



We realize that the Hib shortage continues to cause many problems for our providers. We appreciate your patience and understanding of the constraints we are under in trying to provide you adequate supplies of Hib vaccine.

**Flu Vaccine**

The influenza vaccine orders for the month of October have been processed and sent to McKesson for distribution to our providers. You should be receiving your flu order in a separate shipment within the next 7-10 days. We were able to give providers approximately 40 % of their 6-35 month old request, 60 % of their 3-18 year old request, and 100 % of their FluMist request. We continue to receive more vaccine from the manufacturers and anticipate being able to fill more of your vaccine needs in November. As a reminder, you can continue to order flu vaccine throughout the course of the influenza season.

As always, if you have any questions please call the State Immunization Program at (860) 509-7929.

## Guidance on the use of Pentacel and Pediarix August 2008

Pentacel is a combination vaccine that contains DTaP, IPV and Hib vaccines. Pentacel is supplied as single-dose vials, 5 doses to a package. A single-dose vial of liquid DTaP-IPV vaccine is used to reconstitute a single-dose vial of lyophilized ActHIB vaccine. The vaccine must be kept at refrigerator temperature (35°-46° F) at all times. Pentacel must never be frozen. Vaccine exposed to freezing temperature must not be used.



### IMPORTANT NOTE:

The availability of Pentacel will improve the Hib vaccine supply situation in the United States. However, the availability of Pentacel is not sufficient to reinstate the last (booster) dose of the Hib vaccine series (i.e., the dose administered after the first birthday). Although Pentacel is licensed by FDA for the fourth dose in the DTaP, IPV and Hib series, providers should NOT use it for the fourth dose until there is further improvement in the Hib vaccine supply (anticipated for the last quarter of 2008). **Until the Hib supply improves Pentacel should be used ONLY for the first three doses of the DTaP, IPV, and Hib vaccination series, except as noted below.**

As with all combination vaccines, there are no special rules for Pentacel, except as determined by FDA licensure of the product (i.e., the maximum age for any dose-see below). The schedule, minimum intervals, and minimum ages are determined by the individual components. The recommended schedule for Pentacel is similar to those for DTaP and ActHib with doses at 2, 4, 6, and 15 through 18 months of age.

Pentacel can be administered to any child 6 weeks through 4 years of age, without a contraindication to any component, for whom DTaP, IPV, and Hib vaccines are indicated. As stated on the childhood immunization schedule, **a combination vaccine, including Pentacel, may be used whenever any component(s) of the combination is indicated and no other component of the vaccine is contraindicated.** This means that Pentacel can be used when a child needs one or two components, but does not need the others.

Contraindications and precautions for Pentacel are the same as those for DTaP, IPV, and Hib vaccines.

The following minimum ages and intervals are defined for the component vaccines in various ACIP statements, and in particular in Table 1 of the 2006 version of the *General Recommendations on Immunization* (<http://www.cdc.gov/mmwr/PDF/rr/rr5515.pdf>, page 3) and on page 31-32 of the 2006 AAP *Red Book*.

Parameter	Age/interval
Minimum age for any dose	6 weeks
Minimum interval for doses 1 and 2	4 weeks
Minimum age for dose 2	10 weeks
Minimum interval for doses 2 and 3	4 weeks
Minimum age for dose 3	14 weeks
Minimum interval for dose 3 and 4	<b>6 months</b> (determined by DTaP component; minimum interval for dose 3-4 is two months for Hib and four weeks for IPV)
Minimum age for dose 4	<b>12 months</b> (determined by DTaP and Hib components). Note that both the minimum interval AND age must be met for the fourth dose of DTaP or Hib (as Pentacel or any other formulation) to be counted as valid
Maximum age for <b>any</b> dose	4 years, 364 days (i.e., do not administer at age 5 years or older)

Please refer to the tables below for guidance on schedules for Pentacel, Pediarix and the single antigen series for Hep B, Hib, IPV DTaP for healthy children\* during the Hib vaccine shortage.

## Examples of Schedules Using Pentacel and/or Pediarix for Healthy Children\* During the Hib Shortage

The first two tables below provide examples of how to introduce Pentacel in your practice using two different schedules. The second two tables review the schedules for the single antigen and Pediarix series for Hep B, IPV, Hib and DTaP.

