Medicaid Covered Immunizations – as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Oregon Immunization Program Medical Director. Click <u>here</u> 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												
Hep. A												
Hep. B												
HIB												
hMPXv												
HPV												
Influenza												
MMR												
Mening. ACYW												
Mening. B												
Мрох						@18 years						
Pneumo. (PCV15)												
Pneumo.												
(PCV20)												
Pneumo. (PPSV)			@ 2 years									
Polio												
RSV antibody			Up to 2 years									
RSV vaccine												
Rotavirus		Up to 8 months										
Varicella												
Zoster												



Universal recommendation in the age group

Recommendation for some individuals in the age group

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



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