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To: Users of state-supplied vaccines

From: Jeffrey P. Davis, M.D.
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Subject: Updated recommendations for use of *Haemophilus influenzae* type b (Hib) vaccine

Effective immediately, the Centers for Disease Control and Prevention (CDC), in consultation with the Advisory Committee on Immunization Practices, the American Academy of Family Physicians and the American Academy of Pediatrics, is recommending reinstatement of the booster dose of Hib vaccine for children aged 12-15 months of age who have completed the primary 3-dose series.

Infants should continue to receive the primary Hib vaccine series at ages 2, 4 and 6 months. Children 12-15 months of age should receive the booster dose on time. Older children for whom the booster dose was deferred should receive their Hib booster at the next routinely scheduled visit or medical encounter. Although the supply of Hib containing vaccine is sufficient to reinstate the booster dose and begin catch-up vaccination, **supply is not yet ample to support a mass recall process to immunize all children** who have had their booster dose deferred because of the temporary supply shortage. At this time we do not recommend the use of reminder/recall systems to actively identify and contact children for the booster dose of Hib only. When supplies of Hib containing vaccine improve we will notify you when mass recall is warranted.

While production of the Merck Hib product (PedvaxHIB) is still suspended, production of the other two Hib containing vaccines, monovalent (ActHIB) and the combination DTaP-IPV/Hib (Pentacel), manufactured by Sanofi Pasteur, has been increased and resulted in supplies sufficient to reinstate the booster dose. Although Wisconsin's allotment for both ActHIB and Pentacel has increased, it will not be sufficient to allow for an all-monovalent schedule of ActHIB, as the current allocation for Hib-containing vaccine is approximately 70% Pentacel and 30% ActHIB. When submitting orders for State Supplied Vaccine through the Vaccines for Children (VFC) Program, the Immunization Program will continue to review doses ordered and will limit the amount of ActHIB shipped until supplies are adequate to accommodate all orders. Requests for Pentacel should be able to be filled in their entirety.

We remind providers that the combination vaccines should be used for infants and children starting the Hib series. Children who need the Hib booster dose and who already have received 4 doses of DTaP should receive monovalent Hib vaccine (ActHIB) as their Hib booster dose. However, if DTaP-IPV/Hib is the only Hib-containing vaccine available, this combination product can be used to complete the series of Hib vaccination, even if the child already has

received all the necessary doses of DTaP and IPV. During the Hib shortage, children received protection from certain vaccine preventable diseases in their primary vaccination series through various available combination vaccines (e.g., DTaP-IPV/Hib [Pentacel] and DTaP-IPV-Hepatitis B [Pediarix]) and monovalent vaccines (e.g., ActHib, Hepatitis B, and IPV). Therefore, a mismatch might exist between patient vaccination needs and the available stock of different vaccine formulations (e.g., combination products versus single-antigen vaccines) in local provider offices. This situation presents a challenge for providers to administer vaccines to ensure appropriate coverage while minimizing extra doses of unneeded vaccine. For example, if a provider is using DTaP-IPV/Hib (Pentacel) vaccine to protect infants against Hib disease, the provider should ensure that an adequate stock of monovalent hepatitis B vaccine is available to complete the hepatitis B vaccine series.

Please note that recommendations for high-risk children have not changed, and the CDC recommends that providers continue to vaccinate these children with available Hib conjugate vaccines according to the routinely recommended schedules, including the 12 through 15 month booster dose.

Also, for your convenience is a Q and A document adapted from the CDC documents to answer common questions and concerns surrounding the reinstatement of the booster dose. If you have any additional questions please contact the Wisconsin Immunization Program at 608-267-9959.

Thank you.

Enclosure