

MEMO

TO: Prevention Partnership Providers and
Local Public Health Units

FROM: Tatia Hardy
Vaccines for Children Coordinator

RE: New Hib Vaccine Available

DATE: October 12, 2009

The Food and Drug Administration (FDA) has now licensed Hiberix[®], a *Haemophilus influenzae* type b (Hib) conjugate vaccine. Hiberix[®] is licensed for use as the booster (final) dose of the Hib vaccine series for children aged 5 months through 4 years who have received the primary series (consisting of 2 or 3 doses, depending on the formulation). The ACIP recommends Hib booster vaccination for children ages 12 through 15 months; however, because of the recent shortage of Hib vaccines, many booster doses were deferred and those children require catch-up vaccination.

To facilitate timely booster vaccination, Hiberix[®] and other Hib conjugate vaccines can be administered as early as age 12 months, in accordance with Hib vaccination schedules for routine and catch-up immunization. **Hiberix[®] is not licensed for the primary Hib vaccination series.** If Hiberix[®] is administered inadvertently during the primary series, the dose should be counted as valid. It does not need to be repeated if it was administered according to schedule. If this happens, a total of 4 doses will complete the series.

Children aged 12 months through 4 years who did not receive a booster because of the recent Hib vaccine shortage should receive a booster with any of the available Hib-containing vaccines at the earliest opportunity. When vaccine supply in the facility is sufficient, immunization providers should review medical records to identify and recall children in need of a booster dose. If supplies are not adequate, providers should continue to follow previous recommendations to provide the booster dose at the child's next regularly scheduled visit.

Hiberix[®] will be available for order from the NDDoH beginning October 12, 2009. The revised order form is attached and will also be available on our website. **Providers should continue to use Pentacel[®] for routine vaccination.** Hiberix[®] may be ordered in addition to ActHIB[®] and Pentacel[®]. PedvaxHIB[®] production remains suspended and will only be available for order by IHS and other facilities with a significant American Indian population.

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

cc: Dr. Terry Dwelle, State Health Officer
Dr. Craig Lambrecht, Medical Director
Molly Sander, Immunization Program Manager
Kirby Kruger, Director

Vaccines For VFC* (regardless of residency) and Non-VFC (Insured) North Dakota Children		
Vaccine	Ages Covered	Eligibility Criteria
Hepatitis B	Birth	<ul style="list-style-type: none"> • <u>Available for administration by hospitals to all children (VFC and insured).</u> • The ACIP and the NDDoH strongly recommend that all children receive the birth dose of hepatitis B vaccine. • Hepatitis B vaccine is VFC-only for all other doses in the hepatitis B series.
Vaccines For VFC Children Only (regardless of state of residence)		
Vaccine	Ages Covered	Eligibility Criteria
DT	6 weeks – 6 years	<ul style="list-style-type: none"> • Only to be administered when DTaP is medically contraindicated. • Call for approval prior to ordering.
DTaP	6 weeks – 6 years	
DTaP/HepB/IPV (Pediarix [®])	6 weeks – 6 years	<ul style="list-style-type: none"> • Approved only for the primary series (i.e., 2, 4, and 6 months). • <u>Only available for administration by IHS facilities or other facilities serving significant American Indian populations.</u>
DTaP-IPV/Hib (Pentacel [®])	6 weeks – 59 months	<ul style="list-style-type: none"> • Approved for use at 2, 4, 6, and 12 – 18 months of age • Pediarix[®] and PedvaxHIB[®] preferred for IHS and other facilities serving significant American Indian populations.
DTaP-IPV (Kinrix [®])	4 years – 6 years	Approved for use as the fifth dose of DTaP and fourth dose of IPV at 4 – 6 years of age.
Hepatitis A	1 – 18 years	<ul style="list-style-type: none"> • Should be routinely administered to children 12-23 months of age.
Hepatitis B	Birth – 18 years	
Hib	6 weeks – 59 months	<ul style="list-style-type: none"> • ActHIB[®] is available in limited supplies. • Hiberix[®] is available for the booster dose in the Hib series. • PedvaxHIB[®] is available to IHS and other facilities with significant American Indian populations.
HPV4 (Gardasil [®])	9 years – 18 years	
Influenza	6 months – 18 years	
IPV	6 weeks – 18 years	
Meningococcal Conjugate (MCV4, Menactra [®])	2 – 18 years	Should be routinely administered to children 11-12 years of age.
MMR	12 months – 18 years	
Pneumococcal	6 weeks – 59 months	

Conjugate (PCV7, Prevnar [®])		
Pneumococcal Polysaccharide	2 – 18 years	<ul style="list-style-type: none"> Available for high-risk children with one or more of the following conditions: <ul style="list-style-type: none"> Chronic illnesses such as cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or CSF leaks. Functional or anatomic asplenia (splenectomy) Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long-term high-dose corticosteroids. Cochlear implants
Rotavirus	6 weeks – 8 months, 0 days	<ul style="list-style-type: none"> Both Rotateq[®] (three dose rotavirus vaccine to be administered at 2, 4, and 6 months of age) and Rotarix[®] (two dose rotavirus vaccine to be administered at 2 and 4 months of age) are available.
Td	7 – 18 years	<ul style="list-style-type: none"> Tdap is recommended instead of Td for adolescents and adults. Td is only necessary for children and adolescents who have not completed the primary series of DTaP.
Tdap	10 – 18 years	<ul style="list-style-type: none"> Boostrix[®] is available for adolescents, ages 10 – 18 years. Adacel[®] is available for adolescents, ages 11 – 18 years.
Varicella (Chickenpox)	12 months – 18 years	

**Other State-Supplied Vaccines
(North Dakota residents only, unless specified)**

Vaccine	Ages Covered	Eligibility Criteria
Hepatitis A/B	19 years and older	Only available at high risk settings, including prisons and HIV counseling and testing sites.
HPV4 (Gardasil [®])	19 – 26 years	<p>Available for uninsured and underinsured females</p> <ul style="list-style-type: none"> Females ages 19 – 21 years who are enrolled in Medicaid must be vaccinated with private vaccine and Medicaid should be billed. Females ages 22 – 26 years who are enrolled in Medicaid may be given state-supplied vaccine. Insured females must be vaccinated with private vaccine and insurance should be billed. Includes students of North Dakota colleges and/or universities, regardless of residency.
Meningococcal+ Conjugate (MCV-4,	17 years – 55 years	<ul style="list-style-type: none"> Available for all college freshman, including those with health insurance and regardless of residency

Menactra [®])		attending North Dakota colleges/universities. <ul style="list-style-type: none"> Also available for all North Dakota high school seniors, regardless of insurance status.
MMR	19 years and older	Available to <u>uninsured</u> or <u>underinsured</u> students born in or after 1957 enrolled in a North Dakota college/university, regardless of residency.
Pneumococcal Polysaccharide	50 – 64 years	Available for high-risk adults with one or more of the following conditions: <ul style="list-style-type: none"> Chronic illnesses such as cardiovascular disease, chronic pulmonary disease (including asthma), diabetes mellitus, alcoholism, chronic liver disease, or CSF leaks. Functional or anatomic asplenia (splenectomy) Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long-term high-dose corticosteroids. Smokers
Pneumococcal Polysaccharide	≥ 65 years	Available to those not enrolled in Medicare.
Shingles	≥ 60 years	Available, <u>in very limited supplies</u> , only at local public health units.
Td/Tdap+	≥ 10 years	<ul style="list-style-type: none"> Available for all (including those with health insurance) North Dakotans who have or who anticipate having close contact with an infant aged <12 months: <ul style="list-style-type: none"> Parents/guardians of infants < 12 months Childcare providers, regardless of age of children attending childcare Expecting fathers Available for any uninsured or underinsured North Dakota adults. Tdap is recommended instead of Td for adolescents and adults.

+The NDDoH also supplies Tdap and MCV4 to local public health units to vaccinate insured children for the middle school entry immunization requirements.

*VFC-eligible children are those who are 18 and younger and meet one of the following criteria:

- No health insurance
- Medicaid eligible
- American Indian or Alaskan Native
- Underinsured – have health insurance, but it does not cover a particular vaccine
 - If your clinic does not have an agreement with a federally qualified health center to vaccinate underinsured children on their behalf, then your clinic must refer underinsured children to a rural health center or federally qualified health center to receive VFC vaccine.



Request for Vaccine

Provider ID Number:	Provider Name:	Date:	
Delivery Address:	City:	State: ND	Zip Code:
Contact Person:	Telephone Number:	<input type="checkbox"/> Check here if this is a new address, telephone number, or contact person.	

Special Delivery Instructions:

All sections must be completed in order for your order to be processed. Allow up to 3 weeks for delivery. Vaccine and materials are shipped on Mondays, Tuesdays, and Wednesdays (weather permitting). Orders will not be filled until the NDDoH has received a doses administered report and temperature charts.

Vaccines	Packaging	Unit size (in doses)	Doses Requested	Doses on Hand
DTaP (For children ≤6 years of age)	Syringes	5		
	Single-dose vials	10		
DTaP/HepB/IPV (Pediatrix®) – <u>IHS only</u>	Syringes	5		
	Single-dose vials	10		
DTaP/Hib/IPV (Pentacel®)	Single-dose vials	5		
DTaP-IPV (Kinrix®)	Single-dose vials	10		
	Syringes	5		
Hepatitis A	Havrix® Syringes	5		
	Havrix® Single-dose vials	10		
	Vaqta® Single-dose vials	10		
Hepatitis B	Syringes	5		
	Single-dose vials	10		
Hib (PedvaxHIB®) – <u>IHS only</u>	Single-dose vials	10		
Hib (ActHIB®)	Single-dose vials	5		
Hib (Hiberix®)	Single-dose vials	10		
HPV	Single-dose vials	10		
IPV	Multi-dose vials	10		
Meningococcal Conjugate Vaccine (MCV-4)	Single-dose vials	5		
MMR	Single-dose vials	10		
Pneumococcal Conjugate Vaccine (PCV-7)	Syringes	10		
Pneumococcal Polysaccharide Vaccine (PPV-23)	Multi-dose vials	5		
Rotavirus (Rotateq®)	Single-dose tubes	10		
Rotavirus (Rotarix®)	Single-dose vials	10		
Tdap	Boostrix® Syringes	5		
	Boostrix® Single-dose vials	10		
	Adacel® Single-dose vials	10		
	Adacel® Syringes	5		
Varicella (Shipped directly from manufacturer)	Single-dose vials	10		
HBIG (Available to hospitals for perinatal use only)	Single-dose vials	1		
Td (Available for use in children ≥7 years of age who have not completed the primary series of DTaP)	Syringes	10		
DT pediatric (Contact ND Immunization Program for pre-approval before ordering)	Single-dose vials	10		

Request for Materials

Provider

Provider ID Number:	Provider Name:	Date:	
Delivery Address:	City:	State: ND	Zip Code:
Contact Person:	Telephone No.:	<input type="checkbox"/> Check here if this is a new address, telephone number, or contact person.	

Note: Please allow 2 weeks for delivery of materials

Item	Quantity	Item	Quantity
CDC Vaccine Information Statements		Miscellaneous	
Chickenpox Vaccine		Baby 411 (Ari Brown)	
Diphtheria, Tetanus, and Pertussis (DTaP) Vaccine		Health Record Folder with inserts	
<i>Haemophilus influenzae</i> type B (Hib) Vaccine		Health Record Folder without inserts	
Hepatitis A Vaccine		Immunizations for Babies (A Guide for Parents)	
Hepatitis B Vaccine		Recommended Childhood Immunization Schedule (CDC)	
Human papillomavirus (HPV) Vaccine		Screen Questionnaire for Child and Teen Immunizations	
Inactivated Influenza		Vaccinations for Adults	
Live Attenuated Influenza		When Do Children and Teens Need Vaccinations? (chart)	
Meningococcal Vaccine		State Forms	
MMR Vaccine		Certificate of Immunization (SFN 16038)	
Multiple Vaccines		Lifetime Immunization Record (SFN 13895)	
Pneumococcal Conjugate Vaccine		Request for Vaccine/Materials (SFN 13800)	
Pneumococcal Polysaccharide Vaccine		Temperature Log (Fahrenheit) (SFN 53775)	
Polio Vaccine		Temperature Log (Celsius) (SFN 58468)	
Rotavirus Vaccine		Temperature Log (Fahrenheit and Celsius) (SFN 58469)	
Shingles Vaccine		Vaccine Administration Monthly Report (SFN 53774)	
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)/ Td		Vaccine Administration Record 2-part (SFN 18385)	
Camera-ready copy: (please circle) Rabies Typhoid Yellow Fever		Vaccine Administration Record (Series) (SFN 50922)	
Brochures		Vaccine Transfer Form (SFN 53766)	
Help Prevent Cervical Cancer: HPV Vaccination for Your Daughter		Vaccine Return and Wastage Form (SFN 53767)	
The HPV Vaccine: Your Cervical Cancer Defense		North Dakota Advisory Committee Immunization Schedule 2008	
What if you don't immunize your child?		North Dakota Immunization Schedule for Indian health Services 2008	
Questions parents ask about baby shots		Adult Tdap Flyer	
Miscellaneous		Vaccine Safety Fact Sheet	
Vaccine Safety Q & A (CHOP)		It's My Turn Poster (Cellphone) 8 X 11	
Reliable Sources of Immunization Information		It's My Turn Poster (Cellphone) 11 X 17	
Vaccine Adverse Events Reporting Form (VAERS)		It's Their Turn Poster (Teens) 8 X 11	
After the Shots... What to do if your child has discomfort		It's Their Turn Poster (Teens) 11 X 17	
Are you 11-19 years old? Then you need to be vaccinated against these serious diseases!		It's Their Turn Fact Sheet	

Fax Completed Form To: NDDoH, Division of Disease Control
Fax No.: 701.328.2499
Phone No.: 701.328.3386 or 800.472.2180