Continuing Shortage of Pneumococcal Conjugate Vaccine (PCV7) Leads to Revised Recommendations

Recently most U.S. vaccine shortages have begun to ease or disappear. However, pneumococcal conjugate vaccine (PCV7 or Prevnar™) is expected to remain in short supply at least through the end of 2002.

In October 2001 the Section of Epidemiology recommended that PCV7 be deferred in children ≥24 months of age unless they had an underlying medical condition that placed them at higher risk of developing pneumococcal disease. This recommendation allowed Alaska to maintain a small but steady supply of this vaccine until now. But, continued PCV7 shortages make it necessary to further restrict its use for only those at highest risk. Currently the Section of Epidemiology has no PCV7 in stock, and the anticipated arrival date of our next shipment is uncertain. PCV7 orders from Alaska providers will be held on backorder and filled (either in full or in part) when vaccine is available.

To provide guidance on prioritization of PCV7 for children at highest risk of infection, the Section of Epidemiology considered recommendations from the Advisory Committee on Immunization Practices (ACIP) and studies of the epidemiology of invasive pneumococcal disease in Alaska.1-3,8

Effective immediately, the Section of Epidemiology recommends the following schedule for use of PCV7 in infants and children in Alaska.

Recommendations for Children ≤59 Months of Age with “High Risk” Medical Conditions

1. Pneumococcal vaccine should be administered to all high risk children ≤59 months of age as recommended in the “routine” schedule (i.e., at 2, 4, 6 and 12-15 months of age or age appropriate) issued by the ACIP.4 “High risk” children are those who are at increased risk for development of pneumococcal infection caused by an underlying medical condition:

- Children with Sickle Cell Disease and other sickle cell hemoglobinopathies, including hemoglobin SS, hemoglobin S-C, or hemoglobin S-ß-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; and

- 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.


