

## Pomperaug District Department of Health Immunization Fee Schedule

Item	Adult	Child	Notes
Travel Clinic Office Visit	\$50.00	\$50.00	\$50.00 for first person and \$30.00 for each additional person in the SAME office visit
Travel Clinic Office Visit (each additional person)	\$30.00	\$30.00	
Travel Clinic Follow-up Visit	No Charge	No Charge	
Immunization Visit with Prescription or Standing Order	No Charge	No Charge	
Hepatitis A (2 doses)	\$95.00 per dose	\$20.00 age 12-23 mos. \$20.00 age 2-18 yrs. VFC eligible \$60 age 2-18 yrs. non-VFC eligible	2 dose series
Hepatitis B	\$85.00 per dose	\$20.00 per dose \$50.00 for 19 yr old person	3 dose series
Twinrix (Hepatitis A&B)	\$120.00	NA	3 dose series 4 doses for accelerated series
Hib	\$60.00	\$20.00 per dose	1 dose – high risk adults 3-4 doses - children
HPV 9	\$205.00 per dose	\$20.00 per dose for age 9-18 years VFC eligible \$205.00 per dose age 9-18 yrs. non-VFC eligible – privately insured	3 dose series
Influenza	TBD	TBD	To Be Determined – changes seasonally
IPV	\$60.00 per dose	\$20.00 per dose	# of doses depends on vaccination history; most adults need 1 dose
Mantoux Testing (PPD)	\$40.00	\$40.00	TB screening test
Meningococcal - Menomune	\$140.00 per dose	NA	1 dose; not currently available
Meningococcal - Menactra	\$140.00 per dose	\$20.00 per dose	1 dose

<b>Item</b>	<b>Adult</b>	<b>Child</b>	<b>Notes</b>
<b>Meningitis B</b>	\$195.00 per dose	\$20.00 high risk age 10-15 yrs. \$20.00 age 16-18 yrs. VFC eligible \$195.00 age 16-23 yrs. non-VFC eligible	2 dose series
<b>MMR</b>	\$95.00 per dose	\$20.00 per dose	1-2 doses required; adults entering college pay pediatric fee
<b>Pneumococcal Polysaccharide</b>	\$115.00	\$20.00 age 2-18 yrs.	1 dose; age 65 and older; age 2-64 with certain health conditions; age 19-64 who smoke cigarettes or have asthma
<b>Pneumococcal Conjugate</b>	\$195.00	\$20.00 age 2 mos. - 18 yrs.	Infants; age 65 & older; age 2-64 with certain health conditions
<b>Rotavirus</b>	NA	\$20.00 age 6 wks. - 8 mos. for VFC eligible* children only	
<b>Shingles</b>	\$220.00 per dose	NA	For adults age 60 years and older
<b>Tetanus-Diphtheria (Td)</b>	\$60.00 per dose	\$20.00 per dose	# of doses depend on vaccination history
<b>Tetanus-Diphtheria (Tdap)</b>	\$70.00 per dose \$20.00 per dose for Cocoon Program eligible	\$20.00 per dose	1 dose
<b>Varicella</b>	\$140.00 per dose	\$20.00 per dose	1-2 doses
<b>Yellow fever</b>	\$175.00 per dose	\$175.00 per dose	1 dose
<b>Typhoid</b>	\$125.00 per dose	\$125.00 per dose	1 dose
<b>Rabies</b>	\$330.00 per dose	\$330.00 per dose	3 dose pre-exposure series
<b>Japanese Encephalitis</b>	\$320.00 per dose	\$320.00 per dose	2 dose series; Available for ages 2 mos. and older

\* VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; (d) Underinsured (health insurance does not fully cover immunizations)