



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington

February 28, 2008

Dear Child Care and Preschools,

This letter is to inform you of changes in the immunization requirement for *Haemophilus influenzae type b* (Hib) related to the national shortage of this vaccine. The national shortage of Hib vaccine was declared in mid-December. Since that time, health care providers in our state have been following federal guidelines to reduce the number of doses they give to children. For as long as the shortage lasts, most children will not get a “booster” dose normally given at 12 through 15 months of age.

Because of this shortage, the Washington State Board of Health has temporarily changed our state laws for immunization requirements. Until the vaccine shortage for Hib has ended, children will not need to have the booster dose of Hib vaccine in order to attend child care or preschool. Detailed information about the change is in the enclosed implementation plan.

This change in the law is temporary. For the time being, children without this booster dose will be considered “conditional.” When the shortage ends, any child that did not get this booster dose will have 90 days to do so.

We do not know exactly how long the vaccine shortage will last. It could last until the end of 2008. When we know the shortage is ending, you will get another notice letting you know the specific date. The notice will also explain the 90 day timeframe you will have to help the appropriate children and their parents to get any missed doses of Hib vaccine.

Enclosed is a worksheet to help you keep track of the children who were not able to get the booster dose of this vaccine. This list will help you identify which child will need to receive the missed dose, and when they will need to get it (90 days after the shortage ends).

Also enclosed is a Q&A to help you explain the details of Hib vaccine requirements to parents. For more information, including copies of all the attachments to this letter, please visit the Department of Health’s website at <http://www.doh.wa.gov/cfh/Immunize/schools/vaccine.htm>.

If you have questions or concerns, please contact Ruth McDougall, Public Health Nurse Consultant at 360-236-3760 or ruth.mcdougall@doh.wa.gov.

Sincerely,

Maxine Hayes, MD, MPH
State Health Officer

Enclosures:

Immunization Worksheet
Implementation Plan for Hib Vaccine Shortage
Hib Vaccine Booster Dose Deferral Q & A for Parents

cc: Ruth McDougall, Department of Health

**Information from the Implementation Plan for Hib
Vaccine Shortage for Child Care and Preschools
WAC 246-100-166
Effective February 21, 2008**



Background

On December 13, 2007, the pharmaceutical company Merck issued a voluntary recall and suspension of production of two vaccines for *Haemophilus influenzae type b* (Hib): PedvaxHIB® and Comvax®. On December 19, 2007, the Centers for Disease Control and Prevention (CDC), posted its recommendations for a temporary reduction of Hib vaccination on the Morbidity and Mortality Weekly Report (MMWR) website. The recommendation is to defer the booster dose of this vaccine.

The Washington State Board of Health (SBOH) immunization rules, WAC 246-100-166, require the age appropriate full vaccination of Hib for children to attend child care or preschool. To prevent the unwanted circumstance of children claiming exemptions or being excluded due to the current shortage of Hib vaccine, the SBOH has suspended the current Hib vaccination requirements and approved a temporary adjustment of the Hib immunization requirement.

Temporary Requirements For Child Care/Preschool Entry

For the duration of the Hib vaccine shortage, the booster dose routinely recommended for ages 12 to 15 months for vaccination against Hib is deferred. The table below describes the temporary adjustment of the implementation plan for this vaccine specific to two vaccine products: ActHIB (a 4 dose series); and PedvaxHIB (a 3 dose series). The ActHIB product has been purchased and distributed by the department for several years. Most children in Washington have received the ActHIB product.

Children entering child care or preschool during this time will be considered conditional and allowed attendance upon receiving the doses detailed in the following table. The number of doses a child is to receive will depend on the age at which the child began the vaccination series and their current age.

Please refer children to their health care provider if there is a question about the number of doses needed.

Detailed Interim Hib Schedule During Shortage			
Vaccine Product	Age at 1st Dose (Months)	Required Doses	12-15 Month Booster
ActHIB (sanofi pasteur)	2-6	3 doses (2 months apart)	Defer until shortage resolved
	7-11	2 doses (2 months apart)	Defer until shortage resolved
	12-14	1 dose	Defer until shortage resolved
	15-59	1 dose	Not needed, even after shortage
PedvaxHIB (Merck)	2-6	2 doses (2 months apart)	Defer until shortage resolved
	7-11	2 doses (2 months apart)	Defer until shortage resolved
	12-14	1 dose	Not needed, even after shortage
	15-59	1 dose	Not needed, even after shortage

Limited Duration of Temporary Requirements

The temporary Hib requirements for child care and preschool entry will cease to be effective the day the State Health Officer declares the vaccine shortage over. The CDC anticipates this shortage to last through the 2008 calendar year. After the last day of the shortage, children will have 90 days to receive a final booster dose (previously deferred), if needed. During this time period children without an exemption will still be considered conditional. Child cares are to communicate with parents the procedures for conditional status to meet the 90 day grace period and avoid exemption. Any child without an exemption not receiving a required booster after this timeframe will be considered noncompliant.

Hib Vaccine Booster Dose Deferral Q&A for Parents

Updated February 01, 2008



Q:

What happened?

A:

Due to a voluntary recall by one vaccine manufacturer, there is a nationwide shortage of Hib vaccine. In order to protect high-risk newborns and children, the Centers for Disease Control and Prevention recommends temporarily deferring the booster dose of the vaccine for healthy children. The booster dose is routinely given to children between 12–15 months of age.

Q:

What does the Hib vaccine protect against?

A:

Hib vaccine protects young children against the bacteria *haemophilus influenzae* type b, usually called Hib. Hib is a serious disease and can cause infections of the joints, skin and blood, meningitis (swelling of the covering of the brain and spinal cord), brain damage and even death. It usually strikes, and is most dangerous to, children under five years old.

Q:

How many doses of Hib vaccine does a child need?

A:

Babies usually should receive three or four doses of Hib vaccine between 2 months and 15 months of age (the number of doses depends on which brand of vaccine is used). The last (booster) dose of Hib vaccine that children routinely get at age 12-15 months should be delayed due to the shortage. Children over five are not eligible for the vaccine because they are not at high risk of disease since Hib disease usually strikes children under five years old.

Q:

Should some children still get the booster dose?

A:

Yes. Some children are at higher risk for Hib disease and should continue to get the booster dose at 12-15 months of age, including children with conditions that weaken the immune system, like sickle cell disease, leukemia and malignant tumors, and HIV. Other children at higher risk are children who do not have spleens (a condition called “asplenia”) and American Indian and Alaska Native children.

Q:

Will my child be able to make up a deferred booster dose?

A:

Health care providers will track children whose booster dose is delayed and vaccinate them when the supply improves. If a child has a fifth birthday before the shortage is over, they will not make up the missed dose because they are not eligible to receive the vaccine.

Q:

What is a child's risk if they miss a dose or a dose is deferred?

A:

The good news is that disease risk is low because Hib immunization rates are high. In 2006, about 93 percent of young children in Washington and the U.S. were vaccinated against Hib. This means that spread of disease from child to child at this time is very low.

Delay of the booster dose in children aged 12-15 months is not likely to result in more disease because children receive a high level of protection from the primary series and the low levels of Hib disease in the United States. Hib vaccine has been in routine use in the U.S. for over 20 years, and during that time the number of children who get Hib disease decreased from over 20,000 per year to fewer than 100 per year. In Washington there are 6 to 11 reports of invasive Hib disease per year, with rare fatalities.

Q:

Why is there a shortage of Hib vaccine?

A:

During routine inspection, it was found that equipment in the vaccine manufacturer's plant wasn't sterilized properly, which could potentially allow bacteria to grow. This recall was a precautionary step and no problems have been found with the vaccine itself, or in children who received vaccine from recalled lots. Health care providers have been instructed to stop using the recalled vaccine.

Q:

What can I do to protect my child during this shortage?

A:

With the shortage of Hib vaccine and the deferral of the booster dose, it is more important than ever to be sure your children are immunized on time. If they are vaccinated on time, children will get the primary series of Hib vaccines beginning at 2 months of age and still have high levels of protection when the booster dose is deferred. Parents can also be sure their child has all the other vaccines that are recommended. Immunization is the single most important thing parents can do to protect their children from 15 serious and sometimes deadly diseases.

Q:

Where can I get more information?

A:

More information is available from CDC's Web site at <http://www.cdc.gov/vaccines/>. Any potentially vaccine-related adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 (or at www.vaers.hhs.gov), and to Merck at 1-800-672-6372.