



County of Erie

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COUNTY EXECUTIVE

DEPARTMENT OF HEALTH

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Commissioner of Health

Health Advisory #292 Temporary Decrease in Pentacel® Vaccine Supply

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Please distribute to Pediatricians and Family Practice Physicians

SUMMARY

Sanofi Pasteur has notified the Centers for Disease Control and Prevention (CDC) about a manufacturing delay for its Pentacel® (DTaP-IPV/Hib combination) and DAPTACEL® (DTaP) vaccines. This has led to an immediate decrease in the doses available to customers nationwide. Until this delay is resolved, estimated to be in early fall 2012, Sanofi Pasteur is limiting orders for Pentacel®. **Effective April 23, 2012, CDC has reduced Pentacel® vaccine allocations for New York State's Vaccine for Children (VFC) Program and in turn, the number of doses received by providers will be reduced accordingly.** As CDC has adequate supplies of DAPTACEL® at the VFC program's vaccine distribution center, **no allocations or limitations for VFC orders of DAPTACEL® are in place at this time.**

The impact of this shortage is likely to be minimal on the routine childhood immunization schedule. VFC Program supplies for single-antigen DTaP, IPV and Hib vaccines as well as alternative combination vaccines (e.g., Pediarix® [DTaP, recombinant Hepatitis B and IPV vaccine]), available from all manufacturers, are sufficient to meet provider demand through the summer months. **Doses for your patients should NOT be deferred or delayed.**

To compensate for the reduction in Pentacel® doses, NYS VFC providers are encouraged to increase their orders for DTaP, IPV, Hib and/or Pediarix® vaccines. Alternatives to Pentacel® include:

- DTaP: DAPTACEL® (Sanofi Pasteur), Infanrix® (GlaxoSmithKline).
- Hib: ActHIB® (Sanofi Pasteur), PedvaxHIB® (Merck), Hiberix® (GlaxoSmithKline).
Note: Hiberix® is temporarily unavailable. However, when it does become available, keep in mind that this product is only licensed for the Hib booster dose at age 12 – 15 months.
- IPV: IPOL® (Sanofi Pasteur).
- DTaP/Hep B/IPV: Pediarix® (GlaxoSmithKline).

VACCINE SCHEDULE ALTERNATIVES

Sample schedules using combinations of Pentacel® and single-antigen or combination vaccines are attached. Medical providers should review the specific age indications and recommended dosing schedule for all vaccines. For example, the two-dose PedvaxHIB® primary series schedule differs from the three dose schedule for ActHIB®. Once the practice determines which schedule and vaccines will be used to accommodate the Pentacel® shortage, ALL staff should be informed and educated on the new vaccines and schedule.

CONTACT INFORMATION

Providers with questions or concerns may contact the Erie County Department of Health Immunization Action Plan at (716) 961-6839, Monday – Friday 8:00 AM – 4:00 PM or the New York State Department of Health Vaccine Program at 1 – 800 – 543 – 7468 (1 – 800 – KID – SHOT).

Health Category Definitions:

Health Alert FLASH: conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention

Health Alert Priority: conveys the highest level of importance; warrants immediate action or attention to a health problem or situation

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; no immediate action necessary

The Erie County Department of Health does not provide medical advice. The information provided on the Erie County Department of Health website is not an attempt to practice medicine and is not intended as a substitute for professional medical advice, diagnosis, or treatment. It is for informational purposes only. Always seek the advice of your personal physician or other qualified health provider with any questions you may have regarding a medical condition or issue. Never disregard professional medical advice or delay in seeking it because of the content found on the Erie County Department of Health website or this correspondence.

The ECDOH Health Alert & Advisory System is an e-mail notification system designed to alert community partners about important health related information. **You can sign up to receive alerts & advisories at <http://www2.erie.gov/health/index.php?q=node/59>.**

Sample Vaccine Schedules During the Pentacel® Shortage, Birth – 6 years

Sample Schedule Using Individual Vaccines for the 4th Doses of DTaP, Hib

Birth	2 months	4 months	6 months	12 months	15 months	18 months	4 – 6 years
Hep B	Hep B		Hep B				
	RV	RV	RV*				
	Pentacel®	Pentacel®	Pentacel®				
					DTaP		DTaP
				Hib			
	PCV13	PCV13	PCV13	PCV13			
							IPV
				Influenza (yearly)			
				MMR			MMR
				Varicella			Varicella
				Hep A (2 doses by 24 months)			

*This dose only needed if using RotaTeq®

Sample Pediarix® Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	4 – 6 years
Hep B							
	RV	RV	RV*				
	Pediarix®	Pediarix®	Pediarix®				
					DTaP		DTaP
	Hib	Hib	Hib**	Hib			
	PCV13	PCV13	PCV13	PCV13			
							IPV
				Influenza (yearly)			
				MMR			MMR
				Varicella			Varicella
				Hep A (2 doses by 24 months)			

*This dose only needed if using RotaTeq®

**This dose only needed if using ActHib®

**Sample Schedules When Using Both Pentacel® (DTaP/Hib/IPV)
and Pediarix® (DTaP/Hep B/IPV) During the Pentacel® Shortage**

Sample Schedule Using Pentacel® for the First Dose and Pediarix® for Subsequent Doses

Birth	2 months	4 months	6 months	12 months	15 months	18 months	4 – 6 years
Hep B	Hep B						
	RV	RV	RV*				
	Pentacel®						
		Pediarix®	Pediarix®				
					DTaP		DTaP
		Hib	Hib**	Hib			
	PCV13	PCV13	PCV13	PCV13			
							IPV
				Influenza (yearly)			
				MMR			MMR
				Varicella			Varicella
				Hep A (2 doses by 24 months)			

*This dose only needed if using RotaTeq®

**This dose only needed if using ActHib®

Sample Schedule Using Pentacel® for the First Two Doses and Pediarix® for the Third Dose

Birth	2 months	4 months	6 months	12 months	15 months	18 months	4 – 6 years
Hep B	Hep B						
	RV	RV	RV*				
	Pentacel®	Pentacel®					
			Pediarix®				
					DTaP		DTaP
			Hib	Hib			
	PCV13	PCV13	PCV13	PCV13			
							IPV
				Influenza (yearly)			
				MMR			MMR
				Varicella			Varicella
				Hep A (2 doses by 24 months)			

*This dose only needed if using RotaTeq®