



Bulletin No. 11

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1997 Alaska Immunization Recommendations - Part II

As shown in the companion *Epidemiology Bulletin*, No. 10, **1997 Alaska Immunization Recommendations-Part I**, the 1997 immunization schedule contains several new recommendations, including:

- **DTaP (diphtheria/tetanus/acellular pertussis) is now recommended for all doses of the routine series;**
- **polio protection can be provided with OPV (oral polio vaccine), IPV (inactivated polio vaccine), or a combination of the two.**

DTaP

In January, 1996, the Alaska Immunization Program began providing *Tetramune*[®], a combination DTP/Hib vaccine. Use of this vaccine reduced the number of injections required during each infant immunization visit.

Why is Alaska switching to separate DTaP and Hib?

DTaP is now recommended for routine use because of the reduced frequency of adverse reactions (when compared to whole-cell pertussis vaccine) and the vaccine's high efficacy. *Tetramune*[®] will no longer be available from the Alaska Immunization Program.

Should providers quit using their current stocks of *Tetramune*[®] (or any other whole-cell DTP)?

No. During the transition period from DTP to DTaP, whole-cell pertussis-containing vaccines are acceptable for all doses in the pertussis vaccination series.

Which type of DTaP vaccine will be supplied by the Alaska Immunization Program?

Tripedia[®], the same acellular pertussis vaccine currently supplied in Alaska for the fifth dose in the series, will now be supplied for the entire vaccine series.

When should DTaP be used?

DTaP is recommended for **all five doses** of the routine vaccination series against diphtheria, tetanus, and pertussis among children. The vaccine should be given at 2, 4, 6, 15-18 months, and 4-6 years of age. (The fourth dose may be given as early as 12 months of age if at least 6 months have elapsed since receipt of the third dose.)

How do we complete the vaccine series for a child who has already begun receiving DTP?

Whenever possible, the same DTaP vaccine should be used throughout the entire vaccination series. However, **any licensed DTaP vaccine may be used to complete the vaccination series of children who have had one, two, three, or four doses of whole-cell DTP.**

If a child has been receiving DT, can we now use DTaP instead?

It depends. **Contraindications to DTaP are the same as those for DTP**; children who experience adverse reactions that are contraindications for subsequent doses of DTP should NOT receive further vaccinations with either DTaP or DTP. In this instance, DT (pediatric diphtheria/tetanus) should be used. If a child was receiving DT due to parental preference, DTaP may be used following DT vaccination. (However, children <7 years of age should not receive more than 6 doses of diphtheria/ tetanus-containing vaccines.)

Hib

Which type of Hib vaccine will be supplied by the Alaska Immunization Program?

The Program will supply *HibTITER*[®] vaccine, the same Hib component utilized in *Tetramune*[®].

How many doses of the vaccine are required?

Four doses of *HibTITER*[®] are required for complete protection. The recommended schedule for these doses is 2, 4, 6, and 12-15 months of age.

How should Alaska providers who have been using *PedVaxHIB*[®] for the first dose of protection against Hib disease use the new vaccine?

Just as with *Tetramune*[®], providers who use *PedVaxHIB*[®] for the first dose may complete the series with *HibTITER*[®]. A total of four doses of Hib vaccine should be given.

Polio

What are the new polio vaccine recommendations?

Providers currently may choose among three different polio schedules; all OPV, all IPV, or 2 IPV/2 OPV ("sequential schedule"). Although CDC recommends the sequential schedule, the ACIP statement notes "vaccination schedules using IPV alone or OPV alone are both effective...and are acceptable options for preventing poliomyelitis." *The Alaska Immunization Program continues to strongly recommend an all OPV schedule.*

Why did CDC change the polio recommendations?

Vaccine associated paralytic poliomyelitis (VAPP) has resulted in 8-9 reported cases of paralytic polio in the United States each year. The only indigenous cases of polio in the US in the last 17 years have been due to oral polio vaccine (OPV), while there have been no cases due to wild poliovirus.

Why does Alaska recommend an all OPV schedule?

The implications of adding another injection to an already confusing immunization schedule may result in increased parental resistance to *all* immunizations. The new DTaP recommendation, where the risk of an adverse reaction is much greater than that for OPV, already necessitates an additional injection for children during their first two immunization visits. Adding IPV at these visits would result in four injections per visit. The risk of VAPP is minimal, particularly when compared to the risk for under-immunization with *all* vaccines.

Will IPV be available from the State Immunization Program?

Yes. IPV will be available for the previously indicated uses (i.e., immunocompromised patient/ household contact) and for providers wishing to use an all IPV or sequential IPV/OPV schedule.

Vaccine Information Statements

Are new Vaccine Information Statements available?

New Vaccine Information Statements (VIS) are available for DTP/DTaP, Hib, and polio. Alaska providers will receive a complete set of currently available VIS within the next few weeks.

For more information about vaccines & schedules, call the Alaska Immunization Program - (907) 269-8000