

**Table 1** Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

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 mo                 | 4 mo                 | 6 mo                                                               | 9 mo                                               | 12 mo                    | 15 mo                | 18 mo | 19–23 mo | 2–3 yrs              | 4–6 yrs                         | 7–10 yrs             | 11–12 yrs                                         | 13–15 yrs                      | 16 yrs | 17–18 yrs |
|-------------------------------------------------------------|------------------------------------------------------------------|----------------------|----------------------|----------------------|--------------------------------------------------------------------|----------------------------------------------------|--------------------------|----------------------|-------|----------|----------------------|---------------------------------|----------------------|---------------------------------------------------|--------------------------------|--------|-----------|
| Respiratory syncytial virus (RSV) <i>nasal</i> (Nirseximab) | 1 dose (depending on maternal RSV vaccination status, See Notes) |                      |                      |                      |                                                                    | 1 dose (8 through 19 months), See Notes            |                          |                      |       |          |                      |                                 |                      |                                                   |                                |        |           |
| Hepatitis B (HepB)                                          | 1 <sup>st</sup> dose                                             | 2 <sup>nd</sup> dose |                      |                      | 3 <sup>rd</sup> dose                                               |                                                    |                          |                      |       |          |                      |                                 |                      |                                                   |                                |        |           |
| Rotavirus (RV) RV1 (2-dose series), RV2 (3-dose series)     |                                                                  | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose | See Notes            |                                                                    |                                                    |                          |                      |       |          |                      |                                 |                      |                                                   |                                |        |           |
| Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)      |                                                                  | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose | 3 <sup>rd</sup> dose |                                                                    |                                                    |                          | 4 <sup>th</sup> dose |       |          | 5 <sup>th</sup> dose |                                 |                      |                                                   |                                |        |           |
| Neisseria meningitidis type b (MenB)                        |                                                                  | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose | See Notes            |                                                                    | 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes |                          |                      |       |          |                      |                                 |                      |                                                   |                                |        |           |
| Pneumococcal conjugate (PCV13, PCV20)                       |                                                                  | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose | 3 <sup>rd</sup> dose |                                                                    | 4 <sup>th</sup> dose                               |                          |                      |       |          |                      |                                 |                      |                                                   |                                |        |           |
| Inactivated poliovirus (IPV <18 yrs)                        |                                                                  | 1 <sup>st</sup> dose | 2 <sup>nd</sup> dose | 3 <sup>rd</sup> dose |                                                                    |                                                    |                          |                      |       |          | 4 <sup>th</sup> dose |                                 |                      |                                                   |                                |        |           |
| COVID-19 (1vCOVID mRNA, 1vCOVID aPS)                        |                                                                  |                      |                      |                      | 1 or more doses of updated (2023–2024 Formula) vaccine (See Notes) |                                                    |                          |                      |       |          |                      |                                 |                      |                                                   |                                |        |           |
| Influenza (IV4)                                             |                                                                  |                      |                      |                      | Annual vaccination 1 or 2 doses                                    |                                                    |                          |                      |       |          |                      |                                 |                      |                                                   | Annual vaccination 1 dose only |        |           |
| Influenza (LAIV4)                                           |                                                                  |                      |                      |                      |                                                                    |                                                    |                          |                      |       |          |                      | Annual vaccination 1 or 2 doses |                      | Annual vaccination 1 dose only                    |                                |        |           |
| Masles, mumps, rubella (MMR)                                |                                                                  |                      |                      |                      | See Notes                                                          |                                                    | 1 <sup>st</sup> dose     |                      |       |          |                      | 2 <sup>nd</sup> dose            |                      |                                                   |                                |        |           |
| Varicella (VAR)                                             |                                                                  |                      |                      |                      |                                                                    |                                                    | 1 <sup>st</sup> dose     |                      |       |          |                      | 2 <sup>nd</sup> 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 mo, MenACWY-TT >2 years)      |                                                                  |                      | See Notes            |                      |                                                                    |                                                    |                          |                      |       |          |                      |                                 | 1 <sup>st</sup> dose |                                                   | 2 <sup>nd</sup> dose           |        |           |
| Meningococcal B (MenB-4C, MenB-FHbp)                        |                                                                  |                      |                      |                      |                                                                    |                                                    |                          |                      |       |          |                      |                                 |                      | See Notes                                         |                                |        |           |
| Respiratory syncytial virus vaccine (RSV [Abyrys])          |                                                                  |                      |                      |                      |                                                                    |                                                    |                          |                      |       |          |                      |                                 |                      | Second administration during pregnancy, See Notes |                                |        |           |
| Dengue (DENAC10, 9–16 yrs)                                  |                                                                  |                      |                      |                      |                                                                    |                                                    |                          |                      |       |          |                      |                                 |                      | Seropositive in endemic dengue areas (See Notes)  |                                |        |           |
| Mumps                                                       |                                                                  |                      |                      |                      |                                                                    |                                                    |                          |                      |       |          |                      |                                 |                      |                                                   |                                |        |           |

