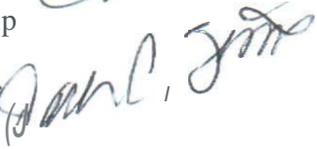




Memorandum

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: Jack C. Sims, Manager 
Immunization Branch

DATE: July 3, 2009

SUBJECT: Texas Vaccines for Children Program: *Haemophilus influenzae* type b vaccine (Hib) Booster Dose Reinstatement

The Centers for Disease Control and Prevention (CDC) has reinstated the booster dose of *Haemophilus influenzae* type b Conjugate vaccine (Bib) to children 12-15 months of age. The CDC also announced that vaccine supplies are not sufficient to support a recall of all children for whom the booster dose was previously deferred, and these children should be vaccinated at the next medical encounter rather than being recalled.

Effective immediately, providers enrolled in the Texas Vaccines for Children (TVFC) program may resume administering the booster dose of Hib vaccine to children 12-15 months of age. Hib-containing vaccines continue to be allocated by the CDC. The July allocation did increase, but only slightly. Along with doses remaining in the state inventory, vaccine supply should be sufficient to reinstate the booster dose. In order to utilize, but not exceed, available Hib-containing doses, providers are asked to adhere to the following guidelines:

- Effective immediately, infants should receive the primary Hib series at 2, 4, and 6 months of age, with the booster dose at 12-15 months of age.
- Older children for whom the Bib booster dose was deferred, should receive their booster dose at the next routinely scheduled visit or medical encounter.
- Mass recall of children who had the booster dose of Hib deferred is not recommended; the current supply of Hib-containing vaccines will not support such recalls.

Reinstatement

July 3, 2009

- Continue to use Pentacel® [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and *Haemophilus influenzae* b Conjugate Vaccine] as a primary source of Hib-containing vaccine for the primary series (doses 1-3), and the booster dose at 12-15 months of age, and order appropriate amounts of hepatitis B vaccine to administer along with Pentacel.
- Continue to use ActHib® as a companion vaccine when using Pediarixilc [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis 13 (Recombinant) and Inactivated Poliovirus Vaccine Combined] for the primary series (doses 1-3).
- Continue to use ActHib® as the 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 the booster dose even if the child has already received all the necessary doses of DTaP and IPV.

Until the supply of Hib vaccine improves and allocation is no longer necessary, providers should expect the following from the TVFC:

- Providers will continue to receive Pentacel® as a major portion of all Hib orders (approximately 60% -70%).
- Pentacelue will not have its own Maximum Stock Level (MSL). The Hib MSL will continue to determine total doses of Hib-containing product available to providers.
- Hib vaccine orders will be adjusted based on the ActHib®/Pentacel® ratio allocated to the state.

For more detailed information on routine and catch-up schedules for delivering Hib vaccines, please see <http://www.cdc.gov/vaccines/recs/schedules/default.htm#chiId>.

Please direct questions regarding this memo to Health Service Regions, Local Health Departments, or TVFC consultants.