



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Thomas R. Frieden, MD, MPH
Commissioner

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

October 21, 2008

Dear Colleague:

The Bureau of Immunization (BOI) of the New York City Department of Health and Mental Hygiene would like all providers to be aware that the *Haemophilus influenzae* type b (Hib) conjugate vaccine is still in short supply. We have been informed that supply will not improve until mid-2009. Therefore, the recommendation to delay the administration of the last dose of any Hib-containing vaccine to healthy children remains in effect. This recommendation does not apply to children who are at increased risk of Hib disease or who have not completed a primary Hib series. The recommendation to delay refers only to the booster dose.

At this time, the only manufacturer of Hib-containing vaccine for use in the United States is Sanofi Pasteur. Hib vaccine is available in two products: ActHib[®] (the single-antigen product), and the new combination vaccine: Pentacel[®] (ActHib, DTaP and IPV). The overall production of Hib vaccine has not increased, and therefore, the total amount of Hib-containing vaccine available to providers will remain the same. All immunization programs are now receiving their orders of Hib vaccine as ActHib and Pentacel. This means that the amount of ActHib has been reduced. In order to ensure that providers will have enough Hib-containing vaccine to complete their patients' primary series, Hib vaccine orders are being filled with both products. The BOI is asking providers to incorporate Pentacel into their immunization schedules, at least until the shortage is over. We appreciate that this is an inconvenience, and may pose a challenge to providers and staff, but it will enable infants to receive their full primary Hib series. In an effort to help with decision making, the BOI is offering guidance, in the form of several optional schedules (see attachment).

You will note that the options involve Pentacel, Pediarix[®] (DTaP, IPV, Hep B), and single antigens in different combinations. The BOI does not favor any one schedule or product over another; rather, the choice should be guided by the ease with which Pentacel can be integrated into your current schedule. However, note that if you use Pediarix, and the infant has received a birth Hep B dose, then substituting Pentacel for Pediarix at 4 months avoids using a dose of single antigen ActHib and giving an unnecessary dose of Hep B.

For further information about vaccine supply, please contact the Vaccines for Children Program at 212-447-8175. For technical assistance with the use of Hib-containing vaccines, please call 212-676-2259. We will keep you informed about Hib vaccine supply as we receive updates.

Thank you for your ongoing and usual cooperation.

Sincerely,

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

Jane R. Zucker, M.D., M.Sc.
Assistant Commissioner
Bureau of Immunization
2 Lafayette Street, 19th Floor
New York, NY 10007

Hib Vaccine Shortage: Guidance on the Use of Pentacel and Pediarix

The following are examples of schedules for immunizing healthy young children with various products containing Hep B, DTaP, IPV, and Hib during the Hib shortage*, adapted from CDC Guidance on the use of Pentacel** and Pediarix**, August 2008. This is not a complete list of options. Providers may develop other schedules using the above products, which may be more suited to their own practices.

Pediarix® (DTaP-IPV-Hep B)

Pentacel® (DTaP-IPV-Hib) **NOTE:** The lyophilized ActHIB component **must** be reconstituted with the DTaP-IPV component. **Neither** component may be administered individually.

Using Pentacel only

Birth	2 months	4 months	6 months	15-18 months	4-6 years***
Hep B	Hep B		Hep B		IPV
	Pentacel	Pentacel	Pentacel	DTaP	DTaP

Using Pediarix at 2 and 4 months, Pentacel at 6 months

Birth	2 months	4 months	6 months	15-18 months	4-6 years***
Hep B	Hib	Hib	Hep B		IPV
	Pediarix	Pediarix	Pentacel	DTaP	DTaP

Using: Pediarix at 2 months, Pentacel at 4 and 6 months

Birth	2 months	4 months	6 months	15-18 months	4-6 years***
Hep B	Hib		Hep B		IPV
	Pediarix	Pentacel	Pentacel	DTaP	DTaP

Using Pediarix at 2 months, Pentacel at 4 months, Pediarix at 6 months

Birth	2 months	4 months	6 months	15-18 months	4-6 years***
Hep B	Hib		Hib		IPV
	Pediarix	Pentacel	Pediarix	DTaP	DTaP

As stated on the childhood immunization schedule, a combination vaccine (including Pentacel) may be used whenever any component(s) of the combination is indicated and no other component of the vaccine is contraindicated. This means that Pentacel **can** be used when a child needs one or two components, but does not need the others.

Minimum Intervals

The minimum interval between doses 1 and 2 of DTaP is 4 weeks.
 The minimum interval between doses 2 and 3 of DTaP is 4 weeks.
 The minimum age for the 4th dose of DTaP is 12 months.
 The minimum interval between doses 3 and 4 of DTaP is 6 months.

The minimum interval between doses 1 and 2 of IPV is 4 weeks.
 The minimum interval between doses 2 and 3 of IPV is 4 weeks.

The minimum interval between the final 2 doses of Hepatitis B is 8 weeks.
 The final dose of Hepatitis B should be given at or after 24 weeks of age.

* Please note that all children should also receive PCV7, rotavirus vaccine, Hepatitis A, MMR, and varicella vaccines at the appropriate ages, and, beginning at 6 months, influenza vaccine, as indicated.

**The use of brand names does not imply endorsement or preference of any specific vaccine product by the New York City Department of Health and Mental Hygiene.

*** Kinrix® (DTaP-IPV) may be used for the booster doses of IPV and DTaP at 4-6 years of age.