# Vaccine Billing Guidelines 2013

**Gayathri De Lanerolle, Peter  
Phiri, Athar Haroon**



## **Vaccine Billing Guidelines 2013:**

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Association, Information Resources,2015-09-23 Advances in medical technology increase both the efficacy and efficiency of medical practice and mobile technologies enable modern doctors and nurses to treat patients remotely from anywhere in the world This technology raises issues of quality of care and medical ethics which must be addressed E Health and Telemedicine Concepts Methodologies Tools and Applications explores recent advances in mobile medicine and how this technology impacts modern medical care Three volumes of comprehensive coverage on crucial topics in wireless technologies for enhanced medical care make this multi volume publication a critical reference source for doctors nurse practitioners hospital administrators and researchers and academics in all areas of the medical field This seminal publication features comprehensive chapters on all aspects of e health and telemedicine including implementation strategies use cases in cardiology infectious diseases and cytology among others care of individuals with autism spectrum disorders and medical image analysis

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Principles and Practice of Transplant Infectious Diseases Amar Safdar,2019-06-13 This comprehensive volume provides a platform from which both major and minor infectious diseases

related issues are addressed in depth among this highly susceptible population The book begins with an overview of infections in various modalities This is followed by chapters on clinical disorders etiologic agents therapeutics and infection prevention Chapters include easy to follow figures and tables radiologic images and pictorial demonstrations of various disease states to familiarize and reacquaint the transplant clinicians and surgeons in practice and training and those belonging to subspecialties providing supportive care for these patients Discussions to enumerate the noninfectious causes that mimic infectious diseases clinical relevance and effective utility of existing and emerging diagnostic tools are presented throughout the book Authored by leaders in their fields this book is the go to reference for management of patients undergoing hematopoietic and solid organ transplantation *Code of Federal Regulations* ,2015 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries

*Coordinating Student Affairs Divisional Assessment* Erin Bentrin,Gavin W. Henning,Kimberly Yousey-Elsener,2023-07-03 An ACPA NASPA Joint Publication The need for the new role of student affairs assessment coordinator has emerged in response to the increasing demand for outcomes information the proliferation of data and the recognition that coordinating this work within divisions is of paramount importance For those taking on this role this book constitutes a practical guide to leading and implementing an assessment program whether doing so full or part time as an individual or in a multi person office or whether reporting to or being in positional leadership Recognizing that this function that is new to student affairs and that those who take it on frequently find themselves in an in between world being both embedded with but also distinct from their divisional colleagues this book first addresses the common challenges and issues related to defining and implementing the role and cultivating a culture of assessment It then deals with the practicalities of creating systems and structures developing assessment skills throughout the organization and creating an integrated model for measuring progress towards strategic planning goals and for informing decision making and resource allocation The book concludes with guidance on leading and maintaining ethical standards related to data collection storage and sharing for the division and on navigating the dynamic political environment that assessment professionals will encounter **The Door of Last Resort** Frances Ward,2013-03-14 Having spent decades in urban clinical practice while working simultaneously as an academic administrator teacher and writer Frances Ward is especially well equipped to analyze the American health care system In this memoir she explores the practice of nurse practitioners through her experiences in Newark and Camden New Jersey and in north Philadelphia Ward views nurse practitioners as important providers of primary health care including the prevention of and attention to the root causes of ill health in independent practice and as equal members of professional teams of physicians registered nurses and other health care personnel She describes the education of nurse practitioners their scope of practice their abilities to prescribe medications and diagnostic tests and their overall management of patients acute and chronic illnesses Also explored are the battles that nurse practitioners have waged to win the right to practice

battles with physicians health insurance companies and even other nurses The Door of Last Resort though informed by Ward's experiences is not a traditional memoir Rather it explores issues in primary health care delivery to poor urban populations from the perspective of nurse practitioners and is intended to be their voice In doing so it investigates the factors affecting health care delivery in the United States that have remained obscure throughout the current national debate

