

Vaccine Supply

Advisory Committee on Immunization Practices

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Outline of Presentation

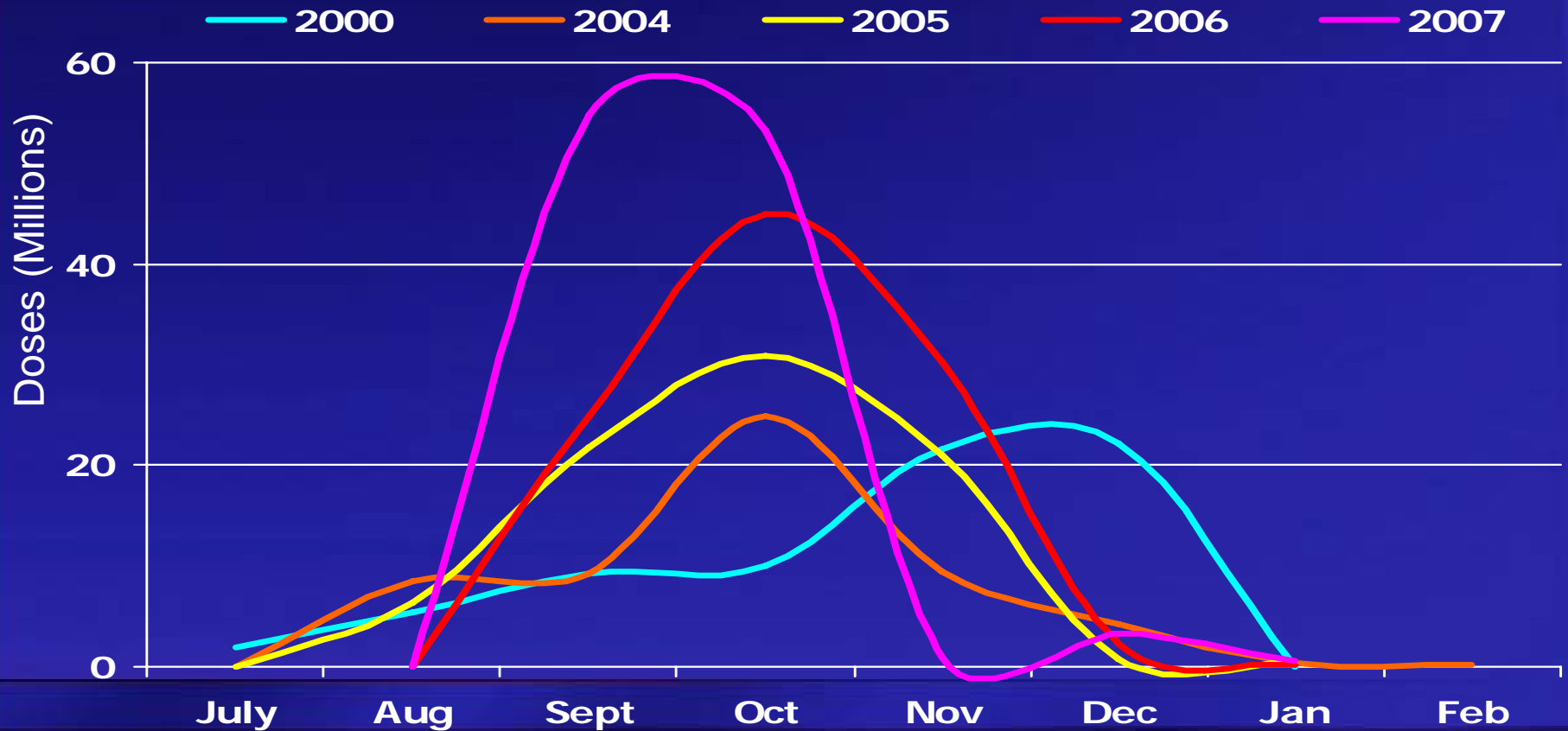
- I. Influenza Vaccine Production, Distribution, Administration, and Disease
- II. Vaccines Currently with Supply Issues
- III. Hib Vaccine Utilization Survey



