Medicaid Covered Immunizations – as approved by the Oregon Immunization Program Medical Director. Click here for model protocols for clinical guidance.



	0 – 6 months	6 months –1 year	1 – 5 years	5-9 years	9-11 years	11-18 years	18-19 years	19-27 years	27-45 years	45-50 years	50-65 years	65 years +
DTaP, DT,												
Tdap, Td COVID-19												
		Up to 23 months										
Hep. A												
Нер. В												
HIB												
hMPXv												
HPV												
Influenza												
MMR												
Mening. ACYW												
Mening. B												
Мрох						@12 years						
Pneumo. (PCV15)												
Pneumo. (PCV20)												
Pneumo. (PCV21)												
Pneumo. (PPSV)			@ 2 years									
Polio												
RSV antibody		Up to 7 months	Up to 19 months									
RSV vaccine												@ 75 years
Rotavirus		Up to 8 months										
Varicella												
Zoster												

Universal recommendation in the age group

Recommendation for some individuals in the age group or shared clinical-decision making

Immunization recommendations for recipients of hematopoietic stem cell transplants may be found as indicated in chapter 2 of the Pink Book.

oregon immunization program

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