Memorandum

TO: Regional Directors, Health Service Regions
Regional Immunization Program Managers, Health Service Regions
Health Department Directors, Local Health Departments
Immunization Program Managers, Local Health Departments

FROM: Karen Hess, Manager
Vaccine Services Group

THRU: Monica Gamez, Acting Manager
Immunization Branch

DATE: February 26, 2010

SUBJECT: Texas Vaccines for Children Program: *Huemophilus influenzae* type b vaccine (Hib) Fourth Dose Patient Recall

In July 2009, providers enrolled in the Texas Vaccines for Children (TVFC) program were notified that deferral of the fourth dose of *Haemophilus influenzae* type b Conjugate (Hib) to children 12-15 months of age was rescinded. However, at that time vaccine supplies were not able to support a recall of all children. At present, national supplies of PedvaxHib® and Hiberix® have improved to the extent that a recall is now possible. Beginning immediately TVFC providers may begin recalling children who did not receive the Hib fourth booster dose.

The Centers for Disease Control and Prevention (CDC) continues to allocate Hib-containing vaccines to all states, i.e., states may not order above a designated number of doses of each product. Allocations in the past few months have included higher ratios of Pentacel® [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate Vaccine] at about 60-70 percent as compared to ActHib®, Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate), at 30-40 percent. Hiberix® [Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate)] is now being allocated in numbers similar to ActHib®. Providers can expect the following with regard to Hib-containing product supply.

- Provider Hib vaccine orders will continue to be adjusted using the same ActHib®/Pentacel® ratio applied to Texas.
- Providers will continue to receive Pentacel® as a major portion of all Hib orders (approximately 60%-70%).
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- Until CDC allocations end, Pentacel® and Hiberix® will not have their own Maximum Stock Levels (MSL). The Hib MSL will continue to determine total doses of Hib-containing product available to providers.

Providers are asked to adhere to the following recall guidelines:
- Infants should continue to receive their primary Hib series at 2, 4, and 6 months, with a booster dose at 12-15 months.
- Older children for whom a Hib booster dose was deferred, may be recalled to receive their booster dose.
- Mass recall of children who require a Hib booster dose may occur if individual provider supplies support such a recall.
- Continue to use Pentacel® as a primary source of Hib-containing vaccine for the primary series (doses 1-3) and order appropriate amounts of hepatitis B vaccine to administer along with Pentacel®.
- Continue to use ActHib® as a companion vaccine when using Pediarix® [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine Combined] for the primary series.
- Use Hiberix® as the Hib booster dose for children 15 months through 4 years of age (prior to fifth birthday).
- If necessary, use ActHib® as a Hib booster dose for children 12-59 months of age who only need one dose of Hib.
- If Pentacel® is the only Hib-containing product available, it may be used as a booster even if the child has already received all the necessary doses of DTaP and IPV.

More detailed information on routine and catch-up schedules for delivering Hib vaccines may be found at [www.cdc.gov/vaccines/rccs/schedules/detilUIL.htm#child](http://www.cdc.gov/vaccines/rccs/schedules/detilUIL.htm#child).

Please direct questions regarding this memo to Health Service Regions, Local Health Departments, or TVFC consultants. Other sources may not have the most current information.

*PedvaxHibee is not offered by the Texas Vaccines for Children Program