptive format for initiating vaccine discussion	For parents who express hesitancy, use additional evidence-based communication strategies, such as motivational interviewing (MI)	Emphasize personal experience with vaccine-preventable diseases and the fact that they and their families are vaccinated because of their confidence in the safety and efficacy of the vaccines

Share Your Own Personal Experience with Vaccination

Or use the experience of others.

- Alana's Foundation **Home | influenza resources education | Alana's Foundation (alanasfoundation.org)**
- The Franny Strong Foundation **Home - Franny Strong Foundation**
- Families fighting flu, Inc. **Family Stories About the Effects of Influenza (familiesfightingflu.org)**
- Texas Children's Hospital **The Center for Vaccine Awareness and Research at Texas Children's Hospital (tchorderprocessing.com)**

*Share your experience and other colleagues experiences: Primary care and pediatric clinics care for thousands of patients year over year without vaccine complications

What's included in the toolkit?

- BCBSM developed a **new toolkit** to **address the upcoming flu season** and promote vaccination
- **This toolkit includes**:
  - **5 key educational messages and downloadable images** to help bring vaccination awareness during the flu season
  - **Flu shot guidelines** to inform your providers on the latest recommendations

Immunizations for Adolescents (IMA) – Combo 2

90th Percentile Goal
44.17%

Percentage of adolescents who had:

- 1 dose of meningococcal vaccine,
- 1 dose tetanus diphtheria toxoids and acellular pertussis (Tdap) vaccine,
- Completed the human papillomavirus (HPV) vaccine series **by their 13th birthday**
  - Ages 9-13
  - Measurement year is considered the year the patient turns 13
  - Claims based measure

Preteens need to be on a schedule for vaccinations that ensures all doses are completed before the 13th birthday – even 1 day past the birthdate fails the measure

Vaccine	Age (on or between)	Dose	Anaphylaxis† (on or before)	Encephalitis† (on or before)
Meningococcal	10th and 13th birthdays	1	13th birthday	
Tdap	10th and 13th birthdays	1	13th birthday	13th birthday
HPV	9th and 13th birthdays	2 or 3 doses*	13th birthday	

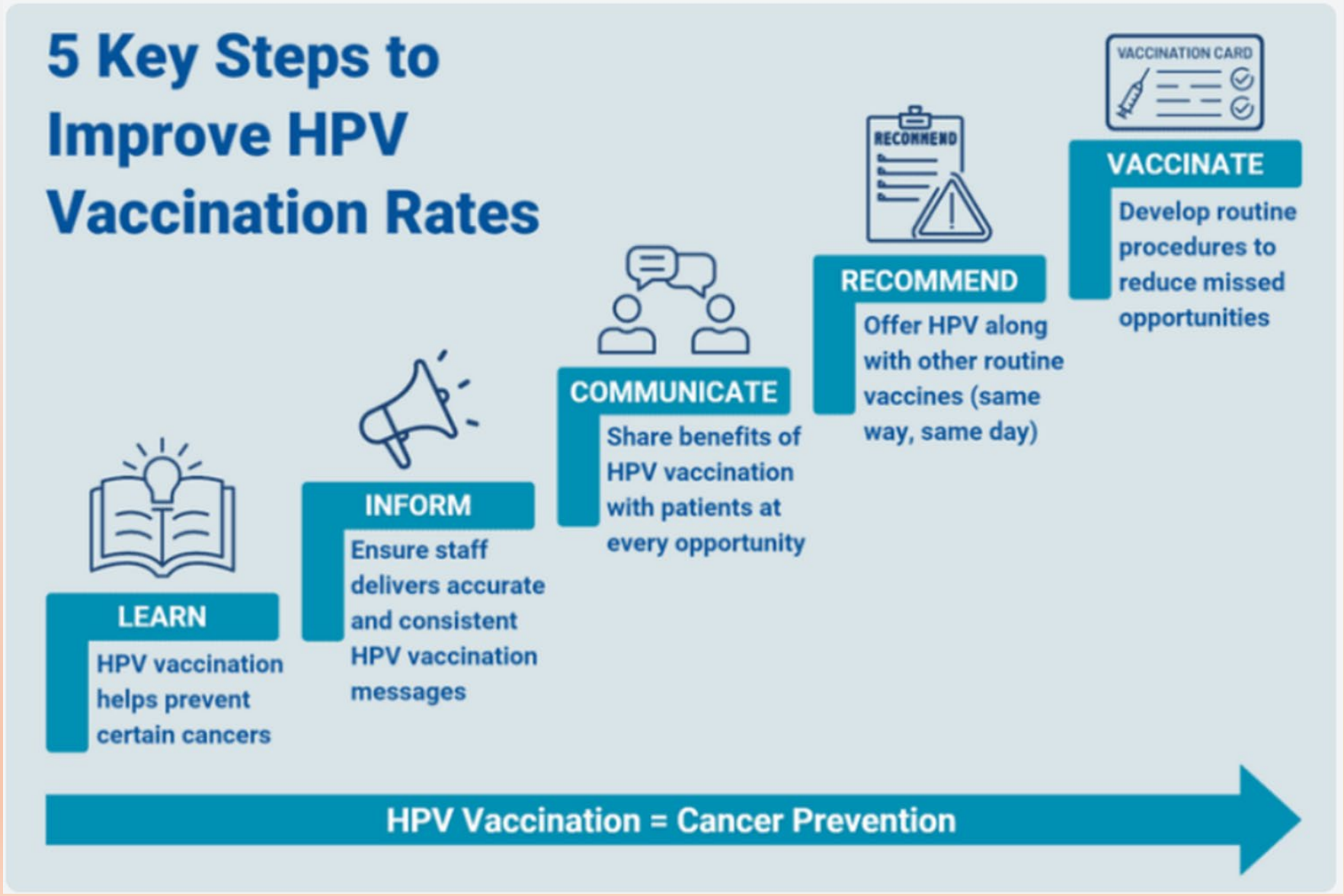
† *Due to specified vaccine.*

**2 dose series must be given at least 146 days apart.*

Note: *Must have dated evidence of the antigen, vaccine administration, or anaphylaxis in the medical record.*

Codes to identify adolescent immunizations

Vaccine	CPT** codes
Meningococcal vaccine	90619, 90623, 90624, 90733, 90734
Tdap	90715
HPV	90649, 90650, 90651



Immunizations for Adolescents HPV

90th Percentile Goal: 45.95%

General Suggestions Related to All Vaccines

Use your standing orders:

What can staff do without patient seeing physician or APP?