### Schedule for Hep B, Hib\*, IPV, and DTaP Using Pentacel for All Doses

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B		Hep B		
				DTaP	DTaP
					IPV
	Pentacel	Pentacel	Pentacel		

### Schedule for Hep B, Hib\*, IPV, and DTaP Using Pentacel For First Dose Only and Pediarix for Remainder of Doses

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B				
		Hib	Hib		
				DTaP	DTaP
					IPV
	Pentacel				
		Pediarix	Pediarix		

### Schedule for Hep B, Hib\*, DTaP and IPV Without Pentacel or Pediarix

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B		Hep B		
	Hib	Hib	Hib		
	DTaP	DTaP	DTaP	DTaP	DTaP
	IPV	IPV	IPV		IPV

### Schedule for Hep B, Hib\*, IPV, and DTaP Using Pediarix Only (No Pentacel)

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B					
	Hib	Hib	Hib		
				DTaP	DTaP
					IPV
	Pediarix	Pediarix	Pediarix		

Pentacel contains DTaP, IPV and Hib. Pediarix contains DTaP, IPV, and Hep B

Neither Pentacel nor Pediarix should be used prior to 6 weeks of age. In general ACIP recommends the same brand of DTaP be used for all doses of the series. However, different brands can be used if the providers does not know or have available the brand of DTaP used for prior doses.

\*When supplies are sufficient an additional dose of Hib vaccine (single antigen or as part of a combination vaccine) is recommended for healthy children at 12 through 15 months of age (at least 2 months after the prior dose). Either Pentacel or single antigen Hib vaccine may be used at 12 through 15 months of age for children who are at increased risk of Hib disease or who have not completed a complete primary Hib schedule. If Pentacel is administered at 12 through 15 months of age a dose of DTaP at 15 through 18 months of age is not needed. See *MMWR* 2007;56(No.50):1318-1320 for additional details.

Questions or comments on this document should be directed your state or local immunization program, or to CDC by e-mail at [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov).

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vmbip/downloads/agm/pent-guide.pdf>

**Vaccine for Children's Program (VFC)  
Eligibility Criteria for State of CT provided vaccines October 2008**

Vaccine	Age Group	VFC Status of Children		CPT Code(s)
		VFC-Eligible <sup>1</sup>	Non-VFC Children	
Varicella Dose 1 Dose 2	12 months-18 years <sup>2</sup> 15 months-18 years	YES YES	YES YES	90716 90716
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	90744 90744
Td	Children 7-18 years <sup>3</sup>	YES	YES	90714
MMR (Doses 1 & 2)	12 months-18 years College entry	YES YES	YES YES	90707 90707
Pneumococcal Conjugate Vaccine	2-59 months	YES	<b>NO</b>	90669
Influenza	6 months-18 years	YES	<b>NO</b>	90655 90656 90657 90658 90660
DTaP	2 months – 6 years	YES	YES	90700
Hib	2-59 months	YES	YES	90647 90648
IPV	2 months-18 years	YES	YES	90713
DTaP/IPV/Hep B	2 months-6 years	YES	YES	90723
Meningococcal Conjugate Vaccine (MCV4)	11-18 years	YES	YES	90734
Tdap	11-12 years 13-18 years <sup>4</sup>	YES YES	YES YES	90715 90715
Hepatitis A	12 months-18 years	YES	<b>NO</b>	90633
Rotateq Rotarix	6-32 weeks 6-24 weeks	YES YES	<b>NO</b> <b>NO</b>	90680 90681
DTaP/IPV	4-6 years	YES	YES	90696
HPV	9-18 years	YES	<b>NO</b>	90649
DTaP/IPV/Hib	2-59 months	YES	YES	90698

1 VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; or (c) American Indian or Alaskan native. In addition those individuals who are underinsured (have health insurance that does not fully cover immunizations) can be referred to a Federally Qualified Health Center (FQHC) to be immunized with VFC-supplied vaccine. Non-VFC Children refers to patients who have private insurance that fully covers the cost of immunizations.

2 Susceptible children who do not have a clinical history of chicken pox.

3 Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 10-18 years old who are in need of a Tetanus containing vaccine and cannot receive Tdap.

4 A single dose of Tdap can be given to 13-18 year olds who are eligible for a Tetanus Diphtheria containing vaccine.

Revised 10/8/08

# DTaP/IPV/Hib Vaccine Order Form

## STATE OF CONNECTICUT

Department of Public Health  
 410 Capitol Avenue, MS# 11MUN  
 Hartford, CT 06134-0308  
 PH:(860) 509-7929 FAX: (860) 509-8371

Please **retain a copy** for your records.

Please report only *state-supplied* vaccines.

Please Print Below					<b>Provider ID Number (PIN):</b>					
Name of Facility:			Address			City		Zip Code		
Date of Order			Completed by (Please Print)			Phone				
<b>ORDER</b> (Please order in <u>DOSES</u> only)										
Vaccine Type		# of Doses per Box	# of <b>Doses</b> Ordered (in multiples of 5)		# of <b>Doses</b> on Hand		Expiration Date(s)		Comments	
<b>DTaP/IPV/Hib (Pentacel)</b>		5 X 1 (Box)								
VACCINE	D O S E #	<b>(D) DOSES ADMINISTERED, BY AGE, FOR THE MONTH OF: _____</b> (Please use only <u>whole/real numbers</u> to report usage)								
		<12 months	12-23 months	24-35 months	3-4 years					<b>TOTAL</b>
<b>DTaP/IPV/Hib</b>	1									
	2									
	3									
	4									