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IZB-FY-0809-04

TO: California Vaccines for Children (VFC) Program Providers

FROM: Robert Schechter, M.D., Interim Chief
Immunization Branch

SUBJECT: REINSTATEMENT OF HIB VACCINE BOOSTER DOSE

In December 2007, the Centers for Disease Control and Prevention (CDC) recommended that providers temporarily defer the routine Hib vaccine booster dose for non-high-risk children because of a vaccine shortage. [Effective June 26, 2009, CDC recommends reinstatement of the Hib booster dose for children aged 12 through 15 months who have completed the primary 3-dose series.](#) Infants should continue to receive their primary Hib series at ages 2, 4, and 6 months. Children aged 15 through 59 months for whom the booster dose was deferred should receive their Hib booster dose at their next routinely scheduled visit or medical encounter. Unfortunately, vaccine supply is not yet sufficient to recall or remind children to receive deferred Hib booster doses.

This guidance of the California VFC Program is based on vaccine inventory and not on any consideration of the manufacturer. The only product currently in adequate supply in the California VFC Program to serve as the Hib booster dose is the combination DTaP-IPV/Hib vaccine (Pentacel[®]). The present supply of single-antigen Hib vaccine cannot accommodate the new recommendation yet. Providers who use:

- 1) the combination vaccine Pentacel[®] for the primary Hib series in infants should increase their next order accordingly to resume the booster dose.
- 2) single-antigen ActHIB[®] for the primary series should, for the moment, order doses of Pentacel[®] to resume the Hib booster dose, even for children who have already received 4th doses of DTaP and IPV.
- 3) single-antigen PedvaxHIB[®] because they serve Native American children should continue to order PedvaxHIB[®] for the 2-dose primary series (at 2 and 4 months of age) and a booster dose at 12-15 months; recommendations and ordering are unchanged for clinics that serve Native American children.

Potential schedules for implementation of the booster dose are attached.

When placing orders for Hib vaccine:

1. Please assess the number of doses your clinic needs to reinstate the Hib booster dose in your practice.
2. Consider increasing your order by approximately one third the amount of your Hib-containing vaccine usage corresponding to your ordering period in order to implement the booster dose, as Pentacel[®]. Vaccine orders may need to be adjusted based on our monthly allocation.
3. VFC is discouraging providers from placing Hib vaccine-only supplemental orders to implement this new recommendation, unless your next routine order is more than one month away. Otherwise, vaccine requests should be submitted with the next regular order.
4. Providers should make sure to educate all staff regarding the clinic's plan for implementation of the Hib vaccine booster dose.

In this dynamic situation, we will update you promptly about additional options and recommendations as supplies of Hib-containing vaccines change.

Because supplies of Hib-containing vaccine are not sufficient to provide booster doses to all children who have been deferred, the [Special Schedule for Required Immunizations for Child Care](#) that reflects the Hib vaccine shortage remains in effect. The Immunization Branch will notify health care providers and child care centers when supplies of Hib-containing vaccine are sufficient to return to the regular immunization schedule for child care.

In order to widely disseminate the updated recommendations, CDC is including in all vaccine shipments a notice to all providers highlighting key points, and a Q & A document for providers and patients. These items are attached.

[Electronic delivery of VFC updates available](#) - To receive future VFC communications immediately by email, contact VFC customer service (1-877-243-8832) or eziz@cdph.ca.gov) and provide your name, VFC Provider number and email address or register your email address at eziz.org.

DOCUMENTATION

Updated Recommendations for Use of Haemophilus influenzae Type b (Hib) Vaccine:
Reinstatement of the Booster Dose at Ages 12-15 Months.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5824a5.htm?s_cid=mm5824a15e

Hib Return to Booster Q&A – for Providers

<http://www.cdc.gov/vaccines/vpd-vac/hib/faqs-return-to-booster-hcp.htm>

2009 Special Schedule (Immunization Requirements)

<http://www.cdph.ca.gov/programs/immunize/Documents/Table1-2HibChanges.pdf>

Enclosures: Hib Return to Booster Q&A—for Providers
Important Message from CDC (July 2009)

cc: CDPH Immunization Branch Field Representatives
Local Health Officers
Local Health Department Immunization Coordinators
Local Health Department CHDP Program Directors
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Marian Dalsey, M.D., Acting Chief, Children Medical Services Branch, DHCS
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Alan Morita, Pharm.D., Medi-Cal Pharmacy Policy Branch, DHCS
Kathy Chance, M.D., Children Medical Services Branch, DHCS

ATTACHMENT

July 2009 Immunization Schedule Options for Implementing the Booster Dose of *Haemophilus influenzae* type b (Hib) Vaccine for Children (Birth Through 18 Months)—Schedule for DTaP, IPV, Hepatitis B, and Hib*

Using Pentacel® (DTaP-IPV/Hib) for Primary the Series and the Booster Dose

2 months	4 months	6 months	12-15 months
Pentacel® (or individual components)	Pentacel® (or individual components)	Pentacel® (or individual components)	Pentacel® §
HBV	(HBV)^	HBV	-

Using Pediarix® (DTaP-IPV-Hep B) and Hib Vaccine for the Primary Series and Pentacel® for the Booster Dose

2 months	4 months	6 months	12-15 months
Pediarix® (or individual components^)	Pediarix® (or individual components^)	Pediarix® (or individual components^)	Pentacel® §
Hib	Hib	Hib	-

Using PedvaxHIB® for the Primary Series and Booster Dose (Clinics Serving Native American Children)

2 months	4 months	6 months	12-15 months	15-18 months
PedvaxHIB®	PedvaxHIB®	-	PedvaxHIB®	-
Pediarix® (or individual components^)				DTaP

*Other recommended vaccines (e.g., PCV7, MMR) not included in the charts

§ The booster dose of Pentacel® should be given at least 6 months after the 3rd dose of DTaP.

^Dose of HBV vaccine recommended at birth; if not given at birth, dose at 4 months recommended.