Common Health Coalition

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Explainer: The Impact of the New Federal Childhood Immunization Schedule on Combination Vaccines

What We Know:

- There are several commonly used combination vaccines used for routine childhood immunizations in the US. These vaccines reduce the number of injections for children and in some cases, are more cost effective.
- Based on the new HHS Childhood Immunization Schedule, two combination vaccines - Pediatrix ® and Vaxelis ® - are impacted because they contain Hepatitis B vaccine, which was shifted from a routine to high-risk group recommendation.

Pediarix® (DTaP-HepB-IPV)	• Often used for 2/4/6 month vaccines • In the new CDC schedule, Hep B only recommended for high-risk groups
Vaxelis® (DTaP-IPV-HepB-Hib)	• Often used for 2/4/6 month vaccines • In the new CDC schedule, Hep B only recommended for high-risk groups
Pentacel® (Sanofi) (DTaP-IPV-Hib)	• Widely used for 2-15 month vaccines • All component vaccines remain routinely recommended in new HHS schedule
Kinrix® / Quadracel® (DTaP-IPV)	• Used for 4-6 year old vaccines • All component vaccines remain routinely recommended in new HHS schedule
MMR and MMRV	• Widely used for doses between 12-15 months & 4-6 years • All component vaccines remain routinely recommended in new HHS schedule, though MMRV is no longer recommended for the 12-15 month dose • *NOTE*: Not available in single component preparation in the U.S., meaning if a family declines part of the combination (e.g., measles), then the entire vaccine must be deferred.

- **Combination vs Single Component Vaccines**: Besides MMR, the other combination vaccines are licensed and available as separate component vaccines
    - **Immune response**: Comparable when vaccines are given separately.
    - **Clinic visits**: The child will need more injections and possibly more visits.
    - **Vaccine stocking**: Many clinics do not stock all of the single-antigen vaccines on the childhood immunization schedule.
    - **VFC**: All combination and single component vaccines are available to order from the federal VFC program, though state VFC programs may choose to not order all of the products.

Risks and Actions to Maintain Access and Trust:

Children and Families	• **Risk**: Providers do not have vaccine products available that match family preference • **Action**: Talk to your child's health care provider about vaccine benefits and risks for your child; look to credible sources like the AAP.

Health Care Providers	• **Risk**: Missed opportunities for vaccination because of inadequate stocking of vaccine products
	• **Actions**
	  ○ Work with manufacturers/VFC to maintain supply of broad vaccine options - including single vaccine component products
	  ○ Strong and on-going vaccine counseling
	  ○ Clear documentation of which vaccines were accepted and declined

Public Health	• **Risk**: Missed opportunities for vaccination because of inadequate stocking of VFC vaccine products. • **Actions:** Ensure broad vaccine supply access, including single component vaccines, via VFC program.
Payers	• **Risk**: Lack of clarity on coverage requirements for range of vaccine products. • **Action**: Ensure clear statements on coverage of all recommended vaccine preparations - combination and single component vaccines
Manufacturers	• **Risk**: Unknown changes in demand and forecasted supply needs for combination and single component vaccine products with federal policy changes. Some vaccines with 12-18 month runway to increase production. • **Actions**: Work with providers and public health to forecast changes in vaccine demand to ensure adequate supply of both combination and single component vaccines