Combo Vaccines

Always schedule the next visit for immunizations at the current visit.

Immunizations are date sensitive – can’t wait for the sports physical or the school break

Proactive, Flexible Scheduling is Impactful

- **Take action to prevent missed opportunities** by routinely using lists of patients that have upcoming appointments. Screening patients for vaccination eligibility at each visit regardless of the type of visit (e.g., sick visit, well-child, sports physicals, etc.)
- **Use effective scheduling protocol** by scheduling the next appointment (e.g., well-child visit, nurse-only, etc.) before the patient leaves the office, either in the exam room or at check-out; scheduling the next vaccination visit and the next well-child visit to occur the same day whenever possible; offering various types of appointments (e.g., nurse-only appointments, vaccination-only clinic days, etc.) where vaccinations can occur.
- **Making vaccinations more accessible** by expanding practice hours, allowing walk-in vaccination appointments
- **Inform parents of future vaccine dates** by giving parents the immunization record and a list of future recommended vaccines with precise due dates.
- **Track no-shows and canceled appointments** and contact those patients within the same week to reschedule.

Implement reminder and recall systems using multiple methods (e.g., text messages, portal messages, e-mails, postcards, phone calls, etc.)

- Texting proved 32.1% successful at bringing patients up-to-date with their vaccines compared to a 27% success rate from postcards and 20.8% via emails.
- Data also shows that using multiple touchpoints yields greater results than any single approach alone, while **permanent forms like texts/postcards tend to be favored by patients** due to ease of knowledge retention.
- Combining postcard reminders with text messages is the best way to maximize read rates and increase vaccination uptake. By simply **sending out reminders within seven to ten days of one another** in either option 1 (postcard followed by follow-up texts) or 2 (a postcard and two-part message set).

The Successful Implementation of Vaccine Strategies May Include:

- Include vaccine-related material (e.g., practice vaccination policy, ACIP immunization schedule, educational items, etc.) in new patient information packets.
- Direct questions to the **appropriate staff should the parent have questions or concerns**.
- Direct hesitant parents to **sources of accurate, reliable vaccination information**.
- Incorporate and routinely refresh **vaccine-related content on the practice's website.**
- Plan and **implement vaccine-positive posts on the practice's social media accounts**.
- Identify how **everyone can play a part in supporting vaccination throughout the practice** and review these steps during staff meetings and/or adding to staff training curriculum. **Refrain from including personal opinions/bias in the parent discussions**
- **Create** and monitor a **feedback mechanism for staff members to ask questions or receive guidance on vaccines.**

***Parents consider their child's health care professionals to be their most trusted source of information when it comes to vaccines.** This is true even for parents who are vaccine-hesitant or who have considered delaying one or more vaccines.

