



Medicaid Covered Immunizations – as recommended by the Advisory Committee on Immunization Practices (ACIP) and 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	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
COVID-19	White	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Hep. A	White	Orange	Blue	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange
Hep. B	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
HIB	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
hMPXv	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
HPV	White	White	White	White	Blue	Blue	Blue	Blue	Orange	White	White	White
Influenza	White	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
MMR	White	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Orange	Orange
Mening. ACYW	Orange	Orange	Orange	Orange	Orange	Blue	Blue	Orange	Orange	Orange	Orange	Orange
Mening. B	White	White	White	White	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Pneumo. (PCV13)	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Blue
Pneumo. (PCV15)	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Blue
Pneumo. (PCV20)	White	White	White	White	White	White	Orange	Orange	Orange	Orange	Orange	Blue
Pneumo. (PPSV)	White	White	@ 2 years	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Polio	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange
Rotavirus	Blue	Up to 8 months	White	White	White	White	White	White	White	White	White	White
Varicella	White	White	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Zoster	White	White	White	White	White	White	White	Orange	Orange	Orange	Blue	Blue

-  Universally recommended for this age group
-  Recommendation for some individuals in the age group. Please refer to [model protocols](#) for details.

Immunization recommendations for recipients of hematopoietic stem cell transplants may be found in chapter 2 of the [Pink Book](#).

Last revised October 13, 2022



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