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Pneumococcal Conjugate Vaccine (PCV7) Shortage Eases: Reinstatement of Dose 3 in Healthy Children and Doses 3 & 4 for All AK Natives

In response to vaccine shortages during 2004, the Section of Epidemiology has issued several revisions to pneumococcal conjugate vaccine (PCV7 or Prevnar™) recommendations.^{1,2} Vaccine production problems now appear to have been resolved and deliveries are projected to be adequate to permit all children to receive at least three doses of the vaccine.

- Alaska healthcare providers may **reinstate routine administration of the third dose of PCV7 for healthy children ≤12 months of age. The fourth dose should still be deferred for healthy children until further production and supply data demonstrate sustainability of a 4-dose schedule.**
- The full, 4-dose series should continue to be given to children at increased risk for pneumococcal disease because of certain chronic conditions (e.g., sickle cell disease, anatomic asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant or an immunocompromising condition.)**
- Because studies indicate their risk of invasive pneumococcal disease is more than twice the national average, **all Alaska Native and American Indian children should receive the standard 4-dose PCV7 series at 2, 4, 6 and 12-15 months.**

Effective immediately, the Alaska Section of Epidemiology recommends the use of PCV7 vaccine as shown on the table below.

Catch-Up Vaccination

Because of the frequency of healthcare provider visits for children during their first 18 months, catch-up vaccination should occur at regularly scheduled visits for most

children. Programs that provide vaccinations but do not see children routinely for other reasons should consider a notification process to contact under-vaccinated children.

Prioritization for Catch-up Vaccination

Priority	Group
Highest	Children <5 yrs of age at high risk for invasive pneumococcal disease
Second	Healthy children <24 mos of age who have not received any doses of PCV7
	Healthy children <12 mos of age who have not received 3 doses of PCV7

Vaccine Ordering

At this time the Alaska Immunization Program projects being able to fill vaccine orders. However, providers should carefully review their current inventories prior to placing an order. Over-ordering may result in an insufficient vaccine supply to meet the needs of the entire state.

Routinely, Alaska providers are asked to order vaccines on a monthly basis. If a clinic recently had an order filled and does not wish to wait an additional month before increasing PCV7 supplies, a one-time order for PCV7 may be sent to the Immunization Program through the routine ordering mechanism. For questions about this process, please call the Alaska Vaccine Depot at (907) 341-2202.

References:

- Shortage of Pneumococcal Conjugate Vaccine (PCV7) – Temporary Suspension of 4th Dose in Healthy Children. *Bulletin* No. 5, February 18, 2004.
- Shortage of Pneumococcal Conjugate Vaccine (PCV7) Worsens – Temporary Suspension of 3rd and 4th Doses in Healthy Children. *Bulletin* No. 6, March 9, 2004.

Recommended Pneumococcal Immunization Regimens While PCV7 Shortage Exists

Age at examination (months)	Previous PCV7 History	Recommended Regimen	
		Healthy Children	High Risk* or AK Native/American Indian
2 – 6	0 doses	3 doses, 2 mos apart	same + 1 dose @ 12-15 mos
	1 dose	2 doses, 2 mos apart	
	2 doses	1 dose, 2 mos after most recent dose	
7 – 11	0 doses	2 doses, 2 mos apart; 3 rd dose @ age 12-15 mos	same
	1 dose before age 7 mos	1 dose @ age 7-11 mos, additional dose @ age 12-15 mos (≥2 mos later)	same
	2 doses before age 7 mos	1 dose @ age 7-11 mos	same + 1 dose @ 12-15 mos
12 – 23	0 doses	2 doses, ≥2 mos apart	same
	1 dose before age 12 mos	2 doses, ≥2 mos apart	same
	1 dose @ age ≥12 mos	1 dose, ≥2 mos after most recent dose	same
	2 doses before age 12 mos	1 dose, ≥2 mos after most recent dose	same
24 – 59	Any incomplete schedule of <3 doses	not routinely recommended ¶	1 dose ≥2 mos after most recent dose; another dose ≥2 mos later
	Any incomplete schedule of 3 doses	not routinely recommended ¶	1 dose ≥2 mos after most recent dose

* "High risk" = sickle cell disease, anatomic asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant or immunocompromising condition.

¶ Recommendation may change when shortage is resolved.