

MEMO

TO: Prevention Partnership Providers and
Local Public Health Units

FROM: Molly Sander, MPH
Immunization Program Manager

RE: Vaccine Supply Update

DATE: May 7, 2009

Hepatitis B Vaccine:

Since February of 2009, there have been intermittent pediatric hepatitis B vaccine supply constraints in the United States, with some local areas experiencing delays in shipments. **Despite these supply constraints, current analysis conducted by the Centers for Disease Control and Prevention (CDC) indicates that during the remainder of 2009, sufficient pediatric hepatitis B vaccine will be available to meet demand, if providers continue to order vaccine judiciously.**

CDC has worked closely with the two U.S. manufacturers of pediatric hepatitis B vaccines to understand their projections for how much vaccine will be available for the remainder of 2009. Merck expects vaccine to be limited during the remainder of 2009. GlaxoSmithKline (GSK) has planned to bring additional vaccine into the U.S. in September or October to meet the U.S. demand for pediatric hepatitis B vaccine in the fall and is currently working closely with CDC, sharing information about how much vaccine is planned for delivery to the U.S. on a month-by-month basis until that time. Vaccine supply is anticipated to be tightest during the summer months.

CDC will continue to monitor the supply situation carefully, in collaboration with the vaccine manufacturers. One strategy employed by CDC earlier in the year was to release some of both pediatric hepatitis B vaccines from the vaccine stockpiles. If the supply outlook changes and additional strategies are needed, such as a change in the vaccination recommendations, CDC will communicate any new strategy immediately and support its implementation. **At this time, however, providers should continue to administer pediatric hepatitis B vaccine according to ACIP/AAP/AAFP 2009 immunization schedule.**

CDC expects to be successful in maintaining the ability to provide three doses of hepatitis B vaccine to all infants and toddlers on schedule if immunization providers continue routine ordering practices for hepatitis B vaccine. Placing larger-than-normal orders to build a stock of vaccine is discouraged. As you know, changes in vaccine purchase patterns based on concerns about vaccine supply can worsen the nationwide supply situation. The continued judicious

purchase of pediatric hepatitis B vaccine during the remainder of 2009 will help manage through the tight supply anticipated in the summer months and assure that U.S. providers can continue to protect all children by following the routine 3-dose schedule.

In May, the North Dakota Department of Health (NDDoH) will begin receiving monthly allocations of hepatitis B vaccine from CDC. **North Dakota hospital orders may be limited to one month supplies, depending on the availability of hepatitis B vaccine from CDC. If so, hospitals will be able to order monthly if needed.**

Haemophilus influenzae Type B (Hib) Vaccine:

Hib vaccines continue to be in short supply. Merck is working to restore market availability of Hib-containing vaccines, PedvaxHIB[®] and Comvax[®], but the availability of these vaccines may be subject to a further delay, with Merck's current estimate of availability being mid to late 2009. In response to the shortage, CDC and AAP recommend deferral of the booster dose at 12 through 15 months of age except in high risk groups. Sanofi pasteur currently is providing sufficient Hib vaccine, ActHIB[®] and Pentacel[®], to cover the three-dose series through mid 2009, and has developed a supply plan to support reinstatement of the booster dose some time in mid 2009, using a combination of their Hib-containing products. CDC will work closely with sanofi pasteur to determine available supply and options for catch up.

NDDoH Vaccines:

The NDDoH will continue to supply Pentacel[®] and single antigen hepatitis B vaccine to most North Dakota providers. Indian Health Service (IHS) facilities and other providers, previously identified, who serve mainly American Indian children, will continue to receive Pediarix[®] and PedvaxHIB[®] vaccine.

Recently the NDDoH has received multiple reports of Hib vaccines expiring or being wasted. Especially during the Hib shortage, Hib vaccines should not be expiring. Notify the NDDoH at least three months prior to expiration and we will work with providers to transfer vaccine. If providers have TriHIBit[®] in their inventories, they should administer the booster dose of Hib vaccine, preferable to high-risk children, but to healthy children as well if the vaccine is going to expire. Providers who are switching to Pentacel[®] or have already switched to Pentacel[®] from Pediarix[®] should be sure to deplete supplies of Pediarix[®]. If providers need single antigen Hib vaccine to deplete supplies of Pediarix[®] or would like to transfer Pediarix[®] doses, contact the NDDoH Immunization Program.

Please contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.

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