



Hib booster dose for children ages 12-15 months reinstated

CDC is recommending reinstatement of the booster dose of Hib vaccine for children aged 12-15 months who have completed the primary 3-dose series. Children aged 12-15 months should receive the booster dose on time. Older children for whom the booster dose was deferred should receive their Hib booster dose on the next routinely scheduled visit. The current supply of Hib vaccine includes small amounts of ActHIB and larger amounts of the combination Pentacel. Providers must not defer a booster dose at the time of a medical visit due to the type of Hib vaccine available.

Supply is not sufficient to support a massive recall of all children who were deferred for their booster dose. Until adequate supplies of Hib vaccine are available, providers may continue to use the interim Hib recommendations and schedule. Plans to recall children who need the booster dose should be postponed until adequate supply is available.

For more information:

- "Updated Recommendations for Use of Hib Vaccine: Reinstatement of the Booster Dose at Ages 12-15 Months," published in the June 26 issue of MMWR: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5824a5.htm?s_cid=mm5824a15e.
- CDC posted an FAQ titled, "Hib Vaccine-Q&A for Providers about the Return to the Hib Booster Dose at www.cdc.gov/vaccines/vpd-vac/hib/faqs-return-to-booster-hcp.htm.
- The [updated Hib Vaccination Schedule](#) is posted on the MDCH website at www.michigan.gov/immunize under the Provider Information section.

Registration will begin on August 18 for the Fall Regional Immunization Conferences

The Division of Immunization will once again offer its popular immunization conference series. The eight conferences will be held on the following dates: Oct. 7 (Troy); Oct. 8 (Detroit); Oct. 13 (Gaylord); Oct. 15 (Marquette); Oct. 21 (Grand Rapids); Nov. 4 (E. Lansing); Nov. 17 (Kalamazoo); and Nov. 19 (Ypsilanti).

The online registration process will begin on August 18. More details will be posted at www.michigan.gov/immunize under the Provider Information section as they become available. When the registration begins on August 18, email reminders will be sent to the MDCH Immunization Listserv, as well as all the local health departments. If this newsletter was emailed to you, you are already included in the listserv. We will send you a reminder email when it is time to register for the fall immunization conferences.

Timely Tips will replace Michigan Immunization Update

Timely Tips is a new version of the former Michigan Immunization Update newsletter. This monthly newsletter will be timelier and shorter than the Michigan Immunization Update. Timely Tips will be emailed to our listservs and posted at www.michigan.gov/immunize under the Provider Information section. If you received this newsletter via email, then you are on our listserv. Feedback can be sent to franklinr@michigan.gov.

Hepatitis B vaccine supply constraints

The supply constraints of pediatric hepatitis B vaccine will continue over the next several months. However, CDC anticipates having sufficient doses available in the U.S. to continue with the routine schedule. An FAQ for Infants, Children and Adult Providers has been posted at <http://www.cdc.gov/vaccines/vac-gen/shortages/hepb-supply-07-10-09.htm>.

Please note the last question in the FAQ:

"How can providers and hospitals serving adults help to ensure the supply of monovalent pediatric hepatitis B vaccine is adequate to meet demands during 2009?"

Providers can help to ensure that the supply of monovalent pediatric hepatitis B vaccine will meet demands by doing the following:

- Use supplies of monovalent pediatric hepatitis B vaccine only for infants and children; do not use monovalent pediatric hepatitis B vaccine for adults.
- Use hepatitis A/hepatitis B (Twinrix®) combination vaccine for adolescents and adults 18 years or older, or providers can use monovalent adult hepatitis B vaccine for adults.

Please follow these guidelines to assure that there are adequate supplies of monovalent pediatric hep B vaccine.

Many chronically infected HBsAg positive pregnant women not being identified

Only about half of Michigan's births to hepatitis B surface antigen (HBsAg)-positive women are being identified by the Michigan Perinatal Hepatitis B Prevention Program, according to CDC estimates. Through case investigation, data show that many women who are chronically infected with the hepatitis B virus are either not being tested for subsequent pregnancies and/or their repeat HBsAg-positive results are not being reported to the local health department (LHD).

Physicians are required to test all pregnant women for hepatitis B (Michigan Public Health Code, section 333.5123). Physicians are also required to report all HBsAg-positive results within 24 hours to the LHD (Michigan Communicable Disease Rules, Section 333.5111).

The importance of identifying these pregnant women cannot be overstated. Their babies are depending on us to protect them from hepatitis B. Health care providers need to be absolutely sure that their patients are tested for HBsAg for every pregnancy and that all HBsAg-positive results are being reported, even if the woman is chronically infected. For additional information and to view the updated program manual, go to www.michigan.gov/hepatitisb.

Flu websites

MDCH: www.michigan.gov/h1n1flu

CDC: www.cdc.gov/flu