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Pneumococcal Conjugate Vaccine (PCV7) Shortage Ends – Return to Routine Schedule

In October 2001 and August 2002 the Section of Epidemiology announced revised recommendations for the administration of PCV7 as a result of national vaccine supply shortages.^{1,2} **The national PCV7 (Prevnar™) vaccine shortage is over.**³ Vaccine production and deliveries are now adequate to permit a return to the routine schedule for PCV7 use as recommended by the Advisory Committee on Immunization Practices (ACIP) and more recent additional guidance from CDC.^{4,5} Catch up vaccination may occur during regularly scheduled visits for most children, according to the schedule shown on Table 1.

Despite the PCV7 vaccine shortage, introduction of the vaccine has been associated with a 69% decline in invasive disease among children <2 years through 2001 (78% for vaccine serotypes and 50% for vaccine-related serotypes). Declines in disease rates also were evident among adults (32% for 20-29 years old, 8% for 40-64 years old, and 18% for ≥65 years old).⁶

PCV7 RECOMMENDATIONS FOR USE

HIGHEST PRIORITY

- **All children 6 weeks – 23 months of age;**
- **“High Risk” children 24-59 months of age** 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 or cochlear implant;
 - Children with **immunocompromising conditions**, including (a) malignancies (*e.g.*, leukemia, lymphoma, Hodgkin’s disease); (b) chronic renal failure or nephritic syndrome; (c) those children receiving immunosuppressive chemotherapy, including long-term systemic corticosteroids; and (d) those children who have received a solid organ transplant;
 - Children with cochlear implants.

SECOND PRIORITY

(Children for whom PCV7 should be considered)

All children 24-59 months of age, with priority given to:

- Children aged 24-35 months;
- Children of Alaska Native, American Indian or African-American descent;
- Children who attend group day care centers.

References:

1. Pneumococcal Conjugate Vaccine (PCV7) Shortage – Revised Recommendations. *Bulletin* No. 13, October 3, 2001. Section of Epidemiology, Division of Public Health, Department of Health and Social Services, State of Alaska, Anchorage, AK.
2. Continuing Shortage of Pneumococcal Conjugate Vaccine (PCV7) Leads to Revised Recommendations. *Bulletin* No. 18, August 7, 2002. Section of Epidemiology, Division of Public Health, Department of Health and Social Services, State of Alaska, Anchorage, AK.
3. Notice to Readers: Pneumococcal Conjugate Vaccine Shortage Resolved. Centers for Disease Control and Prevention *MMWR*.2003;52(19):446-7.
4. Preventing Pneumococcal Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices. Centers for Disease Control and Prevention *MMWR*. 2000;49(RR-9).
5. Pneumococcal Vaccination for Cochlear Implant Recipients. Centers for Disease Control and Prevention *MMWR*. 2002;51(41):931.
6. Whitney CG, Farley MM, Hadler, et al. Decline in Invasive Pneumococcal Disease after the Introduction of Protein-Polysaccharide Conjugate Vaccine. *N Engl J Med* 2003;348:1737-46.

Table 1. Recommended regimens for pneumococcal conjugate vaccine among children with a lapse in vaccine administration.

Age at examination	Previous pneumococcal conjugate vaccination history	Recommended regimen*
2-6 months	0 doses	3 doses 2 months apart, 4th dose at 12-15 months
	1 dose	2 doses 2 months apart, 4th dose at 12-15 months
	2 doses	1 dose, 4th dose at 12-15 months
7-11 months	0 doses	2 doses 2 months apart, 3rd dose at 12-15 months
	1 or 2 doses before age 7 months	1 dose at 7-11 months, with another dose at 12-15 months (≥2 months later)
12-23 months	0 doses	2 doses ≥2 months apart
	1 dose before age 12 months	2 doses ≥2 months apart
	1 dose at ≥12 months	1 dose ≥2 months after the most recent dose
	2 or 3 doses before age 12 months	1 dose ≥2 months after the most recent dose
24-59 months Healthy children†	Any incomplete schedule	Consider 1 dose ≥2 months after the most recent dose
High risk‡	< 3 doses	1 dose ≥2 months after the most recent dose and another dose ≥2 months later
	3 doses	1 dose ≥2 months after the most recent dose

*For children vaccinated at age <1 year, the minimum interval between doses is 4 weeks. Doses administered at ≥12 months should be at least 8 weeks apart.

†Providers should consider 1 dose for healthy children aged 24-59 months, with priority to children aged 24-35 months, children of Alaska Native, American Indian or African-American descent, or those who attend group child care centers.

‡Children with sickle cell disease, asplenia, human immunodeficiency virus infection, chronic illness, cochlear implant or immunocompromising condition.