



Thomas Newton, MPP, REHS  
 Director

Chester J. Culver  
 Governor

Patty Judge  
 Lt. Governor

**DATE: September 24, 2008**

**TO: Iowa Vaccines for Children (VFC) Program Providers**

**FROM: VFC Program**

**RE: Hib Vaccine Shortage and Integration of Pentacel (DTaP-IPV/Hib)**

Despite the licensure of Pentacel (DTaP-IPV/Hib) vaccine the current Hib vaccine shortage continues to exist and the recommendation to defer the booster dose for healthy children remains in effect. At this time it is not clear when the shortage of Hib-containing vaccines will be resolved. Please do not use ActHIB or Pentacel for the fourth (booster dose), except for children at high risk for Hib disease. Providers should continue to defer the booster dose of Hib vaccine for healthy children and recall them later for administration of the booster dose when supplies of Hib vaccine have improved. The Immunization Program will update you when this Hib vaccine shortage situation changes.

The Immunization Program will receive the majority of our Hib allocation as Pentacel. This will necessitate health care providers (HCP) transition to the use of Pentacel to continue to provide Hib vaccination during this shortage. Due to the limited availability of single antigen Hib vaccine, it will be necessary for the Immunization Program to significantly decrease the amount of single antigen Hib vaccine that your clinic will receive. In place of single antigen Hib vaccine, the Immunization Program will increase distribution of Pentacel.

The Immunization Program will contact providers regarding vaccine orders to discuss the availability of Hib-containing vaccine for their clinic and the receipt of Pentacel vaccine. The Program appreciates your assistance in working through this situation.

Transition to a new combination vaccine may cause confusion. Below are some guidelines to assist with the transition to a new combination vaccine during the shortage.

The following is the routine immunization series when using Pediarix (DTaP/IPV/Hepatitis B) and Pentacel DTaP-IPV/Hib vaccines

<b>Routine Pediarix (DTaP/IPV/Hepatitis B) and Pentacel DTaP-IPV/Hib Vaccine Schedules</b>	
<p><b>Pediarix (DTaP/IPV/Hepatitis B)</b></p> <ul style="list-style-type: none"> <li>Licensed for ages 6 weeks through 6 years</li> <li>Approved for the <u>primary</u> series, which means the first 3 doses at 2, 4, 6 months of age, or</li> <li>Any child through age 6 without 3 doses of DTaP</li> <li>Spacing of any combination vaccine is driven by the antigens contained in the combination</li> </ul>	<p><b>Pentacel (DTaP-IPV/Hib)</b></p> <ul style="list-style-type: none"> <li>Licensed for age 6 weeks through 4 years</li> <li>Approved for a 4 dose series (2, 4, 6, and 15-18 months of age)</li> <li><b>Although Pentacel is licensed for the fourth dose, until the Hib supply improves Pentacel should be used ONLY for the first 3 doses</b></li> </ul>

When determining what combination vaccine to administer, consider all the antigens a child needs (i.e. DTaP, IPV, Hib, Hepatitis B) then consider what combination is available. Two scenarios are provided below.

**Scenario 1:** Six month old infant with a vaccination history of Pediarix and ActHIB at 2 and 4 months of age. Consider single antigens this patient has received: DTaP2, IPV2, Hepatitis B2, ActHIB2. At the 6 month visit, the patient needs DTaP3, IPV3, Hep B3, Hib3. This patient could receive a Pentacel (DTaP-IPV/Hib) and a single antigen Hepatitis B.

**Scenario 2:** Fifteen month old infant with a vaccination history of Pediarix and ActHIB at 2, 4 and 6 months of age. Consider single antigens this patient has received: DTaP3, IPV3, HepatitisB3, ActHIB3. At the 15 month visit, the patient needs DTaP4. When the Hib shortage is over this patient should be recalled to receive the booster dose of Hib vaccine.

For questions please call the Immunization Program at 1-800-831-6293