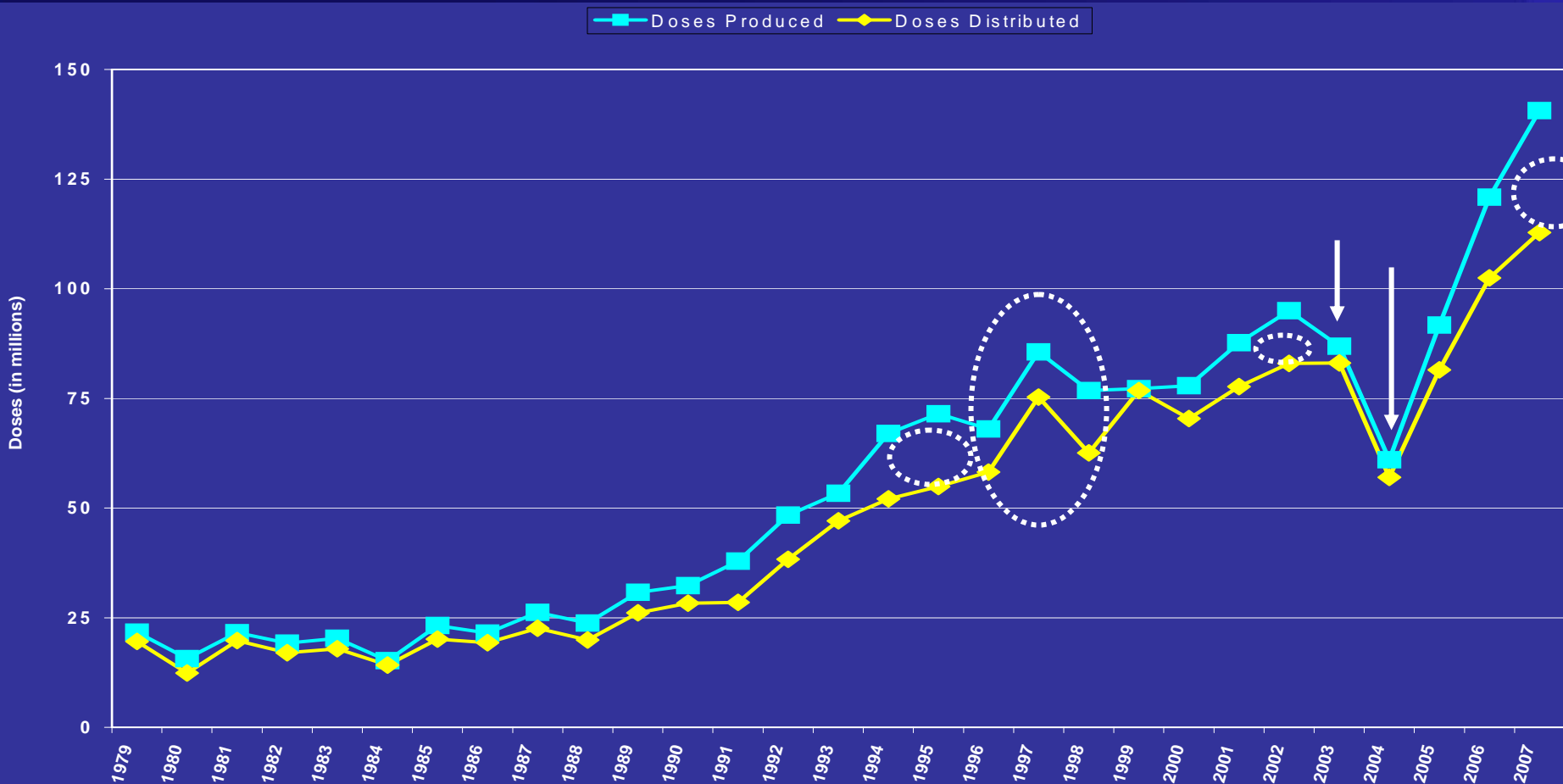
Cumulative Monthly Influenza Vaccine Distribution



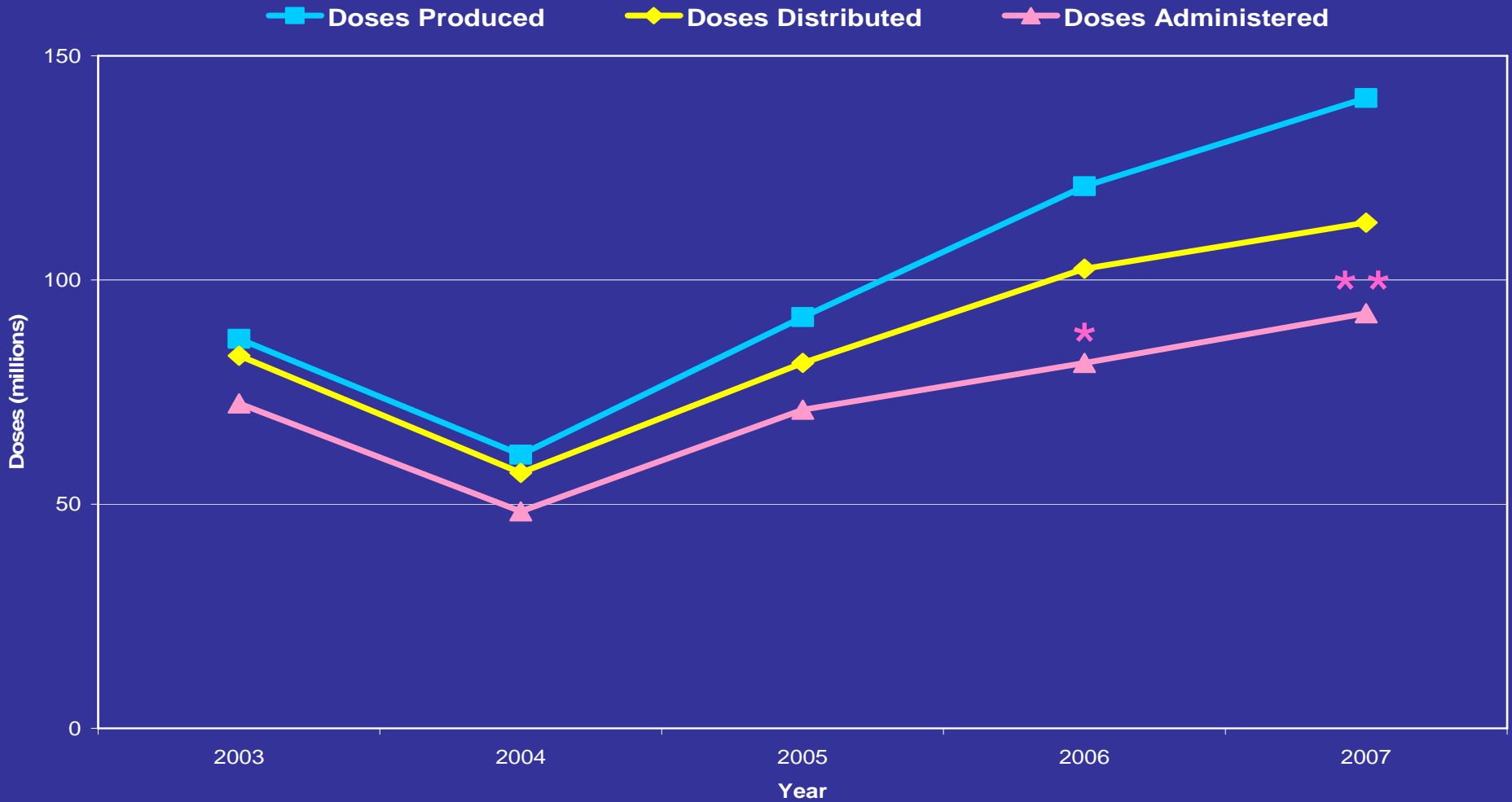
Monthly Influenza Vaccine Distribution



Projecting Demand in a Changing World (Influenza)