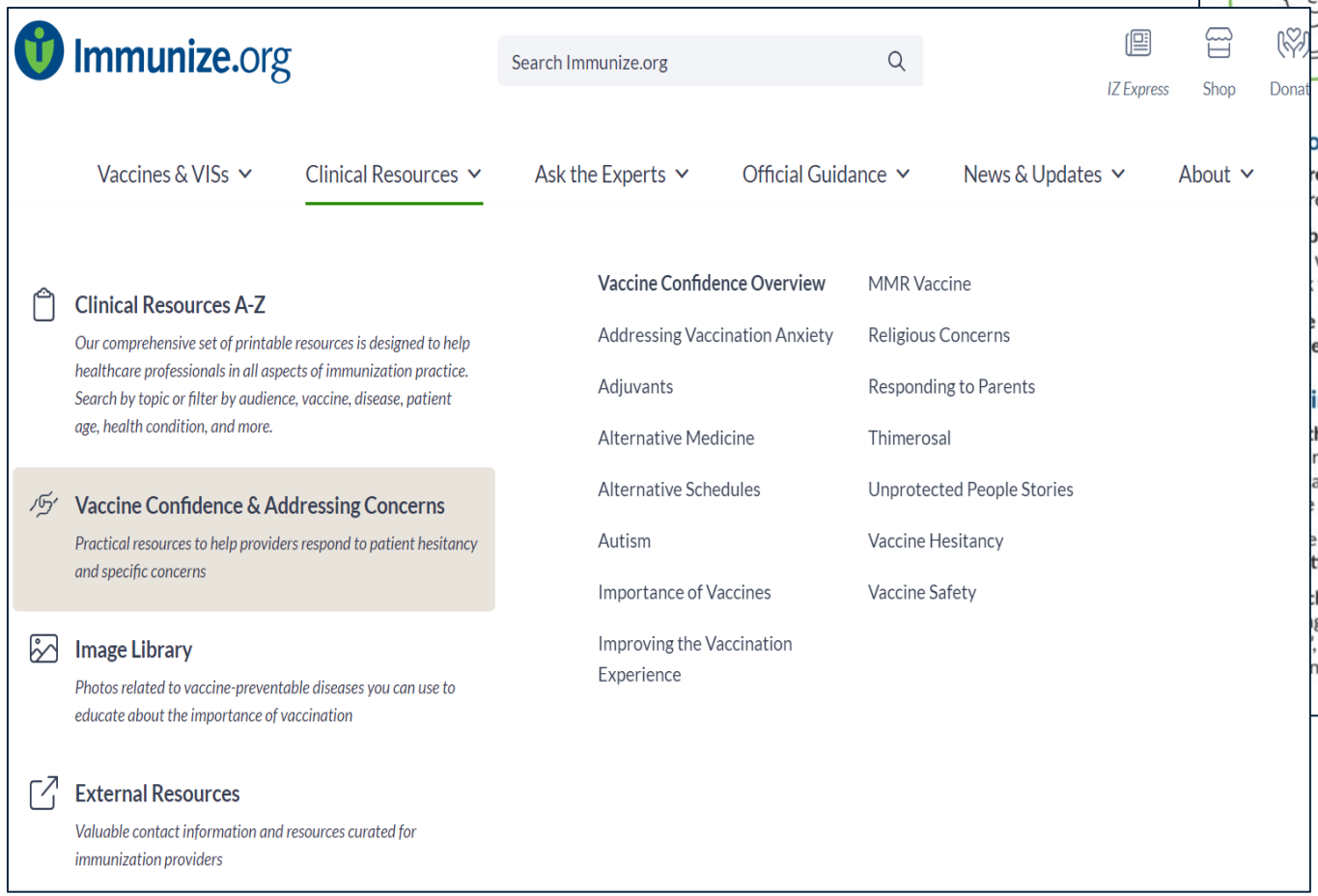
APPENDIX

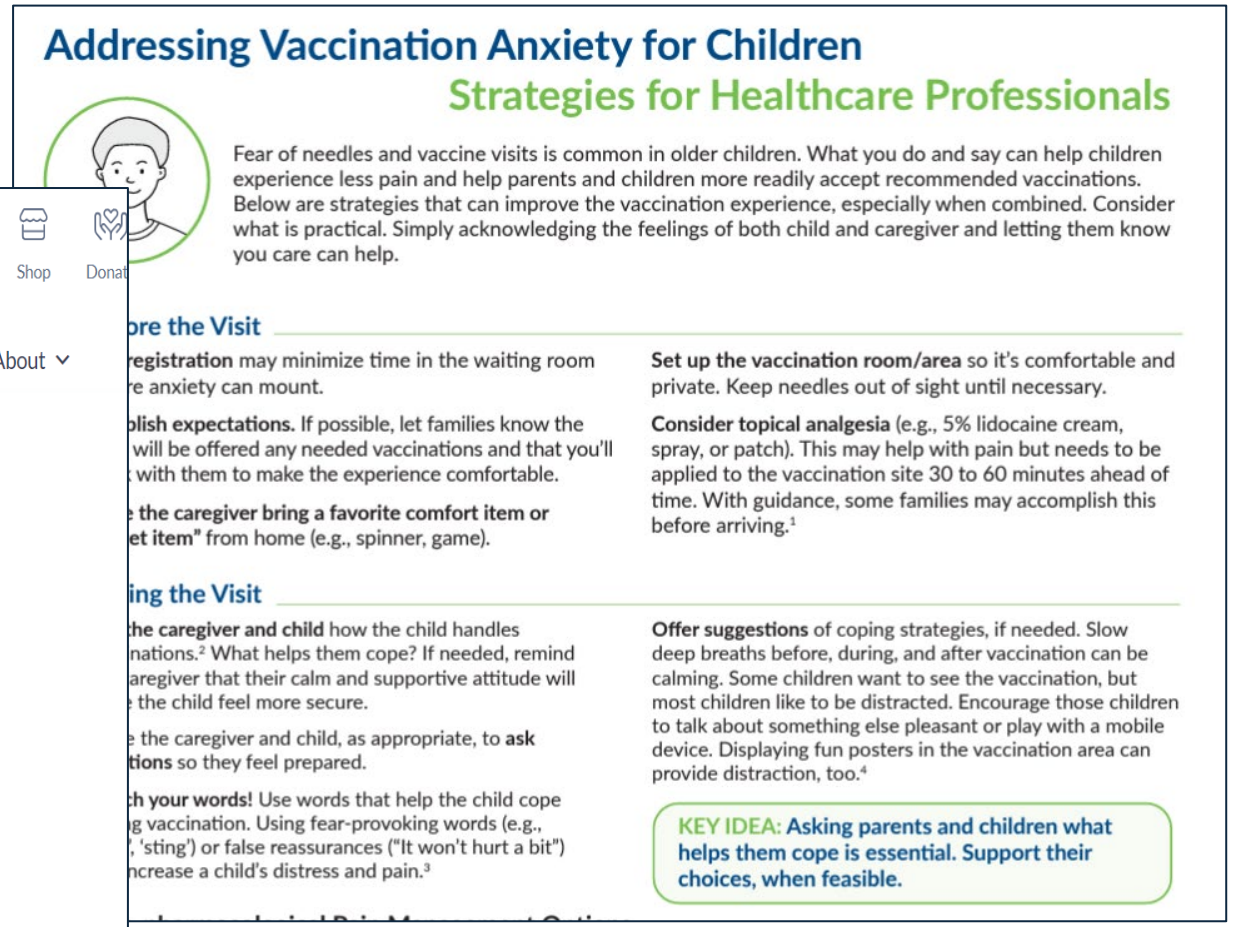
The following slide are tools that were included in previous presentations but have been updated where applicable.

Please review and utilize tools at your discretion


Childhood Immunizations
Immunizations for Adolescents
Questions?

Tools: Immunize.org





Clear Answers and Smart Advice About Your Baby's Shots

By Ari Brown, MD, FAAP

Dr. Brown received her medical degree from Baylor College of Medicine in Houston, Texas; she did her pediatric residency at Harvard Medical School/Boston Children's Hospital. In private practice since 1995, Dr. Brown is perhaps best known as the coauthor of the 411 parenting book series – *Expecting 411: Clear Answers and Smart Advice for Your Pregnancy*, *Baby 411*, and *Toddler 411* (Windsor Peak Press).

In response to the recent media attention given to vaccines, autism, and other controversies concerning vaccines, the Immunize.org offers this special excerpt from *Baby 411* that answers these questions and more. Immunize.org thanks Dr. Brown for this clearly written information, but mostly we are grateful for her continued advocacy for safe and effective vaccines.

