

Bulletin No. 13
October 3, 2001

Pneumococcal Conjugate Vaccine (PCV7) Shortage - Revised Recommendations

Since January 2001, pneumococcal conjugate vaccine (PCV7 or *Prevnar*TM) has been provided by the Alaska Section of Epidemiology. **We are currently out of PCV7 vaccine and do not expect to receive more vaccine for at least one month.**

Previously published PCV7 guidelines (*Epidemiology Bulletin* No. 19, December 21, 2000) recommend use of the vaccine in all children 6 weeks-23 months of age and for "high risk" children (see below) 24-59 months of age. In addition, the vaccine could be considered for all children 24-59 months of age, with priority given to those 24-35 months of age, children of Alaska Native, American Indian, or African-American descent, and children who attend group day care centers.

Revised Recommendations

"In August 2001, deliveries of PCV7 were delayed, resulting in spot shortages throughout the country. Although the manufacturer (Wyeth Lederle) projects shipping sufficient vaccine to meet needs throughout the remainder of 2001 and has sufficient manufacturing capacity to meet U.S. demand, health care providers may continue to experience temporary shortages as supplies are replenished." (Centers for Disease Control and Prevention. Notice to Readers: Decreased Availability of Pneumococcal Conjugate Vaccine. *MMWR*. September 14, 2001, Vol. 50, No. 36; pp. 783-4.)

Until sufficient supplies are available, CDC and the Alaska Section of Epidemiology recommend that **all providers should defer the vaccination of children ≥ 2 years (i.e., ≥ 24 months) of age, except those aged 2-5 years who are at "high risk" for pneumococcal infection caused by an underlying medical condition, as shown below:**

- Children with **Sickle Cell Disease** and other sickle cell hemoglobinopathies, including hemoglobin SS, hemoglobin S-C, or hemoglobin S- β -thalassemia, or children who are functionally or anatomically asplenic;
- Children with **HIV infection**;
- Children who have **chronic disease**, including chronic cardiac and pulmonary disease (excluding asthma), diabetes mellitus, or CSF leak;
- Children with **immunocompromising conditions**, including (a) malignancies (e.g., leukemia, lymphoma, Hodgkin's disease); (b) chronic renal failure or nephrotic syndrome; (c) those children receiving immunosuppressive chemotherapy, including long-term systemic corticosteroids; and (d) those children who have received a solid organ transplant.

Special Vaccine Availability for AK Natives

Because Alaska Natives exhibit an increased rate of invasive pneumococcal infections, the Alaska Native Tribal Health Consortium (ANTHC) will purchase a small supply of PCV7 for use through tribal providers for Alaska Native populations 24-35 months of age. Tribal Health Corporations should contact the ANTHC Immunization Program to determine availability of vaccine. Vaccine from ANTHC must be accounted for separately from state-supplied vaccine.

Contingency Plans

If supplies of PCV7 become insufficient to vaccinate all children < 2 years of age and those at increased risk of pneumococcal disease, providers should prioritize available vaccine as follows:

- Highest priority should be given to vaccination of all infants less than 12 months of age and children 1-5 years of age at increased risk due to a medical condition.
- Completion of the primary series is a higher priority than delivering the 12-15 month booster dose on schedule, and the latter should be deferred before the former.
- Catch up vaccination for healthy children 1-2 years of age and booster doses for healthy children who have completed the primary series should be deferred. Records should be kept so that the deferred vaccinations can be given when vaccine becomes available.

Efficacy of an Incomplete Series

Although prelicensure trials have shown efficacy of a partial vaccination series, the duration of protection and whether protection occurs for all serotypes included in the vaccine is not clear. If a child has missed one or more doses of the primary series, they should resume vaccination where they left off when more vaccine is available. There are no safety or efficacy implications in doing so.

Duration of the Shortage

The duration of the PCV7 shortage is uncertain, but it is expected the shortage will last *at least* through December 2001. Providers will be notified via an *Epidemiology Bulletin* when the shortage is over and previous recommendations are restored.