



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Thomas A. Farley, M.D., M.P.H.  
Commissioner

**\*\* PLEASE DISTRIBUTE TO ALL PEDIATRIC, FAMILY PRACTICE AND OFFICE STAFF \*\***

July 1, 2009

Dear Colleague:

Due to an improving supply of *Haemophilus influenzae* type b (Hib) vaccine, the Centers for Disease Control and Prevention (CDC), in consultation with the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians, is recommending reinstatement of the booster dose of Hib vaccine for all children 12 through 15 months of age.

Recommendations for reinstatement of the Hib booster dose are:

- All infants should receive their primary Hib series at ages 2, 4, and 6 months, and a Hib booster dose on time at 12 through 15 months of age.
- Older children for whom the booster dose was deferred should receive their Hib booster dose at the next routinely scheduled visit or medical encounter.
- Mass recall of children for catch-up vaccination with Hib booster is not yet recommended because the vaccine supply will not support such activity.

A review of immunizations reported to the Citywide Immunization Registry (CIR) indicates that many infants have not received the full 3-dose primary series of Hib vaccine as was recommended during the shortage. The Health Department is asking for your assistance in ensuring that all children receive the complete series of Hib vaccination, as is appropriate for their age, to ensure they are all fully protected against invasive Hib disease.

Although the production of Merck Hib vaccine products remains suspended, sanofi pasteur will increase availability of both monovalent Hib (ActHIB<sup>®</sup>) and the combination product DTaP-IPV/Hib (Pentacel<sup>®</sup>). Children who need the Hib booster and who have already received 4 doses of DTaP should receive monovalent Hib as their Hib booster dose, if this product is available. However, because the supply of monovalent Hib vaccine remains limited, the combination DTaP-IPV/Hib vaccine should be used for the booster dose if it is the only Hib-containing vaccine available, even if the child has already received all of the necessary doses of DTaP and IPV.

Additional information is available at [www.cdc.gov/mmwr/PDF/wk/mm5824.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5824.pdf) and [www.cdc.gov/vaccines/vpd-vac/hib/faqs-return-to-booster-hcp.htm](http://www.cdc.gov/vaccines/vpd-vac/hib/faqs-return-to-booster-hcp.htm).

For questions related to vaccine supply, please contact the Vaccines for Children Program at 212-447-8175 or, for those providers who purchase vaccine, contact sanofi pasteur directly at 800-822-2463.

All doses of any vaccine administered to children <19 years of age in New York City are required to be reported to the CIR. For questions about the CIR, please call 212-676-2323. For professional or technical questions, please call the Bureau of Immunization at 212-676-2259.

Sincerely,

A handwritten signature in black ink that reads 'Jane R. Zucker'.

Jane R. Zucker, MD, MSc  
Assistant Commissioner  
Bureau of Immunization