Influenza Vaccine Use

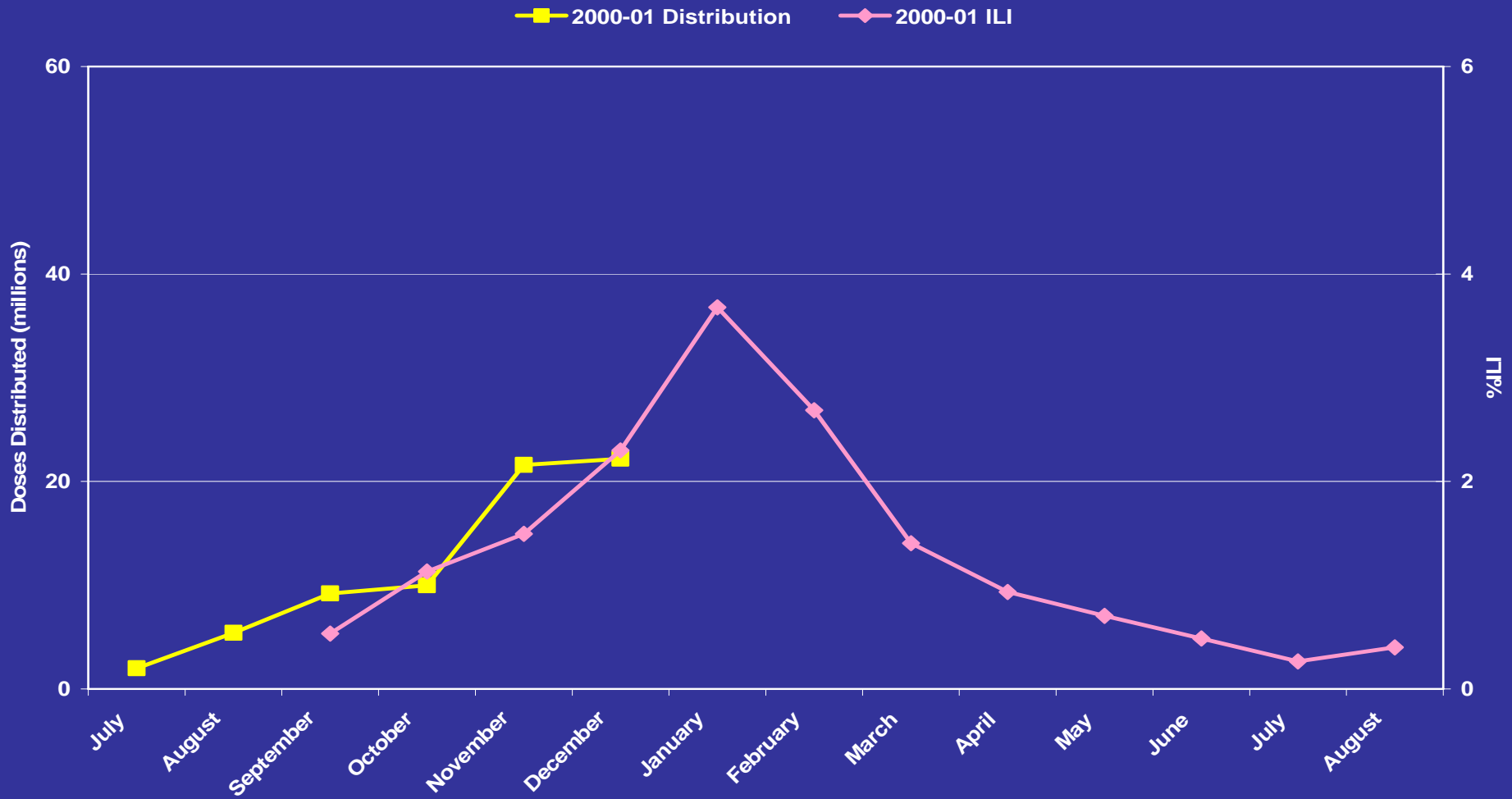


* Preliminary Early Release Data

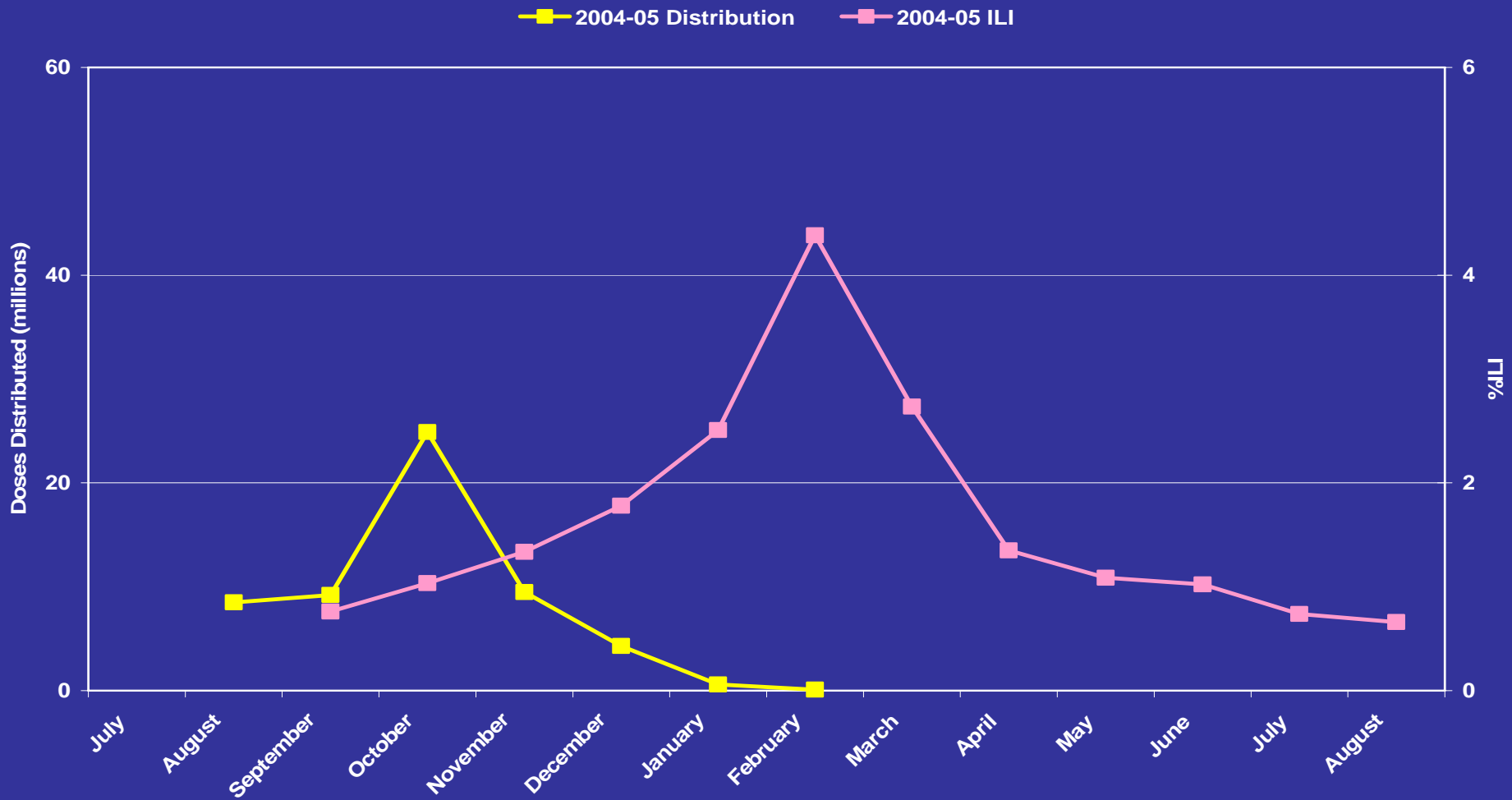
** Projected Estimate from Previous Increases



