



USIIS COMMON VACCINE CODES AND TYPES



VACCINE CODE	VACCINE TYPE	VACCINE CODE	VACCINE TYPE
28	DT (PEDIATRIC)	15	INFLUENZA - SPLIT VIRUS (6 MONTHS AND OLDER)
20	DTaP	111	INFLUENZA - LIVE INTRANASAL (FLU MIST)
106	DTaP - 5 PERTUSSIS ANTIGENS (DAPTACEL ONLY)	135	INFLUENZA - HIGH DOSE, 65 YRS & OLDER
107	DTaP - NOS*	88	INFLUENZA - NOS*
110	DTaP - HEP B - IPV (PEDIARIX)		
50	DTaP - HIB (TRIHIBIT)	32	MENINGOCOCCAL - MPSV4 (MENOMUNE)
120	DTaP - HIB - IPV (PENTACEL)	114	MENINGOCOCCAL CONJUGATE - MCV4P (MENACTRA)
130	DTaP - IPV (KINRIX)	136	MENINGOCOCCAL CONJUGATE - MCV4O (MENVEO)
9	Td (7 YRS & OLDER)	108	MENINGOCOCCAL - NOS*
113	Td (7 YRS & OLDER - PF, DECAVAC)		
115	Tdap (BOOSTRIX OR ADACEL)	3	MMR
		94	MMRV
83	HEPATITIS A - PED/ADOL, 2 DOSE		
52	HEPATITIS A - ADULT, 2 DOSE	10	POLIO - IPV (INJECTION)
84	HEPATITIS A - 3 DOSES (USED TO COMPLETE TWINRIX SERIES)	89	POLIO - NOS*
31	HEPATITIS A - PEDIATRIC, NOS*		
85	HEPATITIS A - NOS*	33	PNEUMOCOCCAL - PPSV23 (PNEUMOVAX)
		100	PNEUMOCOCCAL CONJUGATE - PCV7 (PREVNAR)
8	HEPATITIS B - PED/ADOL	133	PNEUMOCOCCAL CONJUGATE 13 - PCV13 (PREVNAR13)
943	HEPATITIS B - 2 DOSE ADOL (11 - 15 YRS, MERCK ONLY)	109	PNEUMOCOCCAL - NOS*
43	HEPATITIS B - ADULT		
44	HEPATITIS B - DIALYSIS PATIENT DOSAGE	116	ROTAVIRUS - PENTAVALENT (ROTATEQ)
45	HEPATITIS B - NOS*	119	ROTAVIRUS - MONOVALENT (ROTARIX)
30	HBIG (HEPATITIS B IMMUNE GLOBULIN)	122	ROTAVIRUS - NOS*
104	HEPATITIS A - HEPATITIS B (TWINRIX)	71	RSV-IGIV (RESPIRATORY SYNCYTIAL VIRUS - IV)
		93	RSV-Mab (RESPIRATORY SYNCYTIAL VIRUS - IM)
48	HIB - PRP-T (ACTHIB OR HIBERIX)		
49	HIB - PRP-OMP (PEDVAXHIB)	21	VARICELLA (CHICKEN POX)
17	HIB - NOS*	36	VZIG (VARICELLA ZOSTER IMMUNE GLOBULIN)
51	HIB - HEP B (COMVAX)	121	ZOSTER (SHINGLES)
62	HUMAN PAPILLOMAVIRUS (HPV) - QUADRIVALENT (GARDASIL)		
118	HUMAN PAPILLOMAVIRUS (HPV) - BIVALENT (CERVARIX)		
137	HUMAN PAPILLOMAVIRUS (HPV) - NOS*		

Manufacturer Codes			
PMC	Sanofi Pastuer	SKB	GlaxoSmithKline
WAL	Wyeth	MSD	Merck
MED	MedImmune		

Financial Class Codes	
V01	SPECIAL PROJECTS / NON-VFC
VO2	VFC MEDICAID
VO3	VFC UN-INSURED
VO4	VFC AMERICAN INDIAN / ALASKAN NATIVE
VO5	VFC UNDER-INSURED
VO6	CHIP
H01	SELF PAY / INSURED - DEDUCTIBLE
H03	INSURED
UT01	PRIMARY CARE NETWORK (PCN)
UTO2	MEDICARE
UTO3	MEDICAID ≥19 YRS

*NOS - NOT OTHERWISE SPECIFIED (USE FOR VACCINE HISTORY ONLY)