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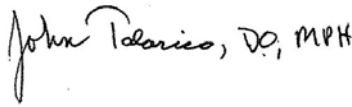


ARNOLD SCHWARZENEGGER
Governor

January 26, 2009

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TO: California Vaccines for Children (VFC) Program Providers

FROM: John Talarico, D.O., M.P.H., Interim Chief 
Immunization Branch,
Division of Communicable Disease Control
Center for Infectious Diseases

SUBJECT: Recommended Immunization Schedule, 2009
Office Practice Recommendations
Haemophilus influenzae Type b (Hib) Vaccine
Preteen and Adolescent Vaccines

As we begin the New Year, the California VFC program would like to take this opportunity to thank you for your dedicated efforts in immunizing the children of California.

This letter includes information about

- 2009 Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedules for children and adolescents
- Reminders and suggestions for best immunization practices in your office
- Updates on the Hib vaccine shortage and adolescent immunization

2009 RECOMMENDED IMMUNIZATION SCHEDULE

Please review the attached Schedules especially with your staff who administer vaccines. Please note that the Hib recommendations which appear on the 2009 schedule DO NOT reflect the current vaccine shortage modified recommendations (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm56d1219a1.htm>). Some highlights of the 2009 schedule include:

- Recommendations for rotavirus vaccines include changes for the maximum age for the first dose (14 weeks 6 days) and final dose (8 months 0 days). The rotavirus footnote describes the accommodation of the RV1 (Rotarix®) two-dose schedule.

- Annual influenza vaccination is recommended for all children aged 6 months through 18 years.
- The minimum interval between tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) for persons aged 10 through 18 years is addressed. **An interval less than 5 years may be used if pertussis immunity is needed.**
- Catch-up vaccination with human papillomavirus (HPV) vaccine has been clarified.
- Abbreviations for rotavirus (RV), pneumococcal polysaccharide (PPV) and meningococcal polysaccharide vaccines (MCV) have been changed.

The changes to the pneumococcal recommendations are minimal, however, it is anticipated, that the pediatric Pneumococcal vaccine recommendations will be adjusted significantly sometime in 2009 to accommodate an expanded valent (13) vaccine now being reviewed by the FDA. We will notify you when the recommendations are developed and the vaccine becomes available from VFC.

OFFICE PRACTICE

New vaccine choices and updated recommendations can be confusing. We encourage you to share and review the new immunization schedule with your staff and periodically review vaccine ordering, storage, handling, and administration practices and competencies in your office.

Combination vaccine challenges: There are now two 5-in-1 combination vaccines and two rotavirus vaccines. We encourage all providers in a practice to use only one of the 5-in-1 combination vaccines. A plan should be developed for all staff regarding the practical aspects of using combination vaccines, including when and how the vaccine should be stored, prepared, and administered. Staff who administer vaccines must be able to distinguish between the various combination vaccines. We also suggest providers select a single brand choice when multiple brands are available for single antigen vaccines to minimize confusion.

Registry: Practices are encouraged to become a part of their regional immunization registry. Benefits of participation include the display of patient's vaccination history, vaccines due at each visit, and forecasting for future vaccines. Reminder/recall notices generated by the system assist practices in reminding parents about due or overdue immunizations for their children, particularly in vaccine shortage situations. Additional benefits include the ability to print out comprehensive histories ('yellow' and 'blue' cards), and the ability to retrieve the past immunization history of patients new to your practice. The vaccine management reports available in the registry are also very helpful for tracking vaccine usage and inventories. Please see www.ca-siis.org for more information.

VIS: Now may be a good time to review your supply of Vaccine Information Statements (VIS) to make sure that you are using the most current versions. CDC has developed a

single page VIS, which includes all vaccines generally given to children under one including those in combination vaccines. Many VIS's were updated in 2008. Copies can be found at: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.

EZ-IZ.org: Thank you for using our new online VFC recertification system at www.eziz.org. Please visit the EZ-IZ website with your staff to complete the new training modules on vaccine management and administration. The next modules in development will review proper storage and handling of vaccines. The site also hosts regular communications from the VFC program including vaccine order status, mailings, and recent fax broadcasts.

Vaccine Ordering: Providers are assigned an order frequency based on their practice size. Please review whether you are to order monthly, bimonthly, or quarterly and adhere to your ordering schedule. If you are unsure, please contact the VFC Customer Service line. When completing your order form, carefully review your previous usage to ensure that your vaccine request is appropriate. In addition, a complete accounting of how much vaccine you have used is essential. Tracking your vaccine usage and doing regular inventory counts will help ensure that your orders are accurate and can be processed without delay.

Storage and Handling: Providers were notified in September 2008 that new storage and handling guidelines would go into effect on July 1, 2009. Please be sure to read the mailing carefully to determine if you will need to purchase a separate freezer less refrigerator and separate freezer only unit. A copy of the letter can be found at www.eziz.org. A second mailing with additional details on the new policy will be coming out in the next month.

Hib VACCINE SHORTAGE CONTINUES

The Hib vaccine shortage is anticipated to continue through 2009. Providers should continue to defer the booster dose of Hib vaccine (normally given at 12-15 months), except for their high-risk patients. CDPH encourages timely immunization of infants with the primary Hib series to provide protection to this vulnerable population.

VFC allocations: The VFC program receives information about California's allocation for Hib-containing vaccines a month at a time. Unfortunately, we cannot predict what California's allocation for ActHIB[®] and Pentacel[®] will be in subsequent months. We will continue to work with you during this critical shortage of Hib-containing vaccines to protect California's infants.

Hib disease surveillance: Although there is no evidence to date that that the shortage of Hib vaccine has led to an increase in invasive Hib disease in the U.S., tracking of trends is impeded by incomplete serotype data, which is missing from nearly 40% of case reports nationwide. CDPH requests that clinicians order isolate serotyping on all cases of invasive H. influenzae disease in children <5 years of age and report all cases of invasive H. influenzae disease (any serotype or nontypable) in children <15 years of age. For further questions, please contact the communicable disease program of your local health department.

The CA child care requirements for Hib vaccine were modified in 2008 with a Special Immunization Schedule. This will continue to be in effect throughout 2009 (see <http://www.cdph.ca.gov/programs/immunize/Documents/Table1-2HibChanges.pdf>).

The VFC Program will inform you promptly if changes to the Hib ACIP recommendations or CA Child Care Immunization Requirements occur, or if the supply of the vaccine changes significantly.

PRETEEN AND ADOLESCENT VACCINES

Preteen Vaccine Week occurred on January 18-24, 2009. Now is a good opportunity to make sure that your preteen and adolescent patients are up-to date for all routine immunizations, including Tdap, meningococcal conjugate vaccine, influenza vaccine, HPV vaccine (females) and the second dose of varicella vaccine.

Influenza: It is still not too late to protect your patients against influenza. All children 6 months to 18 years of age should be immunized every year.

Tdap-YES! Td-NO!: Please make sure to use Tdap, not Td, for routine immunization of your adolescents. If your patient has received Td in the past, there is no absolute minimum interval between Td and Tdap. A recent study has shown safety with intervals down to 18 months, and ACIP states that even shorter minimum intervals may be used. As always, we will keep you updated on any developments throughout the year. If you have any questions about information in this letter, please contact VFC Customer Services at 1-877-243-8832.

Encl: 2009 Recommended Immunization Schedules for Children and Adolescents
2009 Special Schedule, Tables 1 and 2 (Child Care Schedules)

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