Vaccine Distribution and %ILI Timing 2000-01

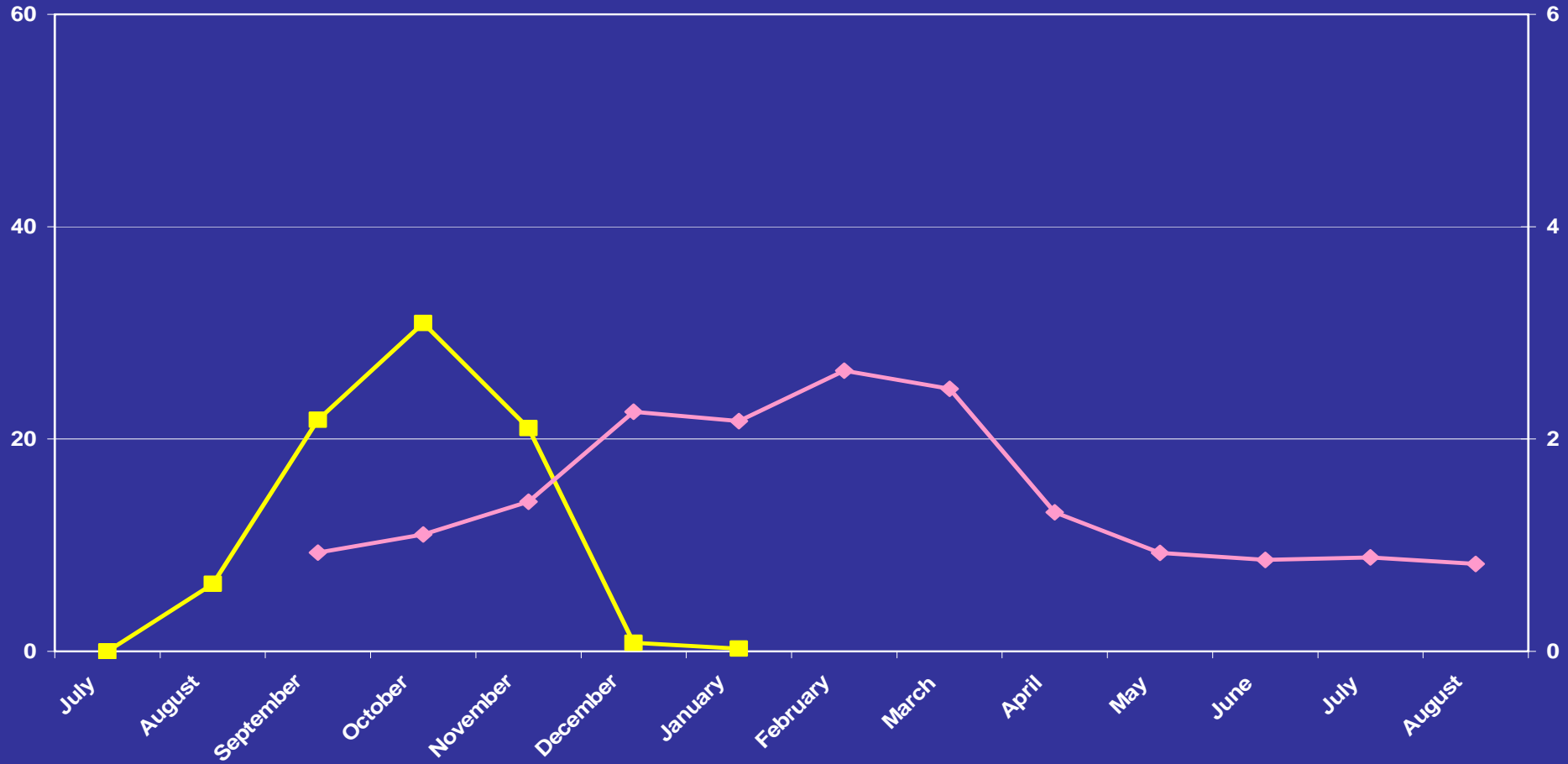


Vaccine Distribution and %ILI Timing 2004-05

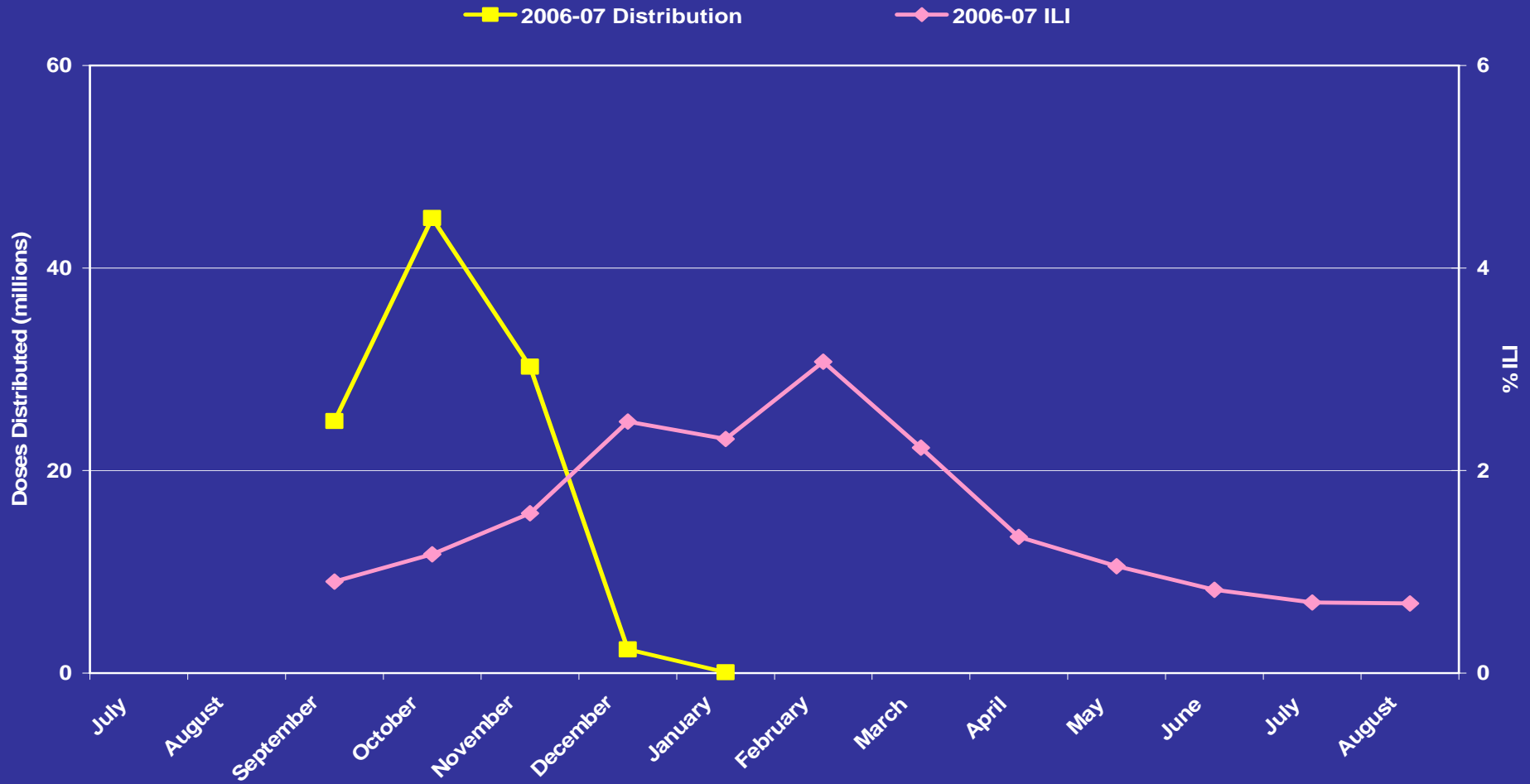