**Engineering Microbes for Therapy** Aleš Berlec, Borut Štrukelj, 2019-05-30 Microbes can play protective role in human health and the concepts of probiotics and microbiota have been well established in recent years Probiotics have an important economic impact in food food supplement and veterinary industry with increasing market size Engineering microbes for therapy can lead to selection of new microbial strains and mixtures or targeted improvement of existing microbial strains achieved by mutagenesis genetic engineering and synthetic biology Engineering of microbes can also encompass the development and improvement of their dosage forms Possible uses of engineered microbes include antigen delivery immunomodulation inflammation cancer infectious diseases and metabolic disorders The eBook represents an up to date overview shows new results as well as demonstrates future trends in the developing field of therapeutic microbial engineering

**Cancer Care Delivery and Women's Health** Sarah M. Temkin, 2017-10-04 Cancer care delivery refers to the multiple layers of the health care system that interact to affect outcomes for patients with cancer and the quality of that care The factors included in the care delivery system that potentially alter outcomes include social dynamics financing systems organizational structures and processes health technologies provider and individual behaviors Because women's health care has its own unique challenges the intersection between cancer care delivery and women's health is to be examined in this Frontiers in Oncology issue The unique opportunities and challenges of improving the health care system for women with breast and gynecologic cancers are to be explored in depth We will visit many topics of cancer care delivery with the unique perspective geared towards the care of women's malignancies

*A Researcher's Guide to Using Electronic Health Records* Neal D. Goldstein, 2023-07-25 In an age when electronic health records EHRs are an increasingly important source of data this essential textbook provides both practical and theoretical guidance to researchers conducting epidemiological or clinical analysis through EHRs Split into three parts the book covers the research journey from start to finish Part 1 focuses on the challenges inherent when working with EHRs from access to data management and raising issues such as completeness and accuracy which impact the validity of any research project Part 2 examines the core research process itself with chapters on research design sampling and analysis as well as emerging methodological techniques Part 3 demonstrates how EHR research can be made meaningful from presentation to publication and includes how findings can be applied to real world issues of public health Supported by case studies throughout and applicable across a range of research software programs including R SPSS and SAS this is the ideal text for students and researchers engaging with EHRs across epidemiological and clinical research

**The Well-Woman Visit** David Chelmow, Anita Blanchard, Lee Learman, 2017-06-15

This accessible text expands on the recommendations of the American College of Obstetricians and Gynecologists Well Woman Task Force WWTF to provide a practical guide to conducting a successful well woman visit Background chapters summarize the history of the WWTF and rationale and evidence supporting periodic health visits explain the principles of early diagnosis and prevention and offer advice on the practical side of conducting a visit including considerations for special populations Chapters detail each component of the visit first explaining the scope of a problem the rationale for screening or prevention and the factors that alter a screening The WWTF recommendations are then summarized and advice is offered on how to apply them Case studies and advice on how to identify and assess new guidelines are also provided ensuring providers are well equipped to offer efficient and effective care



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### **Table of Contents Vaccine Billing Guidelines 2013**

1. Understanding the eBook Vaccine Billing Guidelines 2013
  - The Rise of Digital Reading Vaccine Billing Guidelines 2013
  - Advantages of eBooks Over Traditional Books
2. Identifying Vaccine Billing Guidelines 2013
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Vaccine Billing Guidelines 2013
  - User-Friendly Interface
4. Exploring eBook Recommendations from Vaccine Billing Guidelines 2013
  - Personalized Recommendations
  - Vaccine Billing Guidelines 2013 User Reviews and Ratings
  - Vaccine Billing Guidelines 2013 and Bestseller Lists

5. Accessing Vaccine Billing Guidelines 2013 Free and Paid eBooks
  - Vaccine Billing Guidelines 2013 Public Domain eBooks
  - Vaccine Billing Guidelines 2013 eBook Subscription Services
  - Vaccine Billing Guidelines 2013 Budget-Friendly Options
6. Navigating Vaccine Billing Guidelines 2013 eBook Formats
  - ePub, PDF, MOBI, and More
  - Vaccine Billing Guidelines 2013 Compatibility with Devices
  - Vaccine Billing Guidelines 2013 Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Vaccine Billing Guidelines 2013
  - Highlighting and Note-Taking Vaccine Billing Guidelines 2013
  - Interactive Elements Vaccine Billing Guidelines 2013
8. Staying Engaged with Vaccine Billing Guidelines 2013
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Vaccine Billing Guidelines 2013
9. Balancing eBooks and Physical Books Vaccine Billing Guidelines 2013
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Vaccine Billing Guidelines 2013
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Vaccine Billing Guidelines 2013
  - Setting Reading Goals Vaccine Billing Guidelines 2013
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Vaccine Billing Guidelines 2013
  - Fact-Checking eBook Content of Vaccine Billing Guidelines 2013
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

### 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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