Since there is so much misinformation and disinformation out there on vaccines, you need to be armed with detailed, accurate information. The information we provide is based on scientific evidence and solid peer-reviewed research. Remember our mantra: show us the science! Your child is too precious to make such important decisions on anything less. This chapter is not based on personal anecdotes, conspiracy theories, "research" study participants recruited at a children's birthday party (we are not kidding), or provocative podcasters.

However, before we get to our take on this debate, let's go back in time a bit. Well, more than a bit. How did the human race survive when other early humans didn't? Yes, making tools and efficiently finding food played a big role.

But here's another key element: we built civilizations. And we developed a sense

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Non-Medical Exemptions and Vaccine Refusal Put People at Risk. Examine the Evidence for Yourself.

Enforcement of immunization requirements for children entering childcare facilities and schools has resulted in sustained, high immunization coverage levels. While all states and the District of Columbia allow exemptions from requirements for medical reasons, as of June 5, 2024, all but six offer exemptions to accommodate religious beliefs, coverage levels are lower when non-medical exemptions to requirements are available, especially if they are easy to get. Outbreaks of vaccine-preventable diseases, such as measles, pertussis, and varicella, have been traced to pockets of unvaccinated children. Examine for yourself the evidence for the consequences of allowing immunization coverage levels to fall.

Record of Vaccine Declination

I am the parent/guardian of the child named at the bottom of this form. My healthcare provider has recommended that my child be vaccinated against the diseases indicated below. I have been given a copy of the Vaccine Information Statement (VIS) that explains the benefits and risks of receiving each of the vaccines recommended for my child. I have carefully reviewed and considered all of the information given to me. However, at this time I choose to refuse the vaccine(s) for my child that are shown in the table below. I have read and acknowledge the following:

- I understand that vaccine-preventable diseases can infect unvaccinated U.S. children and can result in hospitalization and even death.
- I understand that vaccine-preventable infections that are no longer common in the U.S. still occur around the world. An unvaccinated child can be infected while traveling, or through direct or indirect contact with a traveler.
- I understand that my unvaccinated child could spread disease to another child who is too young to be vaccinated or to a person whose medical condition, such as cancer, or immune system problems, prevents them from being vaccinated. This could result in health complications and even death for the other person.
- I understand that if too many parents exempted their child from vaccination, these diseases would return to our community in full force.
- I understand that my unvaccinated child may not be protected by "herd" or "community" immunity (i.e., protection that is the result of having most people in a population vaccinated against a disease).
- I understand that some vaccine-preventable diseases such as measles and pertussis are extremely infectious and have been known to infect unvaccinated people living in highly vaccinated populations.
- I understand that if my child is not vaccinated and gets infected, my child could develop serious complications. These may include pneumonia, hospitalization, brain damage, paralysis, seizures, deafness, and death.
- I understand that my child may be excluded from his or her child care facility, school, sports events, or other organized activities during disease outbreaks. This means my child and I could miss many days of school and/or work.
- I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all recommend preventing diseases through vaccination.

Vaccine / Disease	VIS given (✓)	Vaccine recommended by doctor or nurse (Do Not Give Initials)	I decline this vaccination for my child (Initials of parent/guardian)
COVID-19			
Diphtheria-tetanus-pertussis (DTaP)			
Haemophilus influenzae type b (Hib)			
Hepatitis A (HepA)			
Hepatitis B (HepB)			
Human papillomavirus (HPV)			
Influenza			
Measles-mumps-rubella (MMR)			
Meningococcal ACWY (MenACWY)			
Meningococcal B (MenB)			
Pneumococcal conjugate (PCV)			
Polio, inactivated (IPV)			
RSV preventive antibody (RSV-mAb)			
Rotavirus (RV)			
Tetanus-diphtheria (Td)			
Tetanus-diphtheria-pertussis (Tdap)			
Varicella (Var)			

After discussion with my provider who recommends these vaccines, I acknowledge that I am declining to have my child vaccinated against one or more diseases listed above. I have placed my initials in the table above to indicate the vaccine(s) I am declining. I understand that I can change my decision in the future and have my child vaccinated.

CHILD'S NAME _____ DATE OF BIRTH _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DOCTOR/NURSE SIGNATURE _____ DATE _____

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KEY FINDINGS: Among the 71 patients with confirmed measles, ages ranged from 1 to 39 years; 52 (75%) were children younger than 10 years. Sixty-one (86%) were unvaccinated, 3 (4%) had received 1 dose of MMR before measles exposure, and vaccination status was unknown for 7 (10%).

LINK: www.cdc.gov/mmwr/volumes/68/wr/mm6819a5.htm

5. ***Notes from the Field: Tetanus in an Unvaccinated Child — Oregon, 2017.*** *Weekly, March 8, 2019; 68(9).* Guzman-Cottrill R, Lancioni C, Eriksson C, Yoon-Jae C, Liko J. CDC. *Morbidity and Mortality Weekly Report (MMWR)*, March 8, 2019; 68(9):201–2.

SUMMARY: The article describes a case of tetanus in an unvaccinated 6-year-old boy after he sustained a forehead laceration while playing outdoors on a farm. Six days later he developed episodes of crying, jaw clenching, and involuntary upper extremity muscle spasms, followed by arching of the neck and back (opisthotonus) and generalized spasticity. He was brought for medical care after having difficulty breathing and a diagnosis of tetanus was made. The child made a full recovery but required 57 days of inpatient care and 17 days of inpatient rehabilitation at a cost of over $800,000. The family declined subsequent doses of DTaP and other recommended vaccinations.

KEY FINDINGS: Tetanus, caused by *Clostridium tetani*, is a serious bacterial infection and can be prevented with vaccination with any available tetanus toxoid-containing vaccine (DTaP, Td, Tdap). With widespread use of these vaccines, cases of tetanus in the U.S. have declined by 95% and tetanus-related deaths by 99%. From 2009 to 2015, 197 tetanus cases and 16 tetanus-associated deaths were reported in the United States. Unvaccinated or inadequately vaccinated people are at risk for tetanus, as this case demonstrates. Recovery from tetanus disease does not confer immunity so follow up vaccination is important.

