

# WIC Appendix 970-100

## Minimum Immunization Screening and Referral Protocol

Local WIC Agency Role	How	Resources
<p><b>Screening:</b> At a minimum, screen the infant/child's immunization status by counting the number of doses of DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccine they received in relation to their age.</p>	<p><u>Use the following table to screen immunization status:</u></p> <p><u>By 3-mos. of age:</u> <i>At least 1 dose of DTaP</i></p> <p><u>By 5-mos. of age:</u> <i>At least 2 doses of DTaP</i></p> <p><u>By 7-mos. of age:</u> <i>At least 3 doses of DTaP</i></p> <p><u>By 19-mos. of age:</u> <i>At least 4 doses of DTaP</i></p>	<p>The Recommended Immunization Schedule for Persons 0-6 Years provided from the <a href="#">Centers for Disease Control and Prevention (CDC)</a> is attached.</p>
<p><b>Education:</b> If the infant/child is at risk for being under immunized (i.e. documented record does not list all DTaP vaccinations or a documented immunization record is not provided by the parent/caretaker):</p> <p>WIC staff shall provide information on the recommended immunization schedule appropriate to the current age of the infant/child.</p>		<p>See the Immunization Materials Catalog for items available to be ordered from the <a href="#">Office of State Publishing (OSP)</a>.</p>
<p><b>Referral:</b> If the infant/child is at risk for being under immunized (i.e. documented record does not list all DTaP vaccinations, or a documented immunization record is not provided by the parent/caretaker):</p> <p>WIC staff shall provide referral for immunization services, ideally to the child's usual source of medical care (or to a no cost/low cost local immunization program).</p>	<p>Upon enrollment and at all recertification appointments for children under age two years at risk for being under immunized, WIC staff will provide referral for immunization services, ideally to the child's usual source of medical care (or to a no cost/low cost local immunization program).</p>	<p>WIC staff will be expected to develop a local immunization referral list handout for their participants with location, phone number (if any), hours, whether an appointment is necessary, and costs (if any) for immunizations.</p>

**NOTE:** Please refer to the PDF version of this document which includes the attachment of the Recommended Immunization Schedule.