Notice to Readers: Pneumococcal Conjugate Vaccine Shortage Resolved

Weekly

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Since February 2004, CDC has recommended that 7-valent pneumococcal conjugate vaccine (PCV7), marketed as Prevnar® and manufactured by Wyeth Vaccines (Collegeville, Pennsylvania), be administered to healthy children on an abbreviated schedule to conserve the limited supply (*1*--*3*). Production capacity has been increased, and supply is now sufficient to meet the national demand for vaccine on the routine, 4-dose schedule. Effective immediately, CDC, in consultation with the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, and the American Academy of Pediatrics, recommends that providers resume administration of PCV7 according to the routine schedule (*4*--*6*).

A vaccination schedule is provided for children who are incompletely vaccinated (Table). The highest priority for catch-up vaccination is to ensure that children aged <5 years at high risk for invasive pneumococcal disease because of certain immunocompromising or chronic conditions (e.g., sickle cell disease, asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, or human immunodeficiency virus infection) are fully vaccinated. Second priorities include vaccination of healthy children aged <24 months who have not received any doses of PCV7 and vaccination of healthy children aged <12 months who have not yet received 3 doses.

Because of the frequency of health-care provider visits by children during their first 18 months, catch-up vaccination might occur at regularly scheduled visits for most children who receive vaccines from their primary-care providers. Programs that provide vaccinations but do not see children routinely for other reasons should consider a notification process to contact undervaccinated children.

Providers with questions about obtaining Prevnar® should contact Wyeth's customer service department, telephone 800-666-7248. For public-purchased vaccine, including vaccines used in the Vaccines for Children Program, providers should contact their state/grantee immunization projects to obtain vaccine. These projects should contact their project officers at the National Immunization Program at CDC for information regarding vaccine supply.

References

Table

TABLE. Recommended 7-valent pneumococcal conjugate vaccination regimens among children aged <5 years, by history and condition

Age at examination (mos)	Vaccination history	Recommended regimen*
2–6	0 doses	3 doses, 2 mos apart; fourth dose at age 12–15 mos
	1 dose	2 doses, 2 mos apart; fourth dose at age 12–15 mos
	2 doses	1 dose, 2 mos after the most recent dose; fourth dose at age 12–15 mos
7–11	0 doses	2 doses, 2 mos apart; third dose at 12–15 mos
	1 or 2 doses before age 7 mos	1 dose at age 7–11 mos, with another dose at 12–15 mos (≥2 mos later)
12–23	0 doses	2 doses, ≥2 mos apart
	1 dose before age 12 mos	2 doses, ≥2 mos apart
	1 dose at ≥12 mos	1 dose, ≥2 mos after the most recent dose
	2 or 3 doses before age 12 mos	1 dose, ≥2 mos after the most recent dose
24–59		
Healthy children	Any incomplete schedule	Consider 1 dose, ≥2 mos after the most recent dose†
Children at high risk§	Any incomplete schedule of <3 doses	1 dose, ≥2 mos after the most recent dose and another dose ≥2 mos later
	Any incomplete schedule of 3 doses	1 dose, ≥2 mos after the most recent dose

* For children vaccinated at age <12 months, the minimum interval between doses is 4 weeks. Doses administered at ≥12 months should be ≥8 weeks apart.
† Providers should consider administering a single dose to unvaccinated, healthy children aged 24–59 months with priority given to children aged 24–35 months, black children, American Indian or Alaska Native children not otherwise identified as high risk, and children who attend group day care centers.
§ Children with sickle cell disease, asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, human immunodeficiency virus infection or another immunocompromising condition, and American Indian or Alaska Native children in areas with a demonstrated risk for invasive pneumococcal disease more than twice the national average (i.e., Alaska, Arizona, New Mexico, and Navajo populations in Colorado and Utah).

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