LINK: www.cdc.gov/mmwr/volumes/68/wr/mm6809a5.htm

4. ***Public Health Consequences of a 2015 Measles Outbreak in New*** York City. Rosen JB, Arciuolo RJ, et al. *JAMA Pediatr.* 2018; 172(6): 811–7.

SUMMARY: Between March 15, 2015 and June 9, 2015, 58 persons in New York City with a median age of 3 years were identified as having measles. Among these individuals, 45 (78%) were at least 12 months old and were unvaccinated owing to parental refusal or intentional delay. In total, 5,851 exposed contacts were identified.

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MMR Vaccine Does Not Cause Autism

Examine the evidence!

Scientific evidence confirms that MMR and autism are unrelated. The question about a possible link between MMR vaccine and autism has been extensively reviewed by independent groups of experts in the United States, including the National Academy of Sciences' Institute of Medicine (now named the National Academy of Medicine). These reviews have concluded that the epidemiologic shows that MMR vaccine does not cause autism.

bout the *safety* of MMR vaccine arose in 1998 after a hysician (a gastroenterologist, not trained in vaccine or neurology) claimed he had found virus from measles lingering in the intestines of 12 autistic children. He this accounted for their autism.

searchers, however, were never able to replicate these mplying the gastroenterologist's conclusions were wrong. investigation revealed that this doctor had falsified lata and relied on laboratory reports that he had been vere incorrect. The journal that originally published his k the unusual step of retracting it from the scientific because it was the product of dishonest and irresponsible British authorities revoked the doctor's licence to medicine.

ACTED: Ileal-Lymphoid-Nodular Hyperplasia, pecific Colitis, and Pervasive Developmental Disorder ildren. Wakefield AJ et al. *Lancet* 1998; 351(9103):637–41. ts: 12 children with chronic enterocolitis gressive developmental disorder.

itement by the Editors of the Lancet," Lancet 2010; 11):820–1. **The editors fully retract this paper the published record:** www.thelancet.com/journals/ /article/PIIS0140673697110960/fulltext

wing list of articles published in peer-reviewed journals d so that parents and practitioners can themselves the balance of evidence about MMR vaccine and autism.

More than 25 articles refute a connection between MMR vaccine and the development of autism

1. ***Measles, Mumps, Rubella Vaccination and Autism – A Nationwide Cohort Study.*** Hvidd A et al. *Ann Intern Med* 2019; 170(8):513–520. This nationwide cohort study included all 657,461 children born 1/1999–12/2010 in Denmark. With this many study participants, the researchers were able to look at vaccinated vs not vaccinated children, including 6,517 children with a diagnosis of autism.
CONCLUSION: The findings strongly support that MMR vaccination do
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Need Help Responding to Vaccine-Hesitant Parents?

Science-based materials are available from these respected organizations

American Academy of Pediatrics (AAP)

- AAP's website to help parents and caregivers who have vaccination questions (see www.healthychildren.org/english/safety-prevention/immunizations/pages/default.aspx)
- When parents cannot be convinced, consider using AAP's "Refusal to Vaccinate" form at https://downloads.aap.org/aap/pdf/rti_form.pdf Translations are available at www.aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/refusal-to-vaccinate/
- "Talking with Vaccine Hesitant Parents:" (see www.aap.org/en/patient-care/immunizations/communicating-with-families-and-promoting-vaccine-confidence/talking-with-vaccine-hesitant-parents/)

California Department of Public Health

The Immunization Branch of the California Department of Public Health has developed several excellent provider pieces that discuss common vaccination questions from parents. These include

- Vaccine Safety "Answers to Parents' Top Questions" at https://eziz.org/resources/parented/answers-to-parents-top-questions/

Centers for Disease Control and Prevention (CDC)

CDC has many online immunization resources. Here are a few favorites

- "Childhood Vaccination Resources for Healthcare Providers" at www.cdc.gov/vaccines/hcp/childhood-vaccination-toolkit.html
- "Talking to Parents About Vaccines" at www.cdc.gov/vaccines-children/hcp/conversation-tips/index.html
- "Questions Parents May Ask about Vaccines" at www.cdc.gov/vaccines-children/hcp/conversation-tips/questions-parents-may-ask.html

Immunize.org

Immunize.org's "Vaccine Confidence & Addressing Concerns" web section provides healthcare professionals with top vaccination resources from trusted sources such as CDC, AAP, Immunize.org, VEC, and many more. Visit www.immunize.org/clinical/vaccine-confidence/

Refer parents to Immunize.org's website for the public at www.vaccineinformation.org.

Immunize.org offers several patient handouts for vaccine-hesitant parents. These include:

- "Clear Answers and Smart Advice About Your Baby's Shots," an excerpt from the popular book "Baby 411" by Dr. Ari Brown (see www.immunize.org/catg.d/p2068.pdf)
- "Record of Vaccine Declination" (see www.immunize.org/catg.d/p4059.pdf) Also available in Spanish at www.immunize.org/wp-content/uploads/catg.d/p4059-spa.pdf
- "Reliable Sources of Immunization Information: Where Parents Can Go to Find Answers!" at www.immunize.org/catg.d/p4012.pdf
- "Vaccines Work!" at www.immunize.org/catg.d/p4037.pdf

Institute for Vaccine Safety, Johns Hopkins University

The Institute for Vaccine Safety (see www.vaccinesafety.edu) summarizes vaccine-specific safety information. Of particular interest is its "Components of Vaccines" section, which contains tables specifying the contents of various vaccines (see www.vaccinesafety.edu/components).

Vaccinate Your Family

Vaccinate Your Family (see www.vaccinateyourfamily.org) answers commonly asked questions about vaccines. This website is family-friendly and has many resources in Spanish.

Vaccine Education Center (VEC) Children's Hospital of Philadelphia

VEC (see www.chop.edu/centers-programs/vaccine-education-center) offers a wide array of science-based resources.

See a useful list of VEC resources at www.chop.edu/centers-programs/vaccine-education-center/resources

VEC's "Vaccine Safety" web page covers many timely topics (see www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety) and includes downloadable materials on important safety issues, such as "Are Vaccines Safe?" "Vaccine Ingredients," "Dosing Safety," "Immune System and Health," and more.

Find videos and DVDs at www.chop.edu/centers-programs/vaccine-education-center/resources/vaccine-videos-and-dvds

For parents with concerns about vaccines and autism

There is clear and definitive evidence that vaccines do not cause autism. Here are some useful resources.

- AAP https://publications.aap.org/patientpage/article-abstract/doi/10.1542/peo_document599/83016/vaccines-autism-toolkit
- Autism Science Foundation "Autism and Vaccines" at https://autismsciencefoundation.org/autism-and-vaccines/ and "Autism and Vaccines: Read the Science" at https://autismsciencefoundation.org/autism-and-vaccines-read-the-science
- Autism Society "COVID-19: Vaccine Education Initiative" at https://autismsociety.org/resources/covid-19-support
- *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure*, by Paul A. Offit, MD, at your local bookstore
- CDC: Autism and Vaccines at www.cdc.gov/vaccine-safety/about/autism.html
- CDC: "Preparing for Questions Parents May Ask about Vaccines" at www.cdc.gov/vaccines/hcp/conversations/downloads/prepare-infants-508.pdf
- Immunize.org's "MMR Vaccine Does Not Cause Autism: Examine the Evidence!" at www.immunize.org/catg.d/p4026.pdf
- VEC: "Vaccines and Autism: What you should know" https://media.chop.edu/data/files/pdfs/vaccine-education-center-autism.pdf

Resource Tools – Schedules

WELL CHILD VISIT AND IMMUNIZATION SCHEDULE

THROUGH ADOLESCENCE

- **Birth** – Hepatitis B vaccine before hospital discharge
- **2 Weeks** – Well Visit
- **2 Months** – Pediarix (DTaP, IPV, Hep B), rotavirus, Hib, Prevnar
- **4 Months** – Pediarix (DTaP, IPV, Hep B), rotavirus, Hib, Prevnar
- **6 Months** – Pediarix (DTaP, IPV, Hep B), rotavirus, Prevnar
- **9 Months** – Well Visit
- **12 Months** – MMR, Varicella, Hepatitis A
- **14 Months** – DTaP, Hib, Prevnar
- **18 Months** – Hepatitis A
- **2 year** – Well Visit
- **2 ½ year** – Well Visit
- **3 year** – Well Visit
- **4 year** – MMR, Varicella, Kinrix (DTaP/IPV)
- **5-10 years** – Annual Well Visit
- **11 years** – Tdap, MCV4, HPV9 (second HPV9 6-12 mo later)
- **12-15 years** – Annual Well Visit
- **16 Years** – MCV4

Influenza vaccine is recommended during flu season for all patients 6 months of age and older.

Patients with chronic conditions may require additional vaccines.

Sports physicals should be scheduled after April 15th.

C.S. MOTT CHILDREN'S HOSPITAL
MICHIGAN MEDICINE

Our doctors DO NOT recommend an alternative vaccine schedule

Tools:

CDC Schedule

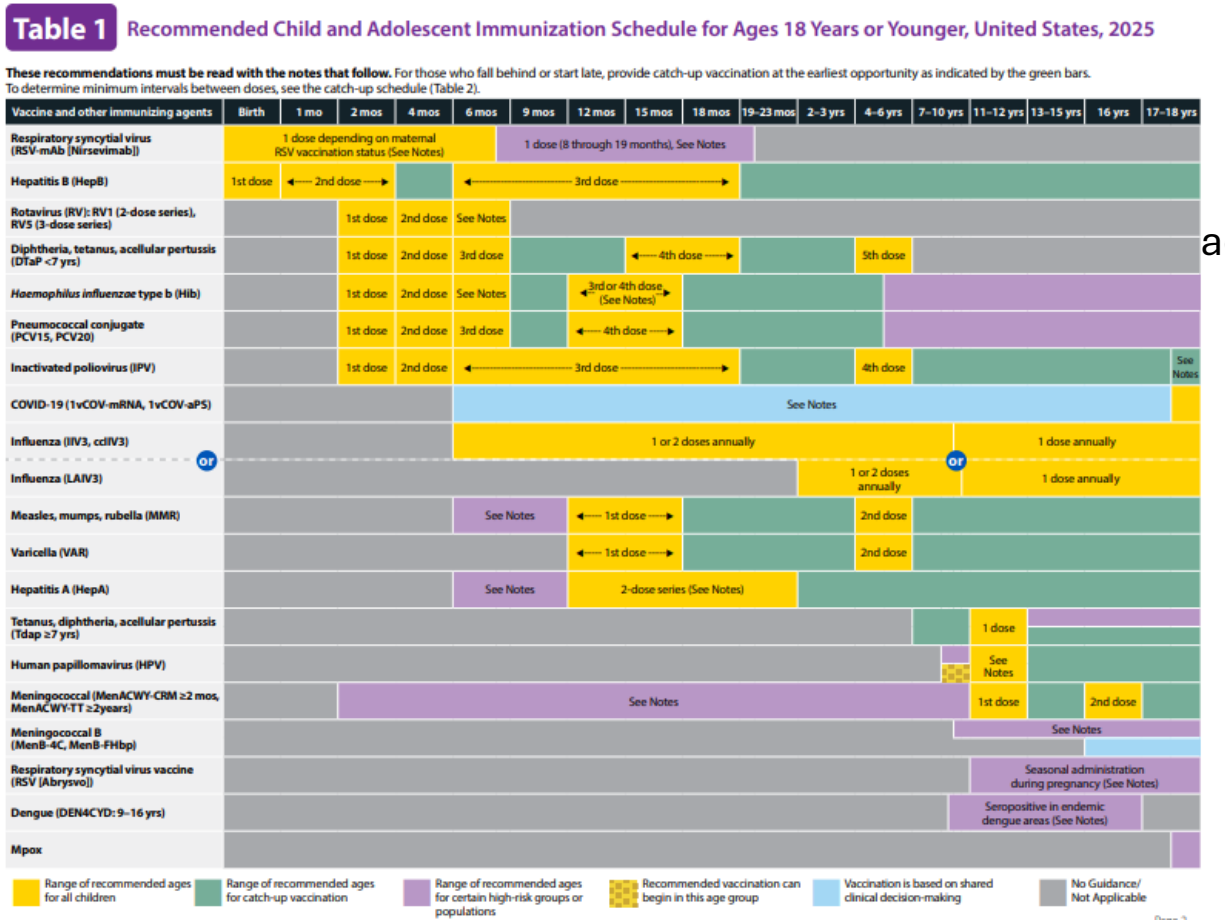


Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8 through 19 months), See Notes											
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose		4th dose										
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose							4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					See Notes												
Influenza (IIV3, ccIIV3)					1 or 2 doses annually								1 dose annually				
or																	
Influenza (LAIV3)											1 or 2 doses annually		1 dose annually				
Measles, mumps, rubella (MMR)					See Notes		1st dose					2nd dose					
Varicella (VAR)							1st dose					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy (See Notes)			
Dengue (DEN4CYD: 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)			
Mpox																	

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Vaccination is based on shared clinical decision-making
No Guidance/ Not Applicable

Download the App

Healthcare providers who recommend or administer vaccines can immediately access all CDC recommended immunization schedules and footnotes using the CDC Vaccine Schedules app.

Note: If you previously downloaded the app, check that you have version 11.1.0 with 2024 schedules and footnotes.

Tools: National Foundation for Infection Diseases

10 Reasons to Get Vaccinated

MDHHS Brochures

Protect your child's health

Parents want to do everything possible to keep their child healthy and safe. Vaccination is the best way to protect against vaccine-preventable diseases.

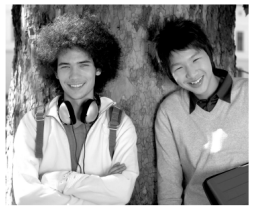
Ask your child's health care provider if your child is up-to-date on vaccines. By getting your child vaccinated on time following the recommended schedule, you're helping protect him or her against 14 diseases in their first year of life!

Vaccines are safe

Vaccination is safe and effective. All vaccines go through long and careful review by scientists, doctors, and the federal government to make sure they are safe.

MMR

- The MMR vaccine protects against three diseases: measles, mumps, and rubella. All school-age children and teens need two shots of MMR vaccine.
- Measles causes a high fever, cough, runny nose, sore eyes and rash. It can also infect the brain, or cause hearing loss or death.
- Mumps causes painful swelling under the jaw. Mumps can lead to mild swelling of the brain and spinal cord, and hearing loss.
- Rubella causes fever, painful swelling in the neck, a skin rash, and soreness or swelling in the joints. If a pregnant woman gets rubella, it may be harmful to her unborn baby. Babies born with rubella can have heart disease, be blind or deaf, or have learning problems.



Polio

- Causes flu-like symptoms and can lead to paralysis and death
- Older children and teens need three doses of polio vaccine

More Vaccines?

- Adolescents who have health problems or are traveling outside the United States may need other vaccines
- Check with your health care provider about other vaccines your child may need

Your Child's Vaccination Record

You should have a record of your child's vaccines. Keep it and carry it with you to every health care visit. A great way to keep track of anyone's vaccine record is by using the Michigan Care Improvement Registry (MCIR). Ask if all your child's vaccines are in MCIR and make sure they have all needed vaccines.

Paying for Vaccines

Check to see if your health insurance will pay for these vaccines. If your child does not have health insurance, or does not have insurance that covers these vaccines, ask your health care provider or local health department about the Vaccines for Children (VFC) program.

Vaccines for Children (VFC) program

VFC provides no- or low-cost vaccines to eligible children 18 years of age and younger.

Where to go for more information

- Your health care provider
- Your local health department
- Michigan Department of Health and Human Services: www.michigan.gov/teenvaccines
- Vaccine Education Center: www.chop.edu/vaccine
- Immunization Action Coalition: www.immunize.org
- Centers for Disease Control and Prevention (CDC): www.cdc.gov/vaccines
  - English and Spanish
  - 800-CDC-INFO
  - 800-232-4636
  - TTY 1-888-232-6348

MDHHS

Michigan Department of Health & Human Services

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70,000 printed at 8.7 cents each with a total cost of $6,097.84 (Rev. 5/16)

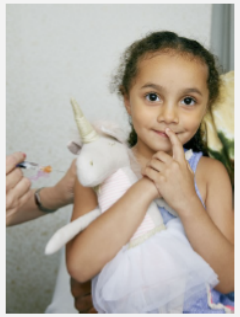
PROTECT PRE-TEENS AND TEENS FROM SERIOUS DISEASES

www.michigan.gov/teenvaccines

Preparing for vaccines

Young children can tell when their parents are nervous. Make sure you get your questions answered and that you stay calm at the visit.

It can help to bring your child's favorite toy or blanket for comfort. Hold your child firmly on your lap, and talk or sing to them to distract them.



What to expect after vaccines

Talk to your child's health care provider about
to expect after vaccines.

ur child's discomfort after
cold washcloth where your
helps reduce redness,
g.

ain or fever, you can give a
ving medication. Ask your
vider what medicine to give
uch to give.

Paying for vaccines

Most insurance plans cover routine vaccinations without copays or deductibles.

If your child does not have health insurance or does not have insurance that covers vaccines, ask your child's health care provider or your local health department about the Vaccines for Children (VFC) program. This program provides vaccines at no cost to eligible children aged 18 years and younger.

Where to go for more information

- Your child's health care provider
- Your local health department
- Michigan Department of Health and Human Services: www.michigan.gov/immunize
- Alliance for Immunization in Michigan: www.aimtoolkit.org
- Vaccine Education Center: www.chop.edu/vec
- Immunization Action Coalition: www.vaccineinformation.org
- Vaccinate Your Family: www.vaccinateyourfamily.org
- I Vaccinate: www.ivaccinate.org
- Centers for Disease Control and Prevention (CDC):
  - www.cdc.gov/vaccines/parents
  - English and Spanish
  - 1-800-CDC-INFO (1-800-232-4636)
  - TTY 1-888-232-6348

MDHHS

Michigan Department of Health & Human Services

Credit for all images: Heather Hazzan, *SELF Magazine*.

Rev. 2/20

cination record

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gistry (MCIR). Ask your child's
the vaccines your child
Your doctor can look in MCIR
your child needs.

ur child's vaccines, and take it
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to get all their vaccines on
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PROTECT BABIES AND TODDLERS FROM SERIOUS DISEASES

TODAY CHILDREN RECEIVE
TO PROTECT AGAIN

15 DIFFER DISEASE

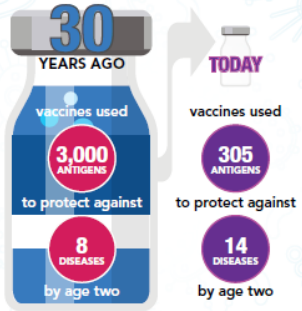
with as many as 29 vaccine dose
they are 2 years old. Many parents
have concerns about too many vacci
their child's immune system. Howe
separating or withholding vaccina
your child unprotected against t
Continue reading to lear
about vaccinating your

To learn more about vaccinations visit the CDC's website **cdc.gov/vaccines/,*** or the Michigan Department of Health & Human Services website **michigan.gov/immunize*** or speak with your child's healthcare provider.

BCBSM Brochures

Do children today encounter more components from vaccines than they did 30 years ago?

No. Thanks to scientific advances, today's vaccines can protect children from more diseases using fewer antigens.



Can too many vaccines overwhelm a child's immune system?

No. Your child is exposed to thousands of germs every day in their environment. In fact, a common cold or sore throat will put a greater burden on your child's immune system than vaccines.

INFANTS ARE COLONIZED WITH
TRILLIONS
OF BACTERIA, AND EACH BACTERIUM CONTAIN
2,000 TO 6,000
IMMUNOLOGICAL COMPONENTS, AND INFECTED WITH NUMEROUS VIRUSES.

What is the harm in separating, spacing out or withholding vaccines?

Children are given vaccines at a young age because this is when they are at highest risk of getting sick or dying if they get these diseases.

I'm concerned about the ingredients in vaccines. Are they safe and necessary for my child?

All of the ingredients in vaccine play a necessary roles in either making the vaccine, triggering the body to develop immunity, or in ensuring the final product is safe and effective. Some common ingredients include:

- **Adjuvants** help boost the body's response to vaccine. (Also found in antacids, buffered aspirin, antiperspirants, etc.)
- **Stabilizers** help keep vaccine effective after manufactured (resides in body naturally.)
- **Formaldehyde** is used to prevent contamination by bacteria during the vaccine manufacturing process. Resides in body naturally (more in body than vaccines). Also found in environment, preservatives, and household products.
- **Thimerosal** is used during the manufacturing process but is no longer an ingredient in any vaccine except multidose vials of the flu vaccine. Single dose flu vaccines are available as a thimerosal free alternative. No reputable scientific studies have found an association between thimerosal in vaccines and autism.

SEEK INFORMATION ON VACCINE INGREDIENTS FROM CREDIBLE SOURCES AND ADDRESS YOUR QUESTIONS OR CONCERNS WITH YOUR DOCTOR OR PHARMACIST.

Are vaccines still necessary?

Although several of the diseases that vaccines prevent have been dramatically reduced or eliminated, vaccines are still necessary. It is always better to prevent a disease than to treat it after it occurs.

THE UNITED STATES HAD MORE THAN **1,200** CASES OF **MEASLES** IN **2019**.
THIS WAS THE GREATEST NUMBER OF CASES REPORTED IN THE U.S. SINCE 1992 AND SINCE MEASLES WAS DECLARED ELIMINATED IN 2000.

Does my child still need to get vaccines if I am breastfeeding?

Yes. The types of immunity from breastfeeding and immunization are different. The antibodies made after immunization are from the babies own immune system and will remain in the form of immunlogic memory otherwise known as active immunity. Antibodies from the breastmilk are from the maternal immune system and only provide short-term protection. The immunity generated from breast milk is called passive immunity.

How do I know that vaccines are safe?

The CDC and FDA take many steps to make sure vaccines are very safe. Because vaccines are given to people who are not sick they are held to the highest standards of safety. As a result they are among the safest things we put in our body.

Like any medication, vaccines can cause side effects. In most cases side effects are mild, and go away in a few days. Severe, long lasting side effects from vaccines are rare.

At what age will my child by fully vaccinated?

Although most doses of vaccines will be completed by 2 years of age, we all need vaccines throughout our lives to help protect against diseases. Vaccines are recommended for children, teens, and adults based on different factors like age, health conditions, lifestyle, jobs, and travel.

For the most update vaccination schedules visit **cdc.gov/vaccines/schedules/,*** or speak with your doctor or pharmacist.

IF YOU CHOOSE NOT TO VACCINATE YOUR CHILD,

UNDERSTAND THE RISKS AND RESPONSIBILITIES.

With the decision to delay or reject vaccines comes an important responsibility that could save your child's life or the life of someone else.

- Anytime your child is ill and you call 911, ride in an ambulance, visit a hospital or emergency room, or visit your child's doctor or any clinic, you **MUST** tell the medical staff that your child has not received all the recommended vaccinations for their age.

Be aware **ANY** vaccine-preventable disease can strike at **ANY** time in the U.S. because all of these diseases still circulate either in the U.S. or elsewhere in the world.

POSTERS


World Immunization Week 2026
For every generation,
vaccines work
Your decision makes a difference
World Health Organization
unicef
for every child
Gavi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