Vaccine Distribution and %ILI Timing 2005-06

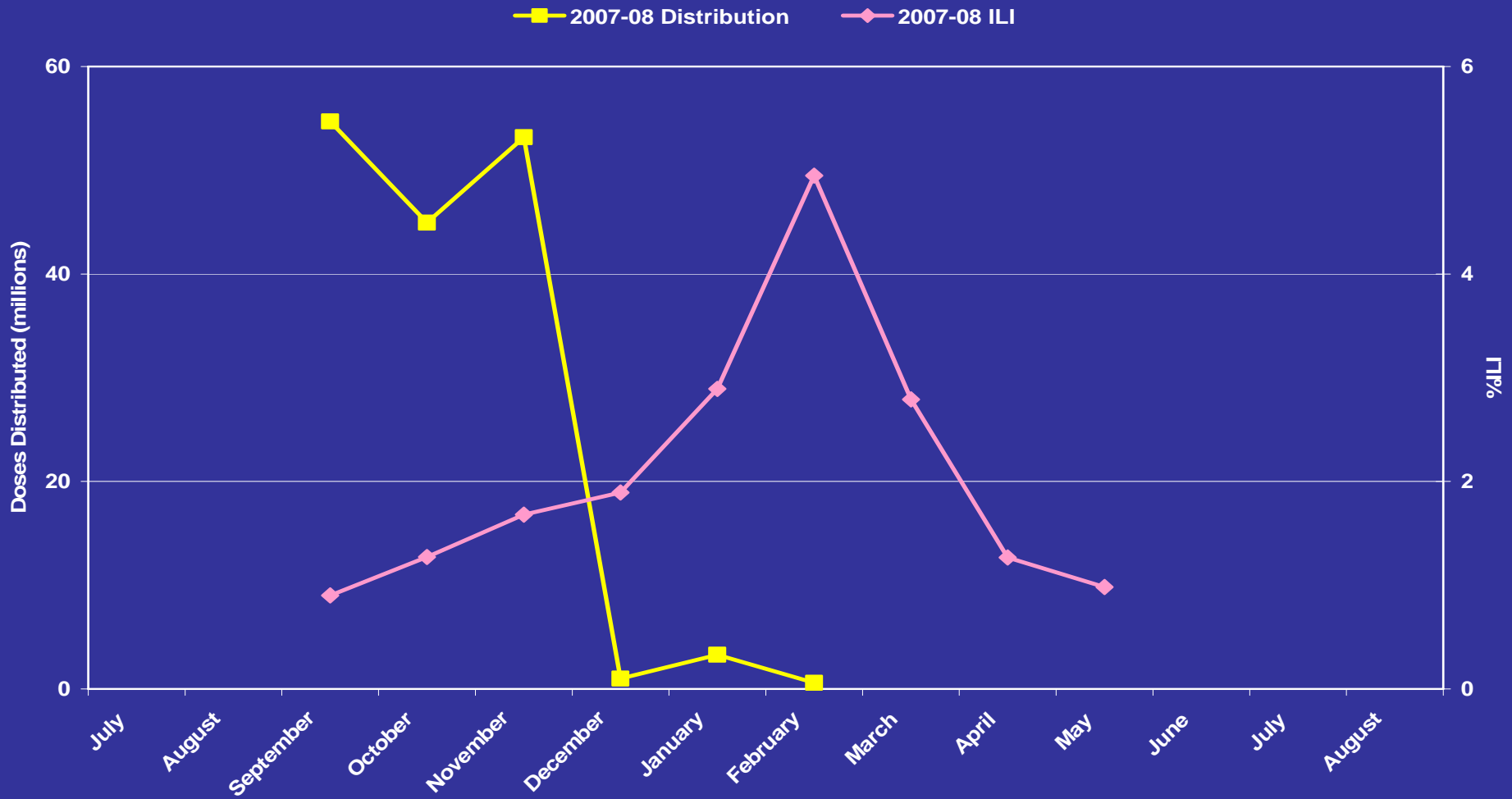
■ 2005-06 Distribution ◆ 2005-06 ILI



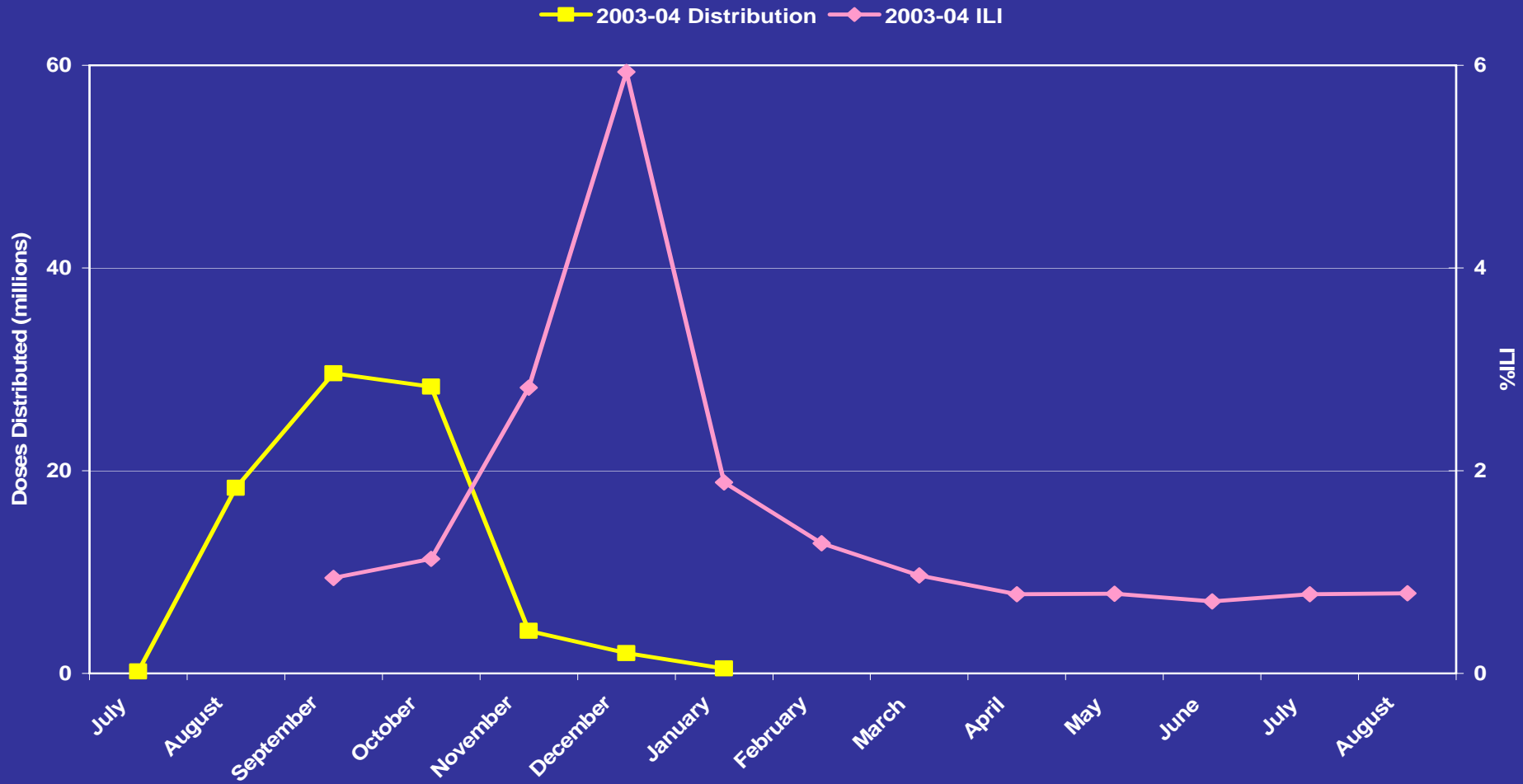
Vaccine Distribution and %ILI Timing 2006-07



Vaccine Distribution and %ILI Timing 2007-08



Vaccine Distribution and %ILI Timing 2003-04



Current Routine Vaccine Supply Issues (VZV Bulk)

- VZV Bulk Vaccines (Varivax, ProQuad, Zostavax)
 - Bulk Manufacturing Temporarily Suspended
 - Remediation In Progress
 - Adequate Varivax & Zostavax
 - Proquad Return projected early 2009
 - No Interim Recommendations



Current Routine Vaccine Supply Issues (HepA)

- HepA Vaccine (Vaqta)
 - Production Delays
 - Project Pediatric Vaqta Return Q4 '08
 - Project Adult Vaqta Return Q1 '09
 - Alternate Manufacturer Meeting National Needs
 - No Interim Recommendations



Current Routine Vaccine Supply Issues (Hib Vaccine)

- Hib Vaccine (PedVaxHib & Comvax)
 - Voluntary Lot Recalls
 - Project Hib Return Q4 '08
 - Interim Recommendations in Place
 - Alternate Manufacturer Meeting Interim Recommendation Need



Hib Interim Recs

December 19

- Defer routine Hib vaccine booster dose administered at age 12-15 months except for specific high-risk groups
- High-risk groups should continue to receive 12-15 month booster dose (e.g. asplenia, sickle cell disease, HIV infection, immunodeficiency syndromes, malignancies)
- Providers who use PRP-OMP Hib (PedVaxHib & Comvax) to serve AI/AN children in AI/AN communities continue to use PRP-OMP including administration of the 12-15 month booster dose



Hib Vaccine Shortages: A National Survey of Attitudes and Practices of Pediatricians and Family Medicine Physicians



Children's Outcomes
Research Program
The Children's Hospital
Denver, CO



Colorado Health
Outcomes Program
U. Colo. at Denver and HSC
Aurora, CO



Vaccine Policy Collaborative Initiative

- **Allison Kempe, MD MPH**
– **Principal Investigator**
- Matthew F. Daley, MD
- Lori A. Crane, PhD, MPH
- Christine Babbel, MSPH
- Jennifer Barrow, MSPH
- Sandra Black, DVM, CSPH

CDC Collaborators

- Shannon Stokley, MPH
- Greg Wallace, MD

Study Objectives



To determine, in a national survey of pediatricians (Peds) and family medicine (FM) physicians:

- Knowledge and attitudes about ACIP recommendations regarding Hib use during shortages
- Reported practice regarding Hib administration in different age groups
- Factors associated with adherence to recommendations



Study Setting and Population

- Conducted in a sentinel physician network, developed as part of the Vaccine Policy Collaborative Initiative
- Network recruited from random sample of American Academy of Pediatrics (AAP) members and American Academy of Family Physicians (AAFP) members
- Designed to be representative of AAP and AAFP:
 - Region of country (MW, NE, S, W)
 - Location (urban, suburban, rural)
 - Setting (private, community/hospital/clinic-based, managed care/HMO/Other) – AAP only

Results: Survey Response



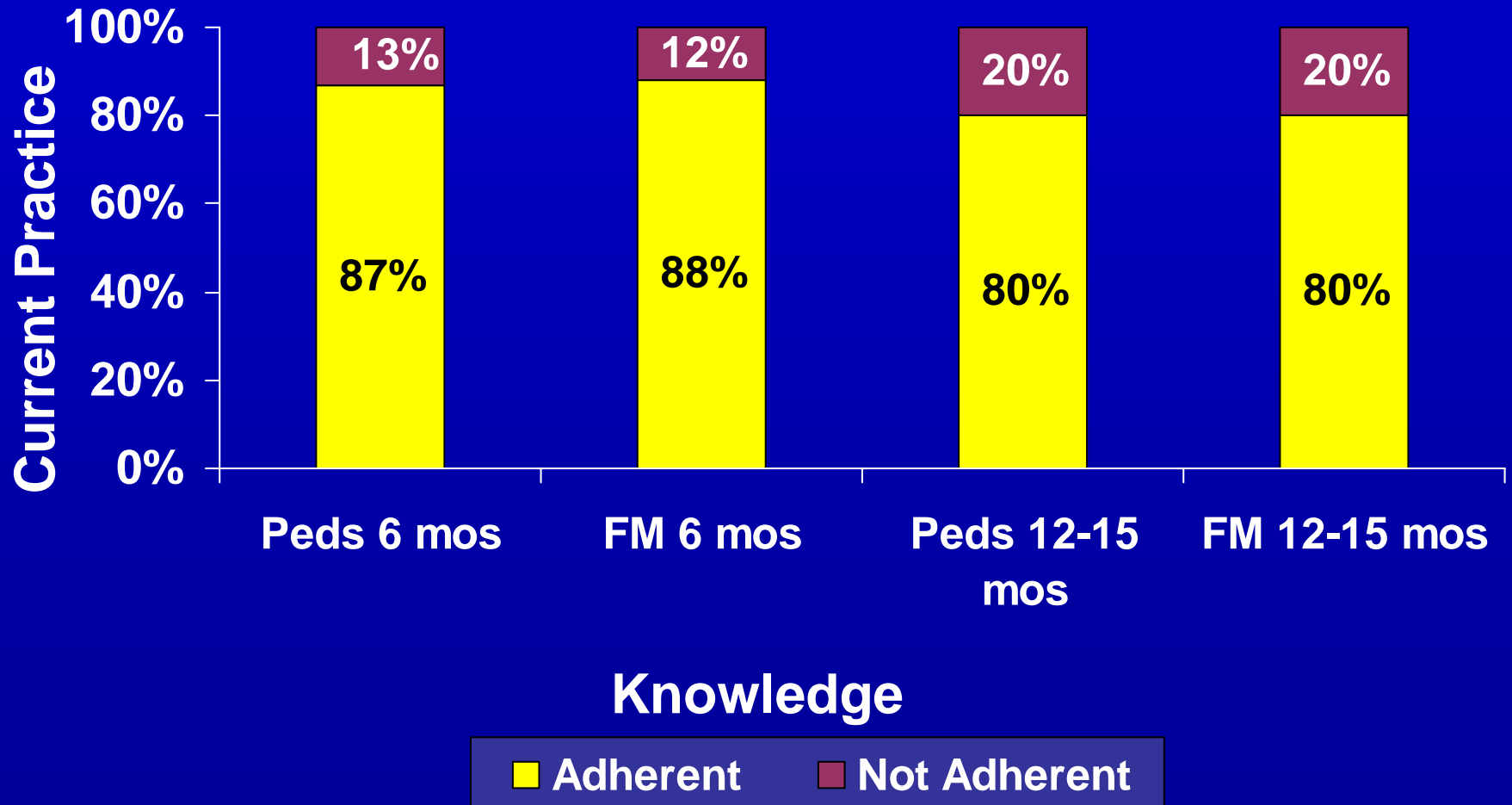
- Response rates:
 - 68% Peds (n=220)
 - 51% FM (n=153)
 - Total N=373

Knowledge of Interim Recommendations Among Physicians Who Were Aware

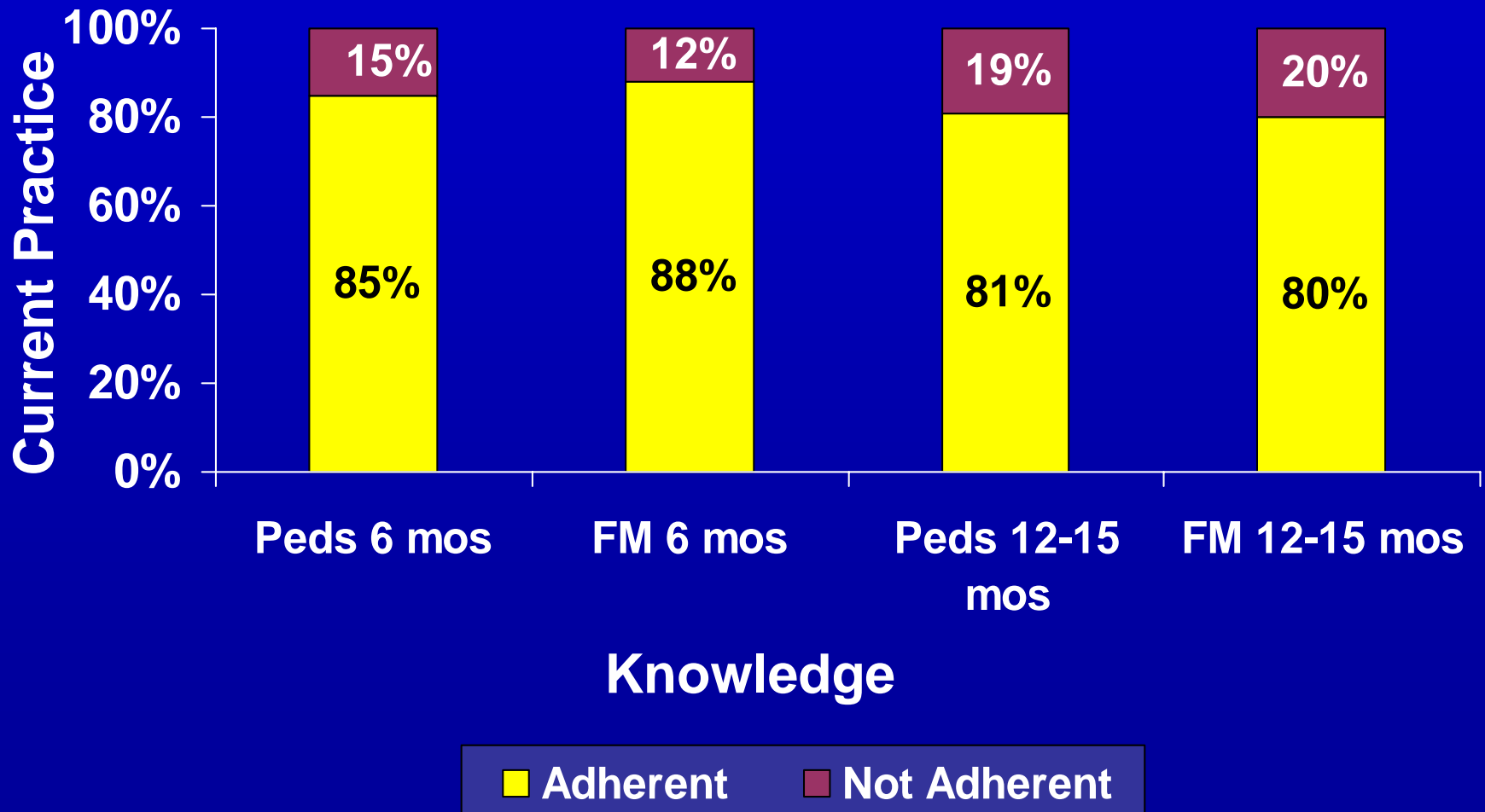


	Peds (n=215)	FM (n=109)	P-value
Should give to healthy 2, 4, 6 month olds	100%	89%	<0.0001
Should defer healthy 12-15 month olds	100%	99%	NS
Should give to 12-15 month olds with high-risk condition	98%	98%	NS

Reported Practice of Physicians with Knowledge of Recommendation (Private Insurance)



Reported Practice of Physicians with Knowledge of Recommendation (VFC)



Conclusions



- All Peds and the majority (80%) of FM physicians were aware of interim recommendations during Hib shortages
- Of those who were aware, almost all were knowledgeable about specific recommendations
- Despite this, almost 1/4 of Peds and 1/3 of FM report they are not deferring in healthy 12-15 month olds
- 20% of each specialty are not deferring despite knowledge of the recommendations

Conclusions



- Reported attitudes suggest
 - Misunderstanding that the recommendations are based on Hib supply at the level of the practice, especially among FM
 - Concerns about inadequate protection among children receiving 3 doses of ActHib and no booster, especially among Peds
- Reported experiences
 - Providers have had to make significant changes in the type and number of vaccines related to shortages, especially among Peds

Acknowledgments



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