

# Community Health Services Fees

## July 2009

### State supplied vaccines:

Vaccine supplied thru the Texas Vaccine for Children Program at no charge - Must meet eligibility criteria

Service/Item	Description	Fee Basis	Fee
<b>DT</b> <i>Diphtheria</i> <i>Tetanus</i>	For children 6 weeks to 6 years, who have a contraindication to the pertussis vaccine	The 2006 TVFC Operations Manual, Section IV	1 shot=\$10 2 to 4 shots=\$20 5 or more shots= \$30
<b>DTaP</b> <i>Diphtheria</i> <i>Tetanus</i> <i>Pertussis</i>	For children 6 weeks to 6 years of age	“	“
<b>Td</b> <i>Tetanus</i> <i>Diphtheria</i>	For clients 7 years and older	“	“
<b>Tdap</b> <i>Tetanus</i> <i>Diphtheria</i> <i>Pertussis</i>	For clients 10-64 years or 11-64 years depending on the brand	“	“
<b>Hib</b> <i>Haemophilus influenza type b</i>	For children 6 weeks to 4 years of age	“	“
<b>HBV Pedi</b> <i>Hepatitis B</i>	For clients 0-19 years of age	“	“
<b>HBV Adult</b>	For clients 20 years and older	“	“

<i>Hepatitis B</i>			
<b>HAV Pedi</b> <i>Hepatitis A</i>	For clients 12 months to 18 years	“	“
<b>HAV Adult</b> <i>Hepatitis A</i>	For clients 19 years and older	“	“
<b>IPV</b> <i>Inactivated Polio</i>	For clients 6 week of age and older	“	“
<b>MMR</b> <i>Measles, Mumps</i> <i>Rubella</i>	For clients 12 months of age and older	“	“
<b>VAR</b> <i>Varicella</i>	For clients 12 months of age and older	“	“
<b>MMRV</b> <i>Measles, Mumps</i> <i>Rubella</i> <i>Varicella</i>	For clients 12 months to 12 years of age	“	“
<b>Rotateq</b> <i>Rotavirus</i>	For infants 6 to 32 weeks of age	“	“
<b>MCV4 (Menactra)</b> <i>Meningococcal</i> <i>Conjugate</i>	For clients 11-55 years of age	“	“
<b>PCV7</b> <b>(Prennar)</b> <i>Pneumococcal</i> <i>Conjugate</i>	For children 6 weeks to 4 years of age	“	“
<b>HPV</b> <i>Human</i> <i>Papillomavirus</i>	For females 9 - 26 years of age	“	“

<b>Comvax</b> <i>Hepatitis B</i> <i>Haemophilus influenza type b</i>	For clients 6 weeks to 6 years, born in 2004 or after	“	“
<b>Pediarix</b> <i>Inactivated polio</i> <i>Hepatitis B</i> <i>Diphtheria</i> <i>Tetanus</i> <i>Pertussis</i>	For clients 6 weeks to 6 years, born in 2004 or after	“	“
<b>Flu</b> <i>Influenza</i>	For children 6 months to 18 years of age	“	“
<b>PPD (TB test)</b> <i>Tuberculosis</i>	For clients 6 months and older to screen for tuberculosis	Mimics the administration fee for state supplied vaccines.	“

**Private vaccines:**

Vaccine bought by the Galveston County Health District  
Board approved fees

<b>Service/Item</b>	<b>Description</b>	<b>Fee Basis</b>	<b>Fee</b>
<b>HBV Adult</b> <i>Hepatitis B</i>	For clients 20 years and older that do not fit the TVFC criteria for state supplied vaccine	Board Approved Fees	\$50
<b>HAV Adult</b> <i>Hepatitis A</i>	For clients 19 years and older that do not fit the TVFC criteria for state supplied vaccine	“	\$84
<b>PPD (TB test)</b> <i>Tuberculosis</i>	For clients 6 months and older that do not fit the criteria for state supplied PPD	“	\$10
<b>Flu</b> <i>Influenza</i>	For clients 6 months and older that do not fit the TVFC criteria for state supplied vaccine	“	\$20

<b>Adult Pneumonia</b>	For clients 2 years and older	“	\$30
<b>Rabies Vaccine Pre-exposure</b>	For clients at high risk of contracting rabies according to CDC guidelines (animal handlers, veterinarians, at risk lab workers)	“	\$225
<b>Rabies Vaccine Post-exposure</b>	For clients after a rabies exposure, series of 5 vaccine doses, if client brings his own vaccine	Mimics the administration fee for state supplied vaccines.	1 shot=\$10 2 to 4 shots=\$20 5 or more shots= \$30
<b>Rabies Immune Globulin</b>	For clients after a rabies exposure to provide immediate, temporary immunity, when client brings his own IG	Mimics the administration fee for state supplied vaccines.	“
<b>Copy of Shot Record</b>	When no shots are given and client is asking for a copy of the shot record.	Cost for hard copy of a shot record.	\$5
<b>Rapid HIV Testing</b>	To meet the public demand for convenient HIV testing at an affordable cost to clients	Cost of HIV Test Kit, plus Administrative Fee	\$30

**\*\* When necessary, new fees will be established by the CEO (or designee) to cover GCHD costs for purchased vaccine or biologicals in unplanned circumstances warranting the protection of public health from the spread of a communicable disease.**

**Submission date for Board Approval:  
7/20/2009**