October 2026
Replaces January 2026

Immunizations

Policy

WIC Policy Memo:
WIC requirements for immunization screening and coordination
WIC state and local agencies must ensure that WIC infants and children are screened and referred for immunizations using a documented immunization history.

As an adjunct to health services, the WIC program's role in immunization screening and referral is to support existing funded immunization activities. WIC involvement in immunization screening and referral activities should enhance rather than substitute for on-going immunization program initiatives.

WIC state and local agencies must develop plans to coordinate with providers of immunization screenings so that children participating in WIC are screened and referred for immunizations using a documented immunization history.

Minimum screening protocol for use in WIC
The following minimum screening protocol was developed by CDC and the American Academy of Pediatrics specifically for use in WIC programs where children are not screened and referred for immunizations by more comprehensive means.

By 3 months of age, the infant/child should have at least 1 dose of DTaP.
By 5 months of age, the infant/child should have at least 2 doses of DTaP.
By 7 months of age, the infant/child should have at least 3 doses of DTaP.
By 19 months of age, the infant/child should have at least 4 doses of DTaP.

The purpose of the minimum screening and referral protocol is to identify children under age two who may be at risk for under-immunization. It is not meant to fully assess a child's immunization status, but allows WIC to effectively fulfill its role as an adjunct to health care by ensuring that children who are at risk for under-immunization are referred for appropriate care. This is the minimum requirement; WIC programs with the capacity to perform more comprehensive screening can continue to do so.

Authority

WIC Policy Memorandum #2001-7, August 30, 2001: Immunization Screening and Referral

Procedures

Steps for screening and referring

1. When scheduling WIC certification and health update appointments for infants and children, advise parents and caretakers that immunization records are requested as part of the health screening process.
    - Explain to the parent/caretaker the importance that WIC places on making sure that children are up to date on immunizations but assure applicants that immunization records are not required to obtain WIC benefits.
2. At initial certification and all subsequent health update and certification visits for infants and children (until their series is complete), screen the infant/child's immunization status using a documented record.
    - A documented record is a record (computerized or paper) in which actual vaccination dates are recorded.
        - This includes a parent's immunization record (from the provider), an immunization registry (IRIS) or, a client chart (paper copy or electronic).
3. 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 have received in relation to their age, according to what is listed above in the policy section.
4. Record immunization status, as verified by a documented record, in the infant's or child's electronic record.
    - Note: Infants <2 months of age are assumed to be up-to-date for purposes of WIC data collection because routine immunizations begin at two months of age. Choose the response "Yes", to the question "Can we look over <name of infant> shot record today?" in the WIC data system.
5. If the infant/child is under-immunized:
    - Provide information on the recommended immunization schedule appropriate to the current age of the infant/child, and
    - Provide a referral for immunization services to the child's usual source of medical care or another community resource for immunizations.

Using the Health Information Exchange (HIE)

HIE can be used to obtain the immunization status if permission was given to access HIE on the Focus Identity screen.

- Importing HIE Immunizations data should be completed before the Nutrition Interview panel is filled out as it will populate a new Nutrition Interview with a healthcare provider as HIE. If immunizations data was correct and imported into Focus the Health Care Provider field in Focus should be updated to accurately reflect the participants' information and then additional information can be inputted.
- HIE can only access the number of immunizations that have been provided to the state and may not accurately capture the full number of immunizations provided.
    - The number of immunizations provided by HIE should always be confirmed before accepting it into the participant profile.

What if immunization status is unknown?

If a documented immunization record is not provided by the parent/caretaker and cannot be obtained through an electronic registry or data system:

1. Provide information on the recommended immunization schedule appropriate to the current age of the infant/child,
2. Provide a referral for immunization services,
3. Encourage the parent/caretaker to bring the immunization record to the next visit and
4. Document the referral in the participant's record.

A Release of Information is needed when a WIC agency requests immunization records from another agency such as a private provider.

Best Practices

Providing more comprehensive immunization screening

Some WIC programs conduct more comprehensive immunization screening and referral than the established minimum protocol. For example, some have access to software that automatically reviews all vaccinations and identifies which ones are needed. WIC programs with the capacity to perform more comprehensive screening should continue to do so.
When possible, remind the parent/caretaker when the next immunizations are due.

Local immunization resources

WIC agencies should provide written information to participants about the available immunization providers in the service area. Desirable information includes contact information, time and location of clinics, costs for services and whether an appointment is needed. Potential sources and locations for immunizations include:

- County Public Health Departments
- Child Health (Title V) Programs
- Community Health Centers
- Physicians

Promotion of immunizations

WIC agencies can promote immunizations by coordinating with immunization programs and community providers. Coordinating activities include:

- Referring participants to sources of immunizations,
- Co-locating WIC clinics with immunization clinics,
- Advocating for accessible services in the community, and
- Providing information including posters, pamphlets, immunizations schedules and immunization